

• SUPERVISION

Melina Sullivan

What is supervision?

- 'Safe space' for reviewing, reflecting & learning; ultimately aims to provide better quality service for clients

(Carroll, 2007; BACP, 2018a)

For trainees:

- Integral part of training
(Creaner, 2013)
- Contributes to formation of professional identity
(Talley & Jones, 2019)
- Ensures solid grasp of theory; prepares them for client work
(BACP, 2018b)

For qualified counsellors:

- Essential to maintain standards
- Should take place regularly and throughout career
- Helps them work safely and effectively
- Sustains resilience
- Good practice
- Meets registration/CPD requirements
(BACP, 2018a)

What is good supervision?

- Positive supervisory relationship
(Livini, Crowe & Gonsalvez, 2012; Westefeld, 2009; Watkins, 2011)
- Supervisor training (Chu et al., 2016)

Functions of supervision

- Understanding, learning, support
(BACP, 2018a)
- Normative, formative, restorative
(Proctor, 1988)

Normative (*managerial*)

- Ethical practice, quality control, accountability, professionalism, monitoring standards, evaluation
- Gatekeeping, client protection
- Power imbalance, supervisee non-disclosure

(Creaner & Timulak, 2017; Bernard & Goodyear, 2019; Wheeler & Richards, 2007; Mehr et al., 2010)

Functions of supervision

Formative (*educational*)

- Learning through critical reflection
- Facilitated by supervisors
- Experiential, transformational
- What is being learned is anything to do with the supervisee's work (e.g. theory, skills, self-awareness)
- Benefits: develops reflective skills; confidence and understanding of clinical work (especially trainees); facilitates and enhances professional competence and personal growth through increased self-awareness

and skills, which benefits client safety; clarity on theory and application to practice

(Carroll & Gilbert, 2005; Carroll, 2009; 2010; Gibson et al., 2018; Schumann et al., 2020; Poncy, 2020; Janson & Filbert, 2018)

Functions of supervision

Restorative (*support*)

- Supports supervisee's wellbeing so they are more able to support clients; benefits both supervisee and client
- Vehicle for self-care following stressful and challenging work (especially for trainees)
(Woolfe & Thostrup, 2016; Folkes-Skinner, Ellitt & Wheeler, 2010; Kumary & Baker, 2008; Orlinsky & Rønnestad, 2005)
- "Ethical imperative" (Norcross & Guy, 2007, pp. 5)
- Restores wellbeing by easing stress; normalising supervisee experiences
(Howard, 2008; Worthen & McNeill, 1996)
- Boosts resilience by: reducing anxiety, giving supervisees sense of control

over situation; mitigating burnout/secondary trauma; increases ability to manage workload

(Hawkins & Shohet, 2012; Begat al., 2005; Vec, Vec & Žorga, 2014; Carpenter et al., 2013; O'Donoghe & Tsui, 2015)

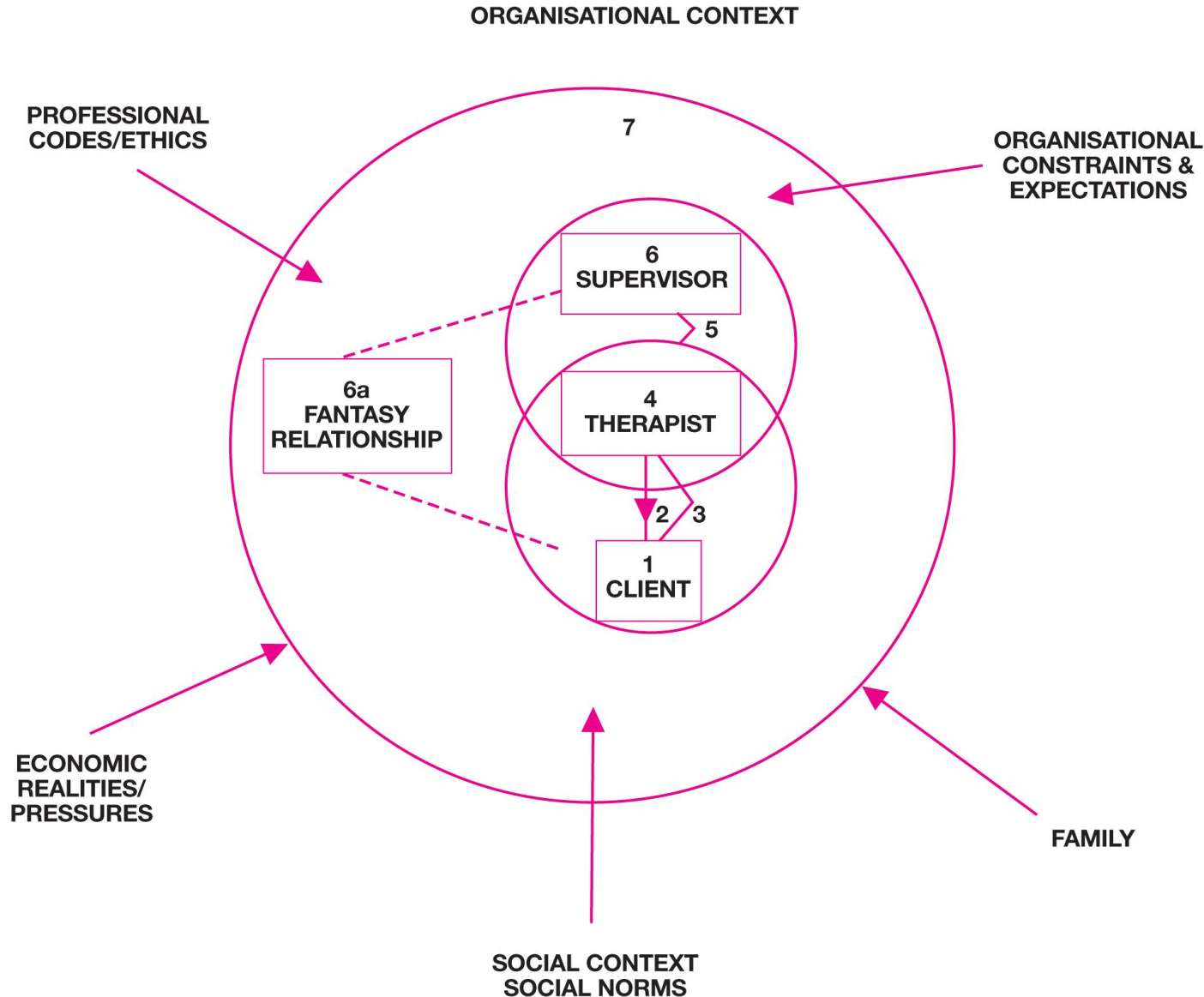
Good/bad supervision

- Positive supervisory relationship
(Livini, Crowe & Gonsalvez, 2012; Westefeld, 2009; Watkins, 2011)
- Supervisor training (Chu et al., 2016)
- Inadequacy, helplessness, burnout, staleness, rigidity defensiveness; impact on confidence and capability
(Callifronas & Brock, 2017; Hawkins & Shohet, 2012; Gray et al., 2001)

Models of supervision

Multiple models help guide the supervision process:

- Developmental model (Stoltenberg & Delworth, 1987)
- Functions model (Inskipp & Proctor, 1993)
- Process model (Hawkins & Shohet, 2012)
- Therapy-specific models such as person-centred (e.g. Rice, 1980), psychodynamic (e.g. Ekstein and Wallerstein, 1972) and behavioural (e.g. Boyd, 1978)



Seven-Eyed Model

Developed by Hawkins and Shohet (2012)

Relational, systemic, holistic

All sessions involve at least five elements: Supervisor; supervisee; client; work context; wider context

Plus two interlocking matrices: Client-supervisee matrix; supervisee-supervisor matrix

Model describes how the focus of supervision can rest upon one of these seven points (modes) at any moment in time

Mode 1: Focus on the client

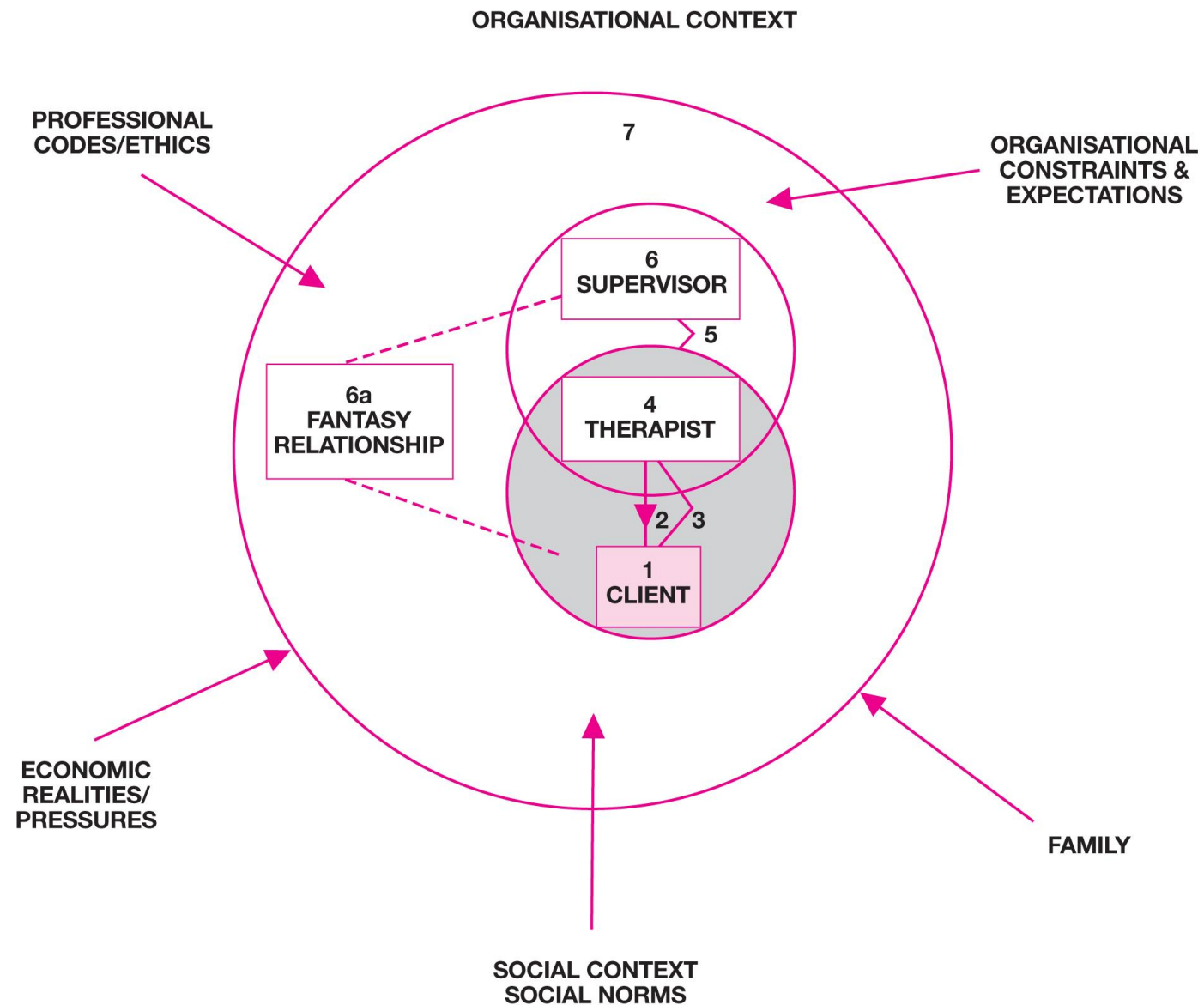
- Therapist's description of the client: Look, movement, posture, voice, breathing, gesture, use of language
- Keeps the client present as a person rather than a problem or task**

Mode 2: Focus on the intervention

- What interventions were used with the client? Why? Where are they leading?
- Brainstorm different options
- Do not necessarily offer an intervention
- Increases intervention choices and skills**

Mode 3: Focus on the client-therapist relationship

- Think of an image or metaphor to represent the relationship
- If you were both animals, what would you be?
- If you were a fly on the wall at your last session, what would you notice?
- Transference/countertransference
- Therapist steps out of their own perspective**
- Develops insight and understanding of the dynamics of client relationship**

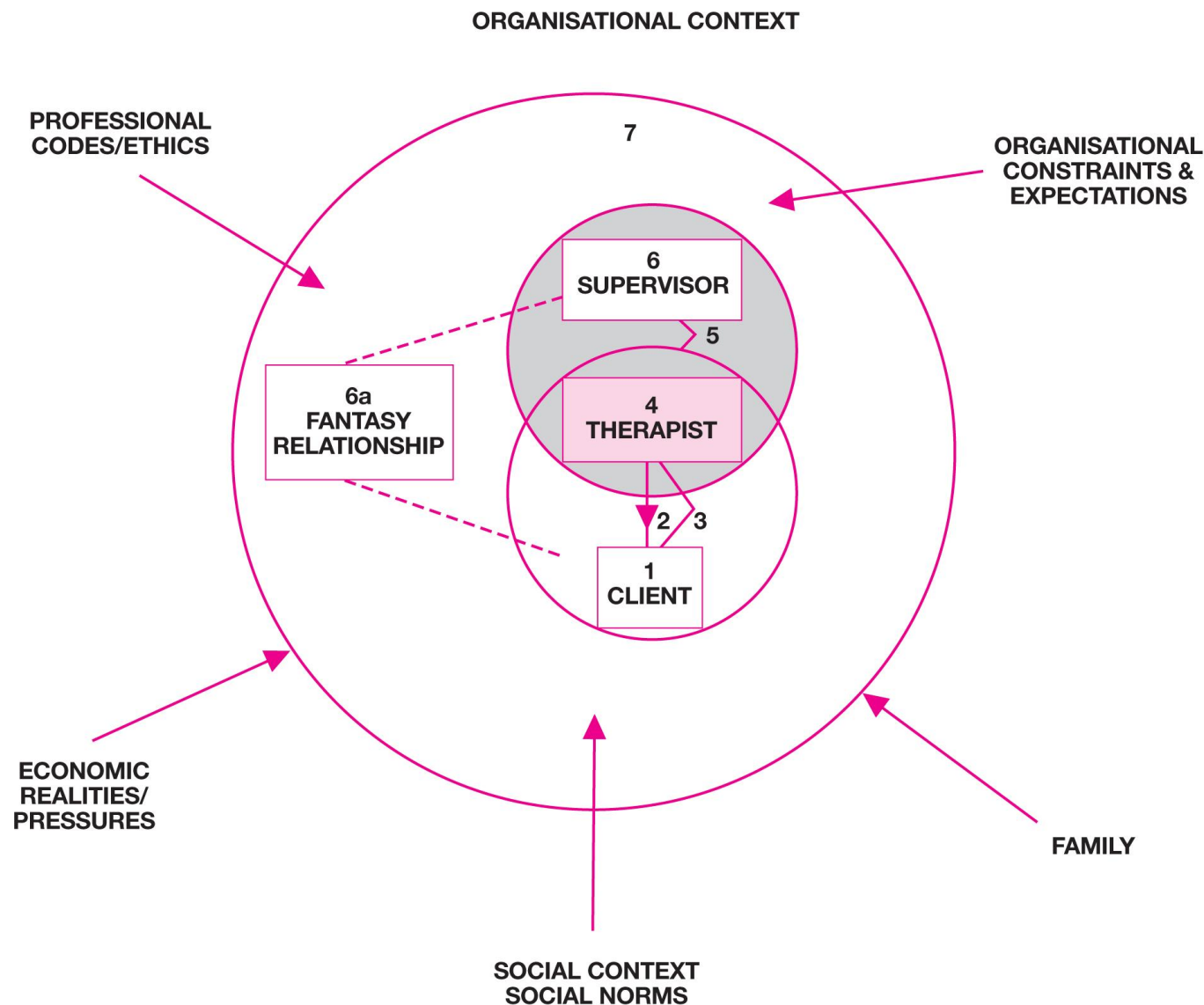


Mode 4: Focus on the therapist

- How is the therapist affected emotionally by the client? What are their physical sensations? What are they saying through their body language?
- What do they imagine the client is covertly telling them? (E.g. 'Please fix me'). What are they covertly telling the client? (E.g. 'Please like me').
- Does the relationship with the client remind them of another relationship?
- **Increases therapist's ability to engage more effectively using own responses to the client**

Mode 5: Focus on the supervisor-therapist relationship

- Parallel processes: looking for ways the supervisory relationship mirrors the client-therapist relationship (therapist acts like client; supervisor acts like therapist)
- How am I similar to my client? What am I holding back from my supervisor? How do I regard my supervisor when I talk about my client?
- **Regularly attend to the quality of the working alliance between therapist and supervisor and explore any parallel processes which may be affecting it**

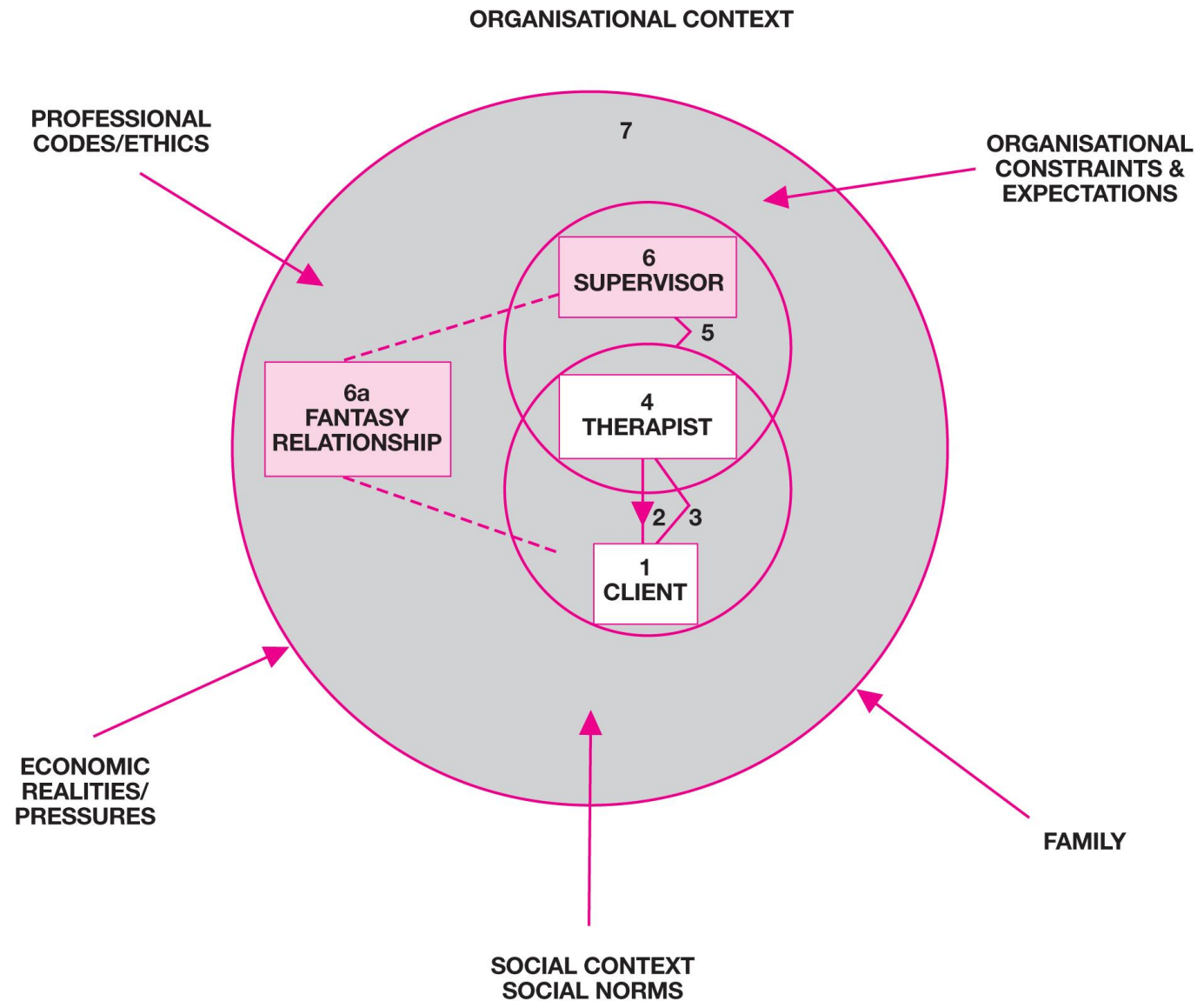


Modes 6/6a: Focus on the supervisor and their 'fantasy relationship' with the client

- Supervisor notices own feelings, thoughts and images that emerge through working with the therapist and material they are discussing
- Supervisor notices feelings about the client that may be at odds with the therapist's (E.g. Supervisor is sympathetic, therapist is irritated)
- Provides another source of information about what may be happening in the supervisory or client relationship

Mode 7: Focus on the wider context

- **Client context:** Background, family
- **Professional and organisational context:** Who the therapist works for, regulating bodies and their ethical frameworks
- **Therapist-client context:** How did they come to see this client?
- **Therapist-supervisor context:** Previous experiences of supervision? Professional, demographic or power differences?
- **Supervisor context:** Biases and stereotypes which may affect the relationship



(Dudley and Walsall Mental Health Partnership NHS Trust, 2020; Hawkins & Shohet, 2012, pp.87; Hawkins et al., 2012; Eustace, 2020)

Strengths

- Broadens therapists' perspectives on supervision (Creaner, 2013)
- Useful for supervisors to identify which modes need attention (Lucas, 2020)
- Attends to multiple relationships (McMahon, 2014)
- Comprehensive because it includes all parties - client, supervisor, supervisee, organisational or other external context (Tkach & DiGirolamo, 2020)
- Includes internal elements, not just the parties' relationships with each other (Tkach & DiGirolamo, 2020)

What the literature said

- The diagram of the model (supervisor at the top, therapist at the bottom) signifies power and hierarchy (Tudor & Worrall, 2004)
- There should be a Mode 8 relating to the transpersonal aspects of supervision (Denise, 2009)
- Mode 7 is of a different order and needs to be contained in the other modes (Matthews & Treacher, 2004)
- Eight-eyed version proposed which adds an aspect of cognitive analytic therapy (Darongkamasa, John & Walker, 2014)

What Hawkins & Shohet said

- Higher doesn't mean more important, just more responsibility
- The transpersonal is important but it should be incorporated into all 7 modes rather than a separate 8th one
- Yes, it is different because it moves from figural to contextual. But it should be kept separate because we need the challenge of moving our attention from what is in front of us to the wider field (Hawkins & Shohet, 2012)

Limitations

1. Not all of the modes would feature or be relevant in every session (such a broad focus would diminish the depth of the work for the therapist; they could also feel overwhelmed by so much feedback at each session) (Creaner, 2013)

- Suggests the model isn't actually holistic if it doesn't incorporate all of the modes; it may be in theory but not in practice

2. The lower modes may seem a natural place to start a supervision session but supervisees may limit themselves to focusing only on these. As a result the lower modes become a safe place – this can limit their development

(Strawbridge et al., 2009)

- Particularly be the case for trainees?
- Highlights why it's Important for supervisees to know what model of supervision their supervisor uses and the process of it so they can get the most out of their sessions

Limitations

3. Mode 5 - parallel processes

They can help to reveal what is going on in the counselling relationship, and can then be explored in the supervisory relationship

They can be both positive and negative; a healthy process in the supervisory relationship can be healing for the therapeutic relationship but an unhealthy one could be limiting

(Strawbridge et al., 2009)

- If supervision is supposed to enhance therapeutic work anything that potentially negatively affects that work should be a cause for concern
- The supervisory relationship is integral to fostering supervisee change (Park et al., 2019). If that relationship is negatively affected, for example by parallel processes, it could hamper the supervisee's growth and development, when supervision is supposed to enhance them

Limitations

4. The use of certain models of therapy may align themselves more comfortably with certain modes (Strawbridge et al., 2009)

- What does that mean for a supervisor who is true to their modality? Does it mean they are less effective as a supervisor if they are unwilling to consider using other approaches in their work with supervisees?
- Transference/countertransference

Wider limitations

Longest established and most widely used model (Hawkins & Schwenk, 2001; Tkach & DiGirolamo, 2020) but it is not evidence based – lacks clear framework for research purposes (Milne, 2009)

Supervision in general lacks evidence-based research and an evidence-based practice model (O'Donoghue & Tsui, 2015; Simpson-Southward et al., 2017)

Can't be empirically claimed that any model is better than another

- What is the point of using this or any model of supervision if we don't know how effective they are?

No proof of impact on client outcome in 25 years of research (Bernard & Goodyear, 2019)

Despite that proof being identified as sorely needed (Watkins, 2020)

- Does this mean supervision might not work in the way it's supposed to - (i.e. ultimately to benefit the client?)

Wider limitations

- Supervisors need specialist training (Brown, 2019)
- It enhances supervision effectiveness (Chu et al., 2016)
- Supervisors consistently lack training (Hoge et al., 2011)
- More resources (McMahon & Errity, 2014)
- But the BACP says supervisors should "ideally have some training and qualifications in supervision" (BACP, 2020)

Supervisor training is not essential but should be

- Because of 'gatekeeping' responsibilities
- That same body says supervision is essential for counsellors so training for supervisors should be essential too; we wouldn't expect clients to pay to see an unqualified therapist
- Because poor supervision due to supervisors' lack of training could negatively impact supervisees' development

My experience

Easier to move on to new territory from a firm base

Being challenged by new ways of working too early is unhelpful

Complicates process that already has its own stresses

More helpful for a trainee to have a supervisor who shares same theoretical base

Confusion rather than clarification, increased anxiety (Walker & Jacobs, 2004)

- Could issue have been avoided by better contracting?

Client groups

Survivors of abuse/primary trauma

Supervision indispensable in trauma work

- To help counsellors balance their empathy and objectivity
- Learn protective strategies and how to create clear boundaries
- Find meaning in their experiences and make sense of them (Etherington, 2009)

Helps the counsellor sustain empathy

Is a means of support and self-care because it minimises secondary trauma

(West, 2012; Wheeler & Richards, 2007)

Supervision that actively addresses secondary trauma influences counsellors' ability to cope with their work

(Sommer & Cox, 2005)

- Highlights the importance of the restorative aspect of supervision for counsellors doing trauma work

Client groups

Necessary for good supervision of trauma counsellors (Perlman & Saakvitne, 1995):

- A strong grounding in trauma therapy
- Attention to both the conscious and unconscious aspects of treatment
- A respectful supervisory relationship
- Directly addressing secondary trauma

Supervisor needs to have expertise in trauma work (also Hawkins & Shohet, 2012)

However, some say if a counsellor works with survivors or abuse it doesn't automatically mean extra or specialist supervision is needed; a counsellor may choose to have a supervisor with

expertise in that field (Walker & Jacobs, 2004)

They say what is crucial is:

- That supervision is adequate and sufficient for the work being presented (particularly important for trauma work because of emotional demands and complex relationship dynamics)
- A supervisor understands and can work with these dynamics to help the supervisee work effectively and not be overwhelmed by the client's experience
- Most importantly – supervision safely holds the counsellor so they can do the same with their clients

Conclusion

- Supervision ultimately helps the supervisee to better help the client
- Normative, formative and restorative functions
- Formative and restorative functions particularly helpful for trainees
- Lack of evidence base and wider criticisms
- Benefits of supervision for counsellors and trainees

• THANK YOU

References

Alfonsson, S., Parling, T., Spännargård, Å., Andersson, G., & Lundgren, T., (2018). The effects of clinical supervision on supervisees and patients in cognitive behavioral therapy: A systematic review. *Cognitive Behaviour Therapy*, **47**, pp. 206-228.

BACP, (2018a). Good Practice in Action 054: Commonly Asked Questions: *Introduction to supervision in the counselling professions*. Lutterworth: BACP. Available at: www.bacp.co.uk/media/2022/bacp-introduction-supervision-commonly-asked-questions-gpia054.pdf (Accessed November 11, 2020).

BACP, (2018b). Good Practice in Action 043: Research Overview. *Supervision within the counselling professions*. Lutterworth: BACP. Available at: <https://www.bacp.co.uk/media/4735/bacp-supervision-within-counselling-professions-ro-nov18.pdf> (Accessed October 29, 2020).

BACP, (2020). BACP Register: guide to supervision. Available at: <https://www.bacp.co.uk/membership/registered-membership/guide-to-supervision/> (Accessed November 10, 2020).

Bégat, I., Ellefsen, B. and Severinsson, E., (2005). Nurses' satisfaction with their work environment and the outcomes of clinical nursing supervision on nurses' experiences of well-being—a Norwegian study. *Journal of nursing management*, **13**(3), pp. 221-230.

Bernard, J. M., & Goodyear, R. K., (2019). *Fundamentals of clinical supervision* (6th ed.) Upper Saddle River, NJ: Pearson.

Boyd, J., (1978). *Counselor Supervision: Approaches, Preparation and Practices*. Muncie, IN: Accelerated Development.

Brown, S. (2019). In practice: Supervision. *Therapy Today*, **20**(10). Available at: [https://www.bacp.co.uk/bacp-journals/therapy-today/2019/december-](https://www.bacp.co.uk/bacp-journals/therapy-today/2019/december-2019/articles/in-practice/)

[2019/articles/in-practice/](https://www.bacp.co.uk/bacp-journals/therapy-today/2019/december-2019/articles/in-practice/) (Accessed October 29, 2020).

Carroll, M., (2007). One more time: what is supervision? *Psychotherapy in Australia* **13**(3) pp. 36. Available at: <https://amovita.com/wp-content/uploads/2018/02/ESP-Article-One-More-Time-What-is-Supervision.pdf> (Accessed November 1, 2020).

Carroll, M., (1996). *Counselling Supervision. Theory, Skills and Practice*. Sage, London.

Carroll, M., (2009). From mindless to mindful practice: On learning reflection in supervision. *Australian Journal of Psychotherapy*, **15**(4), pp. 38-49.

Carroll, M., (2010) Supervision: Critical Reflection for Transformational Learning (Part 2), *The Clinical Supervisor*, **(29)**1, pp. 1-19.

Carroll, M. & Gilbert, M., (2005). *On becoming a supervisee: Creating learning partnerships*. London: Vukani Publishing.

Carpenter, J., Webb, C. M., & Bostock, L., (2013). The surprisingly weak evidence base for supervision: Findings from a systematic review of research in child welfare practice (2000-2012). *Children and Youth Services Review*, **35**(11), pp. 1843-1853.

Chu, C., Ploeg, J., Wong, R., Blain, J., & McGilton, K. S., (2016). An integrative review of the structures and processes related to nurse supervisory performance in long-term care. *Worldviews in Evidence Based Nursing*, **13**(6), pp. 411-419.

Creaner, M. (2013). *Getting the Best Out of Supervision in Counselling & Psychotherapy: A Guide for the Supervisee*. London: Sage.

Creaner, M. & Timulak, L., (2017). Supervision in counselling psychology. In D. Murphy (Ed.) *Counselling Psychology: A Textbook for Study and Practice* (1st edn.) NJ: Wiley-Blackwell.

D. Callifronas, M., & Brock, S., (2017). A Person-centred view of the aim,

References

goals and tasks in clinical supervision: Proposals on topics for experiential learning. *Journal of Advances in Medicine and Medical Research*, **19**(8), pp. 1-12. Available at: <https://doi.org/10.9734/BJMMR/2017/29507> (Accessed October 25, 2020).

Darongkamas, J., John, C. and Walker, M. J., (2014). An eight-eyed version of Hawkins and Shohet's clinical supervision model: the addition of the cognitive analytic therapy concept of the 'observing eye/I' as the 'observing us'. *British Journal of Guidance & Counselling*, **42**(3), pp. 261-270.

Denise, S., (2009). Training for supervising transpersonal therapists and others. In P. Henderson (Ed.) *Supervisor Training: Issues and Approaches*. London: Karnac.

Dudley and Walsall Mental Health Partnership NHS Trust, (2020). Clinical Supervision: The Seven Eyed Model. Available at: <http://www.dwmh.nhs.uk/wp-content/uploads/2015/03/P24-Seven-Eyed-Model.pdf> (Accessed October 26, 2020).

Ekstein, R. & Wallerstein, R., (1972). *The Teaching and Learning of Psychotherapy*. Madison, WI: International Universities Press.

Etherington, K., (2009). Supervising helpers who work with the trauma of sexual abuse. *British Journal of Guidance and Counselling*, **37**(2), pp. 179-194.

Eustace, M., (2020). The seven-eyed supervision model. Available at: <https://www.livingtherapy.co.uk/seven-eyed-model> (Accessed October 27, 2020).

Folkes-Skinner, J., Elliott, R., & Wheeler, S., (2010). 'A baptism of fire': A qualitative investigation of a trainee counsellor's experience at the start of training. *Counselling and Psychotherapy Research*, **10**(2), pp. 83-92.

Gibson, S., Porter, J., Anderson, A., Bryce, A., Dart, J., et al., (2018). Clinical educators' skills and qualities in allied health: A systematic review. *Medical Education*, **53**(5), pp. 432-442.

Gonsalvez, C. J., Oades, L. G. & Freestone, J., (2002). The Objectives Approach to Clinical Supervision: Towards Integration and Empirical Evaluation. *Australian psychologist*, **37**(1), pp. 68-77.

Gray, L., Ladany, N., Walker, J. & Ancis, J., (2001). Psychotherapy trainees' experience of counterproductive events in supervision. *Journal of Counseling Psychology*, **48**, 371-383.

Hawkins, P., & Schwenk, G., (2011). The seven-eyed model of coaching supervision. In T. Bachkirova, P. Jackson and D. Clutterbuck (Eds.), *Coaching and Mentoring Supervision: Theory and Practice* (pp. 28-40). Glasgow: Bell and Bain Ltd.

Hawkins, P., & Shohet, R., (2012). *Supervision in the helping professions*. (4th ed). Maidenhead, England: Open University Press/McGraw-Hill Education.

Howard, F., (2008) Managing stress or enhancing wellbeing? Positive psychology's contributions to clinical supervision, *Australian Psychologist*, **43**(2), pp. 105-113.

Hoge, M., Migdole, S., Farkas, M., Ponce, A., & Hunnicutt, C., (2011). Supervision in public sector behavioural health: A review. *The Clinical Supervisor*, **30**, pp. 183-203.

Inskipp, F., & Proctor, B., (1993). *The Art, Craft and Tasks of Counselling Supervision, Part 1: Making the most of Supervision* (1st ed.). Twickenham: Cascade Publications.

Jacobsen, C. H., & Tanggaard, L., (2009). Beginning therapists' experiences of what constitutes good and bad psychotherapy supervision: With a special focus on individual differences. *Nordic Psychology*, **61**(4), pp. 59-84.

References

Janson, C. and Filibert, S., (2018). Discursive Digital Reflection: A Method for Enhancing Supervision and Training. *The Professional Counselor*, **8**(2), pp. 200-212.

Kumary, A., & Baker, M., (2008). Stresses reported by UK trainee counselling psychologists. *Counselling Psychology Quarterly*, **21**(1), pp. 19-28.

Livni, D., Crowe, T. P. and Gonsalvez, C. J., (2012). Effects of supervision modality and intensity on alliance and outcomes for the supervisee. *Rehabilitation Psychology*, **57**(2), pp. 178.

Lucas, M., (2020). *101 Coaching Supervision Techniques, Approaches, Enquiries and Experiments*. London: Routledge.

Matthews, S. & Treacher, A., (2004). Therapy models and supervision in clinical psychology. In I. Fleming and L. Steen (Eds.) *Supervision and Clinical Psychology: Theory, Practice and Perspectives*. Hove: UK. Brunner-Routledge.

McMahon, A., (2014): *Four guiding principles for the supervisory relationship, Reflective Practice: International and Multidisciplinary Perspectives*. DOI: 10.1080/14623943.2014.900010

McMahon, A. & Errity, D., (2014). From New Vistas to Life Lines: Psychologists' Satisfaction with Supervision and Confidence in Supervising. *Clinical psychology and psychotherapy; Clin Psychol Psychother*, **21**(3), pp. 264-275.

Mehr, K. E., Ladany, N. and Caskie, G. I. L. (2010). Trainee nondisclosure in

supervision: What are they not telling you? *Counselling and psychotherapy research*, **10**(2), pp. 103-113.

Milne, D., (2009). Evidence-based clinical supervision. *Principles and practice*. Chichester, UK: BPS Blackwell.

Norcross, J. C., & Guy, Jr., J. D., (2007). *Leaving it at the office: A guide to psychotherapist self-care*. New York: Guildford Press.

O'Donoghue, K., & Tsui, M., (2015). Social work supervision research (1970-2010): The way we were and the way ahead. *British Journal of Social Work*, **45**, pp. 616-633.

Orlinsky, D. E., & Rønnestad, M. H. (2005). *How Psychotherapists Develop*. Washington, DC: American Psychological Association.

Park, E. H., Ha, G., Lee, S., Lee, Y. Y. and Lee, S. M., (2019). Relationship Between the Supervisory Working Alliance and Outcomes: A Meta-Analysis. *Journal of counseling and development*, **97**(4), pp. 437-446.

Perlman, L., & Saakvitne, K., (1995). *Trauma and the Therapist*. New York: Norton.

Poncy, G. W., (2020). Skillful use of developmental supervision. *Journal of Psychotherapy Integration*, **30**, pp. 102-107.
<http://dx.doi.org/10.1037/int0000162>

Proctor, B., (1988). Supervision: A co-operative exercise in accountability, enabling and ensuring. In M. Marken & M. Payne (Eds.), *Enabling and*

References

ensuring. *Supervision in practice*, pp. 21-23. Leicester: Leicester National Youth Bureau and Council for Education and Training in Youth and Community Work.

Rice, L. N., (1980). A client-centered approach to the supervision of psychotherapy. In A.K. Hess (Ed.) *Psychotherapy Supervision: Theory, Research and Practice*. New York: Wiley.

Scaife, J., (2008). *Supervision in clinical practice: a practitioner's guide*. (2nd edn.) London: Routledge.

Schumann, N., Farmer, N., Shreve, M., & Corley, A., (2020). Structured peer group supervision: A safe space to grow. *Journal of Psychotherapy Integration*, **30**, pp. 108-114. <https://doi.org/10.1037/int0000180>

Simpson-Southward, C., Waller, G. and Hardy, G. E., (2017). How do we know what makes for “best practice” in clinical supervision for psychological therapists? A content analysis of supervisory models and approaches. *Clinical psychology and psychotherapy; Clin Psychol Psychother*, **24**(6), pp. 1228-1245.

Sommer, C., & Cox, J., (2005). Elements of supervision in sexual violence counselors' narratives: A qualitative analysis. *Counselor Education and Supervision*, **45**, pp. 119-134.

Stamoulos, C., Trepanier, L., Bourkas, S., Bradley, S., Stelmaszczyk, K., Schwartzman, D., & Drapeau, M., (2016). Psychologists' perceptions of the importance of common factors in psychotherapy for successful treatment outcomes. *Journal of Psychotherapy Integration*, **26**(3), pp. 300-317.

Stoltenberg, C. & Delworth, U., (1987). *Supervising Counselors and Therapists: A Developmental Approach*. San Francisco: Jossey-Bass.

Storm, C. L., Todd, T. C., Sprenkle, D. H., & Morgan, M. M., (2001). Gaps between MFT supervision assumptions and common practice: Suggested best practices. *Journal of Marital and Family Therapy*, **27**, pp. 227-239.

Strawbridge, S., Woolfe, R., Douglas, B. and Dryden, W., (2010). *Handbook of Counselling Psychology*. (3rd edn). London: SAGE.

Talley, L. P., & Jones, L., (2019). Person-centered supervision: A realistic approach to practice within counselor education. *Teaching and Supervision in Counseling: Vol. 1: Iss. 2, Article 2*. Available at: <https://trace.tennessee.edu/tsc/vol1/iss2/2> (Accessed October 25, 2020).

Tkach, J.T., & DiGirolamo, J.A., (2020). The state and future of coaching supervision. In J. Passmore and D. Tee (Eds). *Coaching Researched: A Coaching Psychology Reader*, pp. 23-41.

Tudor, K., & Worrall, M., (2004). *Freedom to practise: Person-centred approaches to supervision*. Ross-on-Wye, UK: PCCS Books.

Vec, T., Vec, T., & Žorga, S., (2014). Understanding how supervision works and what it can achieve. In C. E. Watkins Jr. & D. L. Milne (Eds.) *The Wiley International Handbook of Clinical Supervision*, pp. 110-127. Chichester: Wiley.

Walker, M. and Jacobs, M., (2004). *Supervision: Questions and answers for counsellors and therapists*. Philadelphia,

References

PA, US: Whurr Publishers.

Watkins, B., (2011). Psychotherapy supervision since 1909: Some friendly observations about its first century. *Journal of Contemporary Psychotherapy*, 41, pp. 57-67.

Watkins Jr, C.E., (2020). What do clinical supervision research reviews tell us? Surveying the last 25 years. *Counselling and Psychotherapy Research*, 20(2), pp.190-208.

West, A. (2012). Supervising counsellors and psychotherapists who work with trauma: A Delphi Study. *British Journal of Guidance and Counselling*, 38(4), pp. 409-430.

Westefeld, J. S., (2009). Supervision of Psychotherapy: Models, Issues, and Recommendations. *The Counseling Psychologist*, 37(2), pp. 296-316.

Wheeler, S., & Richards, K., (2007). *The impact of clinical supervision on counsellors and therapists, their practice and their clients: A systematic review of literature*. Available at: <https://www.bacp.co.uk/media/1982/bacp-impact-clinical-supervision-on-counsellors-therapists-practice-and-clients-systematic-review.pdf> (Accessed October 27, 2020).

White, E., (2017). Claims to the benefits of clinical supervision: A critique of the policy development process and outcomes in New South Wales, Australia. *International Journal of Mental Health Nursing*, 26(1), pp. 65-76.

Woolfe, R. & Thostrup, M., (2016). Supervision. In S. Strawbridge, B. Douglas, R. Woolfe, E. Kasket, E. & V Galbraith (Eds.) *Handbook of*

Counselling Psychology (4th edn.) London: SAGE.

Worthen, V., & McNeill, B. W., (1996). A phenomenological investigation of “good” supervision events. *Journal of Counseling Psychology*, (43)1, pp. 25-34.