

Effect of Clinical Supervision on Self-Awareness and Self-Efficacy of Psychotherapists and Counselors: A Systematic Review

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Clinical supervision is considered to be imperative for the development and maintenance of psychotherapeutic competencies. In terms of self-awareness and self-efficacy, understanding the trajectory of clinical supervision will further facilitate client outcomes. The present review focused on understanding and providing future directions in the major trends in clinical supervision and its impact on self-awareness and self-efficacy of the supervisees. For the purpose of the study, six databases including Pubmed, PsychINFO, Jstor, Wiley Online Library, AcademiaEdu, and Elton B. Stephens company (EBSCO) were used in the search strategy according to current guidelines. The systematic literature search identified 17 publications from the empirical studies. The results indicate that supervision has a positive impact on the supervisee, whereby they grow and develop. It is further evident that supervision has some impact on key developmental areas, such as skills, self-awareness, and self-efficacy. The systematic review supported the notion that clinical supervision as a topic, often lags behind in empirical research.

Impact Statement

The systematic review focused on the effect of clinical supervision on the self-awareness and self-efficacy of the supervisees. Results indicate that supervision positively impacted supervisees' skills, self-efficacy, self-awareness, and showed positive outcomes with clients.

Keywords: supervision, self-awareness, self-efficacy, psychotherapists, counselors

Clinical supervision is the pinnacle of appropriate care, and without it, mental health professionals have difficulty in developing their knowledge, skills, and abilities. The emphasis on clinical supervision while training budding psychologists has enhanced exponentially since its conception. However, research regarding the impact of clinical supervision on self-awareness and self-efficacy has only marginally advanced in the last decade, despite its long and respectable role in training future clinicians and supervisors.

Inskipp and Proctor (1995) describe supervision as:

A working alliance between the supervisor and counselor in which the counselor can offer an account or recording of her work; reflect on it; receive feedback; and, where appropriate, guidance. The object of this alliance is to enable the counselor to gain in ethical competence, confidence, compassion, and creativity in order to give her best possible service to the client. (p. 1)

Supervision within the field of clinical psychology involves a senior member (supervisor), a junior member (trainee), and the client. A supervisor acts as teacher and mentor for trainees so that they may strengthen their clinical skills and subsequently provide

more effective psychotherapy. Supervisors also have an ethical mandate to serve as gatekeepers, potentially removing from the field, trainees showing indications of either causing their client(s) harm or of significant incompetence.

History of Supervision

The concept of supervision has been documented since the inception of psychoanalysis and has been integral to the training of analysts. Freud supervised other analysts through letters and conversations. The field saw further growth with the contributions of Ekstein and Wallerstein (1963) who emphasized the context within which supervision occurs. They highlighted the role of the analyst, the supervisor, and the agency as important within the supervisory sessions and known as “clinical rhombus.” Carkhuff published two volumes of work which were important for psychotherapist trainees (Carkhuff, 1969). Kell and Mueller (1966) and Mueller and Kell (1972) also published about their training experiences with 100 students in a university clinic in Michigan, highlighting the anxieties of clients, students, and supervisors which act as blockages to psychotherapy.

Supervision—Theory and Research

In order to understand supervision, Hess (1980) analyzed the role-related functions and expectations from the supervisor. The six roles he found were those of the lecturer (presentation of theory or technique by giving talks, discussing case materials, and in-vivo demonstrations);

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the teacher (via a course or seminar, to teach skills and evaluate the student); the case reviewer (reviewing students cases in order to teach skill mastery to the student); the collegial-peer (reciprocal relationship to discuss moments of anxiety, fears of failing a client, frustrations related to supervisors, etc.); the monitor (an individual or a panel inspecting files for recordkeeping); and the psychotherapist (discover the blind spots of the psychotherapist trainee). Two additional roles may be the coach and the educator (Hess et al., 2008).

Research on psychotherapy supervision has come a long way since the 1980s when the focus was on supervision models, supervisee variables, parallel process in supervision, and impact on client outcome (Hess et al., 2008). During the 90s, the research focus expanded to supervisory processes, supervisee and supervisor characteristics and development, legal and ethical issues, supervision in special settings, and cultural issues and competencies (Peake et al., 2002). In the 2000s, the number of theoretical articles remains to be greater than empirical articles in this area. This could be due to the difficulty in assessing the experiences of individuals involved in supervision (Ladany et al., 2008), and sampling and methodological difficulties (lack of reliable instruments; Ellis et al., 1996).

Supervision and Self-Awareness

Self-awareness is believed to be an essential component of effective psychotherapy. It is an intrinsic component of the counselor's characteristics and thus enhances therapeutic alliance. Researchers and educators have endeavored to identify the role of clinical supervision on self-awareness of counselors or psychotherapists. Vallance's (2004) qualitative analysis of trainees' experiences of the impact of supervision revealed that discussions of counseling dynamics in supervision led to increased awareness of their own feelings and responses, and this increased awareness positively influenced their work with clients. In Stoltenberg's (2005) Integrated Developmental Model of Supervision (2005), in the developed stage (Level 3), trainees are postulated to be able to focus on the client while increasing their awareness of their own feelings, thoughts, and behaviors regarding the client.

The supervision literature therefore clearly places a heavy emphasis on supervisee/counselor self-awareness both as it relates to the practice of counseling and the process of supervision.

Self-Efficacy

Therapists are required to be proficient in performing specific "tasks" during therapy sessions. These tasks have been identified as having the ability to conduct therapy, overcome ruptures, attend to transference/counter transference, and further develop their professional skills (Bandura, 1977; Larson et al., 1992; Lent et al., 2006). For a psychotherapist, to conduct effective psychotherapy, he or she must perceive him or herself as competent in conducting psychotherapy.

Larson and Daniels (1998) defined therapist self-efficacy as

A psychotherapist's perceived ability to form a relationship with the client, diagnostically assess and provide appropriate interventions, overcome ruptures and other challenges in the therapeutic relationship, induce positive client responses, and attain treatment goals. (p. 12)

Self-Efficacy and Supervision

Counselors' self-efficacy and hard work are the main causes of effective counseling practice (Larson & Daniels, 1998), and therefore, they are an important part of guidance and supervision. Being effective in dealing with the environment (or client) does not involve specific behaviors or simply knowing what to do. Therefore, this is where a knowledgeable supervisor starts working and assists the trainee in improving the effectiveness of his or her therapy by teaching them to use their knowledge and experience to make informed decisions.

Method

The present study aimed to effectively review and evaluate the impact of clinical supervision on self-awareness and self-efficacy of psychotherapists and counselors.

Search Strategy

The search strategy included searching the literature across six databases including Pubmed, PsychINFO, Jstor, Wiley Online Library, AcademiaEdu, and Elton B. Stephens company (EBSCO). Google Scholar was used to search the references of the included studies. The search was done using relevant terms: "clinical supervision," "self-awareness," "self-efficacy," "techniques of supervision," AND/OR "topics of supervision." The review was conducted according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines.

The inclusion criteria in terms of PICOS (participants, interventions, comparisons, outcomes, and study design) were: participants—counselors, psychotherapists, clinical supervisors—for providing supervision to the counselors; outcomes—impact of self-awareness and self-efficacy; and study design—empirical quantitative as well as qualitative studies, and review articles.

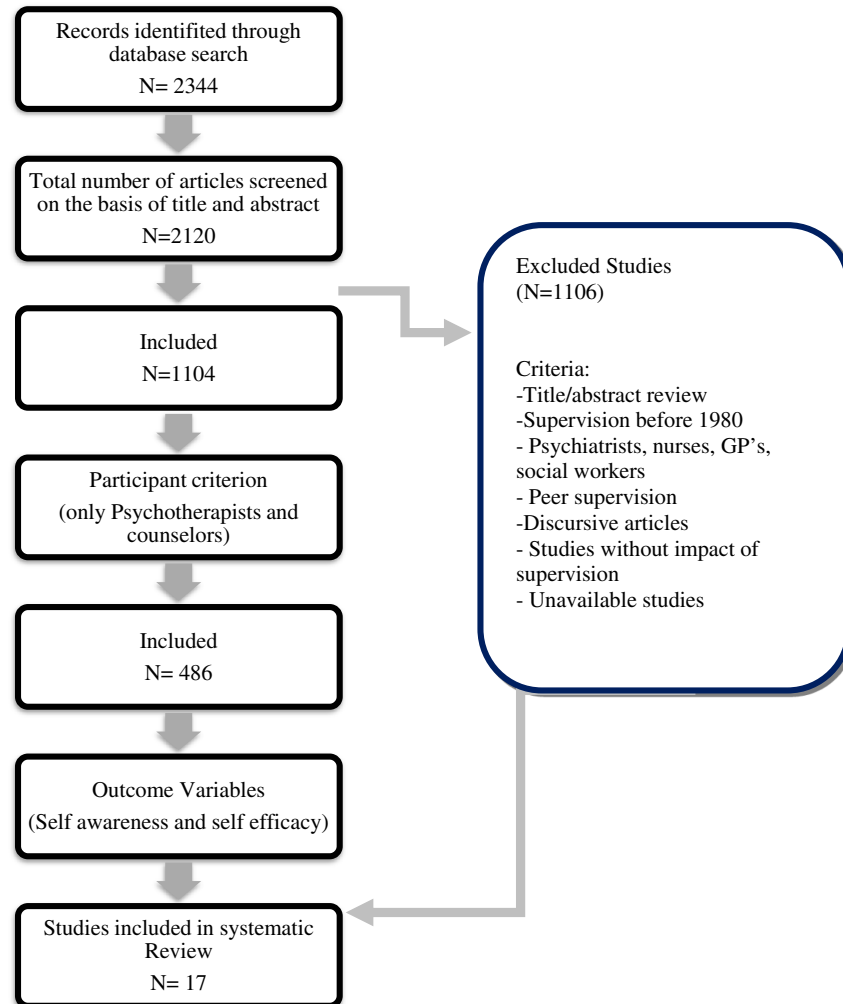
Inclusion and Exclusion Criteria

This review examined the evidence related to the impact of supervision on counselors and psychotherapist's self-awareness and self-efficacy. It was decided to include published work from all over the world since 1980. The review sought to find and analyze empirical research (both quantitative and qualitative) that produced data that had been subject to systematic analysis; discursive articles and case studies were excluded. Initially, a sample of 10 available articles that seemed to examine some impact of supervision on the supervisee were read in detail to help inform the identification of appropriate inclusion and exclusion criteria.

Studies were included if a valid and reliable instrument was used to quantify the impact of supervision on the supervisee or if there was a methodologically rigorous qualitative analysis of the impact. This requires that the method of analysis is clearly articulated in the article and complies with this description.

For this review, it was decided that the supervisees must be counselors or psychotherapists (or other professionals who have had a substantial training as counselors or psychotherapists) and who were specifically engaged in a counseling role with clients.

Hence psychiatrists, psychiatric nurses, occupational therapists, and other health professionals having supervision were excluded.

Figure 1*The Preferred Reporting Items for Systematic Reviews and Meta-Analysis Flow Diagram*

Note. GP = General Physician. See the online article for the color version of this figure.

The supervision of art and music therapy was also excluded, mainly because training in these approaches is somewhat different from training in mainstream counseling and psychotherapy. For this reason, models of supervision will often differ.

One-to-one peer supervision and peer group supervision were excluded, as they would be unlikely to have reliable estimates of supervision quality. Only studies that examined some aspect of the impact of supervision on the supervisee were chosen for the review (Figure 1).

Results

The research literature examined in this section of the report focuses on the results from the final list of 20 studies that met the inclusion criteria and, thus, were deemed relevant to the research question "What is the impact of clinical supervision on counselors and psychotherapist's self-awareness and self-efficacy?" (Table 1).

Discussion

The present systematic review aimed to integrate the studies which have investigated the impact of clinical supervision on the self-efficacy and self-awareness of practicing counselors and psychotherapists. The current review identified 17 publications referring to empirical studies on the status of clinical supervision. Even after using wide inclusion criteria, it is interesting that only such a small number of studies could be included. In contrast to former reviews, this study was conducted systematically according to current guidelines, using a reproducible methodology and concise reporting.

Effects of Clinical Supervision on Self-Awareness

Results of this review provided support for the constructs of Stoltenberg's Integrated Developmental Model (Stoltenberg, 1981). Most of the researches used this model as a guideline for their study.

Table 1
Overview of Included Studies

Study (author, year, country)	Analysis sample (n)	Study design	Study focus/purpose	Findings
Theme 1: Self-awareness and supervision				
Jiménez Andújar (2002)	Supervisees 9 (3 male/6 female).	Qualitative cross-sectional semi-structured interviews	To explore the personal growth experiences of masters-level supervisees within the supervisory process	Participants reported increased self-awareness. Awareness considerations were related to the perception of participants' weaknesses and strengths in the role of counselor, personal issues that may affect their performance, and limitations relating to their relationships with clients and others. Overall, supervision does directly and indirectly impact client work by increasing confidence, focus, and safety in the client work.
Vallance (2004)	Supervisees 19 (1 male/18 female)	Qualitative semi-structured interviews	To explore counselor perceptions of the impact of counseling supervision on clients	Self-other awareness: 56% had increasing scale score over the three conditions. Dependency autonomy: 52% had progressive scale score and motivation: only 36% had progressive increase over the three testing conditions.
Tryon (1996)	Supervisors 2 (1 male/1 female). Psychodynamic. Supervisees 25 (8 male/17 female)	Longitudinal Questionnaire	To examine how self-other awareness, motivation and dependency change in supervision over time in practicum supervision	After their first working semester, they reported significant increases in the three areas of developmental model. They saw themselves as more aware of their motives and abilities, less concerned about their performance during the session, and more reliant on their supervisor for guidance and support.
Borders (1990)	Supervisees-46 masters level counseling practicum program	Quantitative Supervisee Level Questionnaire-Revised (SLQ-R)	To explore the developmental changes in the supervisees after their first practicum with respect to the developmental model by Stoltenberg	Findings have shown that counselors with positive supervision experience have high levels of self-awareness. Guidance has a specific impact on mentor skills—training, hard work, self-awareness, and positive results with clients.
Del Moro (2012)	53 counselors in training	Quantitative • Supervisory Level Questionnaire-Revised • Counselor Self-Awareness Scale (CSAS) • Experience of Group Supervision Questionnaire (EGSQ)	Cultivating self-awareness in counselors in training through group supervision	The effectiveness of the supervisor was an important predictor of the supervisor's ability to enhance the supervisee's everyday experiences.
Theme 2: Self-efficacy and supervision				
Bruns (2020)	Supervisors-46 participants with age range 18+ years and providing clinical supervision for at least 3 months	Quantitative	Evaluating the relationship between supervisor self-efficacy and competence and the supervisory relationship: A mediation model	The results showed that setting goals in supervision is an important predictor and is closely related to the counselor's efforts when working with suicidal clients. The analysis found that setting goals lead to an increase in the
Powers (2017)	Participants (N = 90) consisted of a purposeful sample of master's level counseling students and 2 years postmaster's counselor	Quantitative	The present study examined the relationship between elements of supervision (e.g., rapport, client focus, feedback, and goal setting) on counselor's self-efficacy when working with suicidal clients.	(table continues)

Table 1 (continued)

Study (author, year, country)	Analysis sample (n)	Study design	Study focus/purpose	Findings
Schwartz (2016)	Supervisees-341	Quantitative	The relationship of supervision variables to counseling self-efficacy and outcome expectations among practicing psychologists	counselor's exertion when working with suicidal clients. Goal setting is especially important in the early stages of a mentor's development. Factor analysis revealed-encouraging and facilitative behaviors, content and structural focus, focus on personal/professional growth, and administrative procedures to be significantly related counseling self-efficacy and counseling outcome expectancy. Findings showed that there was no significant difference in the level of self-efficacy between the experimental group (supervision video). Those counselors receiving clinical supervision indicated higher levels of counseling self-efficacy than those not receiving clinical supervision. The results show a positive relationship between effective supervision and self-efficacy. Rapport was found to be the most important predictor of supervision effectiveness assessment. Participants reported high supervision satisfaction, moderate SWA, and commitment to moderate counseling. Also, participants in the internship category reported higher satisfaction than students in the practice phase.
Michalos (2018)	Supervisees-total of 140 students counselors-in-training in the Master of Arts in Counseling program	Quantitative experimental design-exposed to video of counseling supervision	To what extent does clinical supervision relate to the self-efficacy of counselors-in-training	
Cashwell and Dooley (2001)	Supervisees-22 receiving supervision 11 not receiving supervision	Quantitative cross-sectional questionnaire-counseling self-estimate inventory	To determine what effect receiving or not receiving clinical supervision on a regular basis would have on counseling self-efficacy	
Šefarová and Šlepecký (2017)	Supervisees-125 psychotherapists with supervisory experience	Quantitative • Manchester Clinical Supervision Scale • Counselor Self-Efficacy Scale—modified version.	Analyzed the relationship between the assessment of the quality of supervision and the perceived self-efficacy	
Logan (2014)	Supervisees-165 graduate students currently enrolled in a CACREP accredited counseling program	Quantitative • Supervision Satisfaction Questionnaire • Supervisory Working Alliance Inventory-Trainee • Counseling Self-Estimate Inventory	The purpose of this study was to examine supervisees' perceived satisfaction with supervision, the SWA, and supervisee self-efficacy, with supervision experiences they have during practicum and/or internship.	
Wilkerson and Ramirez Basco (2014)	Supervisees-272 master's degree level therapists	Quantitative- Survey	The present study assessed how therapists using cognitive behavioral therapy (CBT) for major depressive disorder (MDD) get affected by clinical supervision.	Results indicated that therapists who received supervision showed significantly greater self-efficacy for basic counseling skills ($p = .005$), greater confidence in their clients' abilities to practice CBT. There was no difference between general or specific supervisory feedback and counseling self-efficacy. Post-measure counseling self-efficacy scores were significantly higher than the premeasure scores.
Clark (2005)	Supervisees-54 participants from counseling-related graduate programs	Quantitative • 2 Groups-Pretest/posttest design. • Counselor Activity Self-Efficacy Scales • State-Trait Anxiety Inventory	This study assessed the effects of general and specific supervisory feedback on counselors'-in-training ratings of counseling self-efficacy (CSE).	

(table continues)

Table 1 (continued)

Study (author, year, country)	Analysis sample (<i>n</i>)	Study design	Study focus/purpose	Findings
Kirk (2014)	Supervisees-102 adult participants from the United States who were completing a doctoral degree in either an APA accredited counseling or clinical psychology program	Quantitative • Working Alliance Inventory Trainee Version • Counseling Self-Estimate Inventory • Role Conflict and Role Ambiguity Inventory	The study explored whether there was a relationship between the supervisory working alliance, the presence of counterproductive events, and the trainee's level of self-efficacy	The results showed that participants who evaluated a few productive events, reported more self-efficacy. Participants who received more feedback and few negative experiences, feel better about their overall performance, their ability, and their level of skills. Supervisors should be mindful of individual trainee factors that may influence how trainees view supervision, such as trainee self-efficacy level. Importance was given to structured supervision, such that trainees may rate it more favorably compared to facilitative supervision.
Holzapfel (2019)	Supervisees-473 trainees completing either a counseling psychology (23.3%) or clinical psychology (26%) degree under a supervisor	Quantitative • Perceived Preparation for Suicide Counseling Scale • Counselor Rating Form Short	The study investigated supervisory practices (i.e., structure and facilitation) when training therapists of differing levels of experience and self-efficacy are working with clients presenting with varying levels of suicidal risk.	Supervisors should be mindful of individual trainee factors that may influence how trainees view supervision, such as trainee self-efficacy level. Importance was given to structured supervision, such that trainees may rate it more favorably compared to facilitative supervision.
Theme 3: Techniques of clinical supervision				
Weck et al. (2017)	791 psychotherapy trainees (533 CBT and 242 PT)	Quantitative-Survey Questionnaire	To investigate the frequency of topics (e.g., ethical issues) and techniques (e.g., role play) in the clinical supervision of psychotherapy trainees	“What are the most frequent techniques used by clinical supervisors during their supervision?” The most widely used intervention in clinical supervision in psychotherapy training has been the case discussion. Techniques that allowed the supervisor to give to the supervisor were often based on the demonstrated skills of the observer. For example, 46% of supervisors have never used audiotapes or videotapes to learn.

Note. APA = American Psychological Association; CACREP = council for accreditation of counseling and related educational programs; SWA = supervisory working alliance; PT = psychodynamic therapy.

This was consistent with application of acquired skills and knowledge while working with clients. A study by Andujar (2002) showed that supervisees in supervisor group showed higher self-awareness, autonomy, and theory skills acquisition. This self-awareness was interrelated with the supervisor's ability to perceive the supervisees' weaknesses and strengths, personal issues that might interfere with their performance, and boundaries related to their relationships with clients and others. The supervisees reported the feeling that they were more confident and that this confidence was expressed in their work with their clients.

Along with this, a trend of using Supervisee Level Questionnaire-Revised (SLQ-R) given by McNeill et al. (1992) was noted in the studies. The SLQ-R was designed to study a psychotherapist's level of self-awareness, motivation, and dependency-autonomy (Leach et al., 1997). A study by Tryon (1996) used SLQ-R and showed that there was a 56% increase in self-other awareness over the course of their practicum while undergoing supervision. Psychotherapists perceived themselves as more aware of their own motivations and dynamics, less concerned about their performance during a session when supervision was given. Borders (1990) explored the developmental changes in the supervisees after their first practicum with respect to the Developmental Model by Stoltenberg using SLQ-R. After their first semester of practicum, supervisees of all three supervisors reported significant increase on the three dimensions of development in the model. They reported more consistent application of acquired skills and knowledge when working with clients.

Del Moro (2012) did a similar study on group supervision of counselors in training where counselors in training were given Supervisory Level Questionnaire-Revised (SLQ-R) after giving them supervision for 3 months. Findings demonstrated that effective counselors at high developmental stages embody high levels of self-awareness. Supervision has particular impact on counselor-in-training's skills, self-efficacy, self-awareness, and positive outcomes with clients. Increasing supervisees' understanding of self-as-counselor and helping them to develop a deeper knowledge and/or acceptance of their clients are appropriate supervisory tasks at all developmental levels.

Effects of Clinical Supervision on Self-Efficacy

Results of the review provided support that psychologists who received supervision were significantly higher in counseling self-efficacy than those who did not receive supervision (Cashwell & Dooley, 2001; Michalos, 2018; Šefarová & Šlepecký, 2017; Wilkerson & Ramirez Basco, 2014). One reason why supervision led to enhanced self-efficacy was because it enhanced goal setting in the supervisees. In the initial stages of supervision, clear goals helped minimize anxiety, while providing support and identifying skill strengths and deficits to improve upon for the supervisees. Content and structured focus of supervision was also found to be a significant predictor of counseling self-efficacy and counseling outcome expectancy (Schwartz, 2016). According to Šefarová and Šlepecký (2017), building a strong rapport with supervisees was discovered to be the most important predictor of supervision effectiveness assessment. Holzapfel (2019) stated the importance of structured supervision as it was rated more favorably compared to facilitative supervision in enhancing the self-efficacy.

Certain positive effects of effective supervision on self-efficacy were also observed. Effective supervision led to more confidence to

practice cognitive behavioral therapy (CBT) in the supervisees (Wilkerson & Ramirez Basco, 2014), helped in reducing anxiety in the supervisees (Clark, 2005) and helped them in feeling better about their overall performance, ability, and skill level (Kirk, 2014).

Overall, this review supported the notion that supervision does directly and indirectly impact supervisees in a range of helpful behaviors, including enhanced self-efficacy.

Techniques Used in Clinical Supervision

The most commonly used supervision techniques in the review included individual supervision through live observation (Borders, 1990; Cashwell & Dooley 2001; Del Moro, 2012; Kirk, 2014). Live supervision allowed direct insight in the therapeutic process and immediate supervisory interventions. It has been found to be superior to less process-oriented approaches (Carmel et al., 2016; Smith et al., 2012; Weck et al., 2016). In addition, training methods that provide video-based feedback regarding demonstrated therapeutic competencies have been shown to be effective in improving therapeutic competencies (Weck et al., 2017).

Townend et al. (2002), in his study on strategies utilized in clinical supervision, identified 10 techniques in clinical supervision. The most common strategies of effective supervision were feedback, followed by the use of audiotapes or videotapes, multimodal methods of teaching (e.g., live demonstration, role play rehearsal), and prioritization (e.g., discussion of agenda). In addition, research conducted by Del Moro (2012) focused on group supervision and emphasized the view that group monitoring serves as a useful environment where counselors can address their strengths and weaknesses.

Applicability to Public Settings

Although the above findings are relevant to publicly funded settings, one of the major problems is the lack of time and human resources. Publicly funded settings like training organizations and hospitals have limited human resources and the time of the supervisors may be divided between clinical, training, and research duties which might lead to less time devoted to supervision-based activities which would have an impact on the supervisee's self-awareness and efficacy as discussed above.

Further, publicly funded settings have a higher caseload (e.g., more patients reporting to tertiary care hospitals) which would demand more time and attention of both supervisors and supervisees, thereby taking time away from supervision-related tasks.

Publicly funded hospitals have a specific patient profile which is different from the patients presenting to private hospitals. Public hospitals tend to treat slightly older patients with lower socioeconomic status, risky lifestyles, and higher levels of comorbidity and complications than those in private hospitals (Tynkkynen & Vrangbæk, 2018). This might require treatment approaches and modalities to be adapted accordingly and may have an effect on supervisee self-efficacy based on the treatment outcome.

Finally, due to a higher influx of patients in publicly funded settings, the patients may not be admitted for a longer duration, thereby limiting the longitudinal learning of trainees from cases and supervision with these patients, and possibly impacting their self-efficacy.

The above mentioned problems could be overcome by making rules and policies that ensure a certain supervisor-supervisee

ratio including the number of hours devoted to supervision on a weekly or curriculum basis. Client-specific issues might be important to remember during supervision sessions so that the supervisor can ensure these do not have an adverse impact on trainees' self-efficacy.

Limitations

There are several limitations that need to be considered when interpreting the results of this review. First, only one study (Weck et al., 2017) was incorporated to investigate the techniques of clinical supervision findings. Due to the diversity of subjects included in this review, a number of questions remain unanswered regarding clinical supervision, self-efficacy, and self-awareness. Specifically, these reviews included studies that explored varied type of trainings and experience of psychotherapist trainers and counselors, who were responsible for performing clinical tasks or various procedures in all subjects.

Therefore, it is still unknown (a) which type of trainees benefit the most from clinical guidance and at what level of experience; (b) which therapeutic activities are most affected by clinical supervision; and (c) who should provide clinical supervision. In addition, there is a lack of operationalisation of effective of clinical supervision. The clearer the definition of supervision, the quantity and content of clinical supervision will enable mental health professionals to better determine the clinical developmental model associated with improved quality of care.

The two qualitative studies quoted had all the limitations of small-scale studies with interviews conducted by the author with a potential for researcher bias as the counselors were known to the researcher and had similar training and shared values with them. Finally, studies do not specifically rule out that there were no factors in the trainees' environment which might have had an impact on their self-efficacy and self-awareness.

Future Directions

A major impact of this review is that it can familiarize future researchers with the next direction for research. It highlights many shortcomings in existing research and paves the way for future studies that can address key questions, using methods that look at the shortcomings of others. There are a wide range of creative interventions that can help educate clinical supervisors to improve their supervisory performance to enhance the supervisee's skills. Given the complexity of qualitative research and the depth of information that it can probe, there is also a need for well-researched and well-conducted qualitative research, including in-depth studies. Tape recording of treatment sessions and subsequent monitoring sessions can reveal much about how supervision influences supervisees and how it can further enhance their self-efficacy. Discussions or focus groups of clinicians who assess the wisdom of their supervisory experience in the present or over time may provide new information that supports the effectiveness of supervision. As indicated in this review, although the lack of studies may indicate low generalizability, they can provide valuable information about the supervision experience. A key result of this review is the recognition of the need to create well-defined research questions, to engage in a multitude of methods while investigating involving triangulation, but at the very least, to maintain a good balance between the experience of a supervisor and a supervisee.

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