

The story behind the research

Elizabeth Dartnall explains why she undertook four years of research into supervision and the impact on therapeutic outcomes

The story began in 2009 when I was a university programme leader for a High-Intensity Diploma in CBT, one of the courses commissioned by the Government initiative, Improving Access to Psychological Therapies (IAPT). As a counselling psychologist, I was interested in how counselling psychologists would fare in the new scheme then sweeping through primary care mental health services, and so I registered with City University to do a Professional Doctorate in Psychology to carry out some research.

My plan was turned on its head in the late autumn of 2009 when I attended a short workshop on supervision. At the time I had been supervising in private practice for about 15 years and considered myself a 'good enough' supervisor, but the workshop challenged my existing assumptions about supervision practice. The workshop was organised by IAPT and presented by Dave Richards¹. He introduced a model for a computerised case management type of supervision for supervising a group of workers known as Psychological Wellbeing Practitioners (PWP). I could see that this administrative, case management type of supervision differed significantly from 'traditional' supervision, but nevertheless it dawned on me that I often had an incomplete knowledge of my supervisees' clients' therapeutic outcomes, especially where the supervisee had a large caseload.

I began to wonder about the relationship between supervision and client outcomes and the degree to which supervision benefits the client as well as the supervisee. The impact of the workshop was so powerful that I changed the focus of my research, and so began a four-year journey that resulted in the findings referred to by Peter Hawkins in his keynote speech at the Supervision UK Conference 2013 (see page 10).

The journey is not quite over. I will shortly be attending my viva examination where I will be expected to 'defend' my research, and by the time this article appears in print, I will know the outcome. Whatever that outcome is, I feel passionately that we can strengthen the value of supervision for all stakeholders by addressing some of the issues that emerged from my research. The following is a snapshot summary of my findings and their implications for practice and future research:

Supervisors' perceptions of the relationship between supervision and therapeutic outcomes: a grounded theory study*

Summary of key findings

- The relationship between supervision and therapeutic outcomes is indirect and difficult to define. Supervision influences outcomes by the supervisor, enabling the supervisee to become a better therapist.
- Supervision is perceived to be for the benefit of the supervisee, who generally chooses what to bring to supervision and how to use the session. This results in some clients never being brought to supervision ('invisible clients'), the supervisor lacking a 'full picture' of the supervisee's practice and the supervisor not knowing what is not brought to supervision (issues of non-disclosure).
- Supervisors prioritise client welfare and supervisees' ethical practice but this is hindered by not having the 'full picture' and not knowing what is not disclosed.



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- The emphasis is on making the supervision a 'safe' space for the supervisee and building a close and supportive relationship with the supervisee (restorative function) but this leads to tension when the supervisor is called upon to invoke quality control interventions (normative function).
- These paradoxes and inconsistencies mean that it is difficult to establish parameters of responsibility for therapeutic outcomes.
- Evaluation of supervision focuses primarily on supervisee satisfaction with supervision.
- Finding a common language to define 'therapeutic outcome' is problematic and definition is dependent on therapeutic orientation.

Implications for practice

- How do we deal with what is not brought to supervision?
- How do we balance the need for a 'safe' supervisory space for the supervisee whilst 'safeguarding' client welfare and outcome?
- How do we address the lack of a common language for 'therapeutic outcome' in our supervision work, especially important when working with supervisees from different therapeutic approaches or from different professional disciplines?

- How do we broaden our systems of evaluation to include more than supervisee satisfaction?

This has been a fascinating journey and, more so, because research supporting the contribution of supervision to therapeutic outcomes remains sparse², despite supervision being a central plank in the delivery of ethical and competent therapy. The study has highlighted important issues and I hope it will initiate a lively dialogue for all of us concerned with providing, receiving, teaching or funding supervision.

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References

- 1 Richards D, Chellingsworth M, Hope R, Turpin G, Whyte M. IAPT-PWP-Supervision Manual-Reach Out. National Programme Supervisor Materials to Support the Delivery of Training for Psychological Wellbeing Practitioners Delivering Low Intensity Interventions. 2010.
- 2 Watkins CE. Does psychotherapy supervision contribute to patient outcomes? Considering 30 years of research. *The Clinical Supervisor*. 2011; 30:235-256.

