Supervisee transfer of learning in psychotherapy supervision.

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For

The degree of Doctor in Philosophy

By

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Declaration

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Summary

My interest in the topic of supervisee transfer of learning emerged while I was studying for a Diploma in clinical supervision and continued after I had graduated. Much of the literature I read on supervision focused on the importance of supervision for supervisees learning and in their training as counselling psychologists and psychotherapists. As I read, researched and practiced supervision, it occurred to me that while supervision plays a key role in learning for the supervisees, I was left wondering what becomes of this learning once the supervisee has left the supervision session? In the profession of supervision it is generally understood that the primary purpose of supervision and learning is to enhance the quality of the treatment the client receives. If this purpose is to be fulfilled the supervisee would need to be using what was learnt in supervision in their work with their clients and the transfer of supervisee learning might then enhance the quality of treatment their clients receive.

A review of the literature in the area of transfer of learning from supervision into therapy suggested the topic was incompletely conceptualized with an absence of specific processes of supervisee transferring learning from supervision. While supervisee transfer of learning from supervision is a complex topic to explore, it is a relevant and important topic for the practice of supervision and a greater understanding of its processes could lead to better outcomes for clients.

To explore the topic of supervisee transfer of learning I developed my research question ‘how do supervisees transfer their learning from clinical supervision into therapy practice”? To answer this research question I chose a discovery-oriented approach (Balmforth & Elliott, 2012; Elliott, 1984). The research project contains two related studies, Study 1 and Study 2. In Study 1, my original intention was to include all the members of the supervisory triad working in real supervision and counselling sessions
and I chose a case study approach as the most appropriate methodology (Robson, 1993). However due the difficulty recruiting actual practitioners and clients, an analogue case study was designed which involved the recruitment of a simulated supervisory triad comprised of a supervisor, supervisee and client who engaged in analogue supervision and counselling sessions. Participants in Study 1 were interviewed using a Brief Structured Recall (BSR) (Elliott & Shapiro, 1988) tape-assisted recall method and the data were analysed using Comprehensive Process Analysis (CPA) (Elliott et., al 1994). The supervisor and supervisee also completed relevant forms of the Supervisory Working Alliance Inventory (SWAI) (Efstation, Patton, & Kardash, 1990). The supervisee and the client in Study 1 completed relevant forms of the Working Alliance Inventory (WAI) (Horvath & Greenberg, 1989; Tracey & Kokotowitz, 1989). In Study 2, 12 supervisees with actual experience of transferring learning from clinical supervision sessions into their therapy practice were interviewed using semi-structured interviews. Data from these 12 interviews were analysed using a combination of CPA (Elliott et., al 1994) and Descriptive and Interpretative qualitative research (Elliott & Timulak, 2005).

The main findings of the thesis indicate supervisees transfer of learning from supervision into their therapy practice, requires supervisees to initially experience positive learning events in supervision. These learning events stem from supervisee experiences in counselling and are facilitated and enhanced through strong supervisory working alliances (Bordin, 1983). The following factors influenced supervisee transfer of learning into therapy practice and include the timing of supervision; supervisee levels of motivation; the strength of the therapeutic working alliance; perceived possibilities for transfer in counselling; supervisees ability to generalise their learning into counselling; supervisees ability to improvise their learning in the counselling setting.
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ABSTRACT

Supervisee transfer of learning in psychotherapy supervision
Terence Stephen O’Neill

Aim: Clinical supervision is a well established means of facilitating supervisee learning and transfer of learning is explicitly linked to learning. Within the clinical supervision literature, there is an absence of research on supervisee transfer of learning. The purpose of this research project was to address the gap in the literature using a discovery-oriented research approach which involved the design of two studies.

Method: Study 1 was an analogue case study using a simulated supervisory triad of supervisor, supervisee and client. The data from Study 1 were collected using Brief Structured Recall interviews which were analysed using Comprehensive Process Analysis. Data for Study 1 were also collected using the Supervisory Working Alliance Inventory (Efstation, Patton & Kardash, 1990) and the Working Alliance Inventory (Horvath & Greenberg, 1989; Tracey & Kokotowitz, 1989). Data were collected for Study 2 from semi-structured interviews with 12 supervisees with experience of transferring learning from supervision into therapy practice. The data from Study 2 were analysed using a combination of Comprehensive Process Analysis and Descriptive and Interpretative qualitative research. Research participants from both Study 1 and Study 2 also completed demographic questionnaires.

Results: Supervisee learning events in supervision stem from the supervisee experiences in counselling and supervisee learning in supervision is facilitated through good supervisory working alliances. Factors influencing supervisee transfer of learning from supervision include the timing of supervision sessions; supervisee levels of motivation; the strength of the working alliance in therapy; possibilities for transfer in counselling sessions; supervisee ability to generalise learning into counselling sessions; supervisee ability to improvise their learning in counselling sessions.

Conclusion: Supervisee learning takes place in both supervision and counselling and these settings can be considered as sites for invention and innovation, where supervisee learning is constructed, reorganised and transformed in a co-creative process. Supervisee learning is then transferred from supervision into counselling and vice versa. The supervisee learning and transfer process can be imagined as a continuous loop linking supervision and counselling in a reciprocal relationship. Transfer of learning is identified as a dynamic process rather than a simple pattern of learn-it-here and apply-it-there. As part of this dynamic process the client contributes to supervisee learning and the transfer of learning from supervision. This has a consequential impact on the client’s own learning and insights which are recognised as positive outcomes of the counselling process. Implications and recommendations from this research for supervisors, supervisees, supervision theory, training and research in supervision were also identified.
**Preface**

As a practitioner of clinical supervision and as a supervisee, I am interested in supervisee learning in clinical supervision and how this learning is used in therapy practice. A means of conceptualising learning from supervision used in counselling is as the ‘transfer of learning’. A preliminary search of the literature on clinical supervision revealed a general absence of research on transfer of learning in supervision. This absence of research might in part be due to clinical supervision being an emerging discipline with a relatively short history of research. For a discipline with a strong emphasis on learning, and as learning is explicitly linked to transfer (Perkins & Salomon, 2012), I believed that clinical supervision research and practice would benefit from a greater understanding of the link between supervisee learning and transfer. A greater understanding of this link might also indicate how supervisee transfer of learning impacts the client, as supervisees are learning and transferring learning, to a certain degree, on behalf of the client. The aim and objective of this current research study was to address the gap in the literature on clinical supervision and transfer of learning, examine the factors and mechanisms which influence supervisee transfer of learning which would answer the research question ‘how do supervisees transfer their learning from clinical supervision into therapy practice?’

The literature review begins with an overview of supervisor competencies, modalities of supervision and models of supervision highlighting the learning and transfer of learning aspects in these models. The limited research in the area of transfer of learning in clinical supervision is also reviewed. The strong emphasis clinical supervision places on learning suggested supervisee learning would benefit from being situated within the fields of learning and education.

In the method section my ontological, epistemological, axiological, theoretical orientation and methodological assumptions were identified in order to strive towards
“methodological congruence” (Creswell, 2013, p. 42) which supported the trustworthiness of the research project (Yardley, 2000). As with any emerging discipline a discovery-oriented approach to research helps map the territory and develop a foundation for research (Creaner, 2014; Holloway & Carroll, 1996; Mahrer, 2006; McLeod, 2010; Wertz, 2005). This qualitative approach is a useful means of examining supervision phenomena in order to identify and describe the relevant and important processes in supervision and to enhance its practice and research (Worthen & McNeill, 1996). In general, supervision research methodologies have broadly charted the progress of process and outcome research in psychotherapy (Orlinsky, Ronnestad, & Willutzki, 2004; Timulak, 2010). A methodology which has a long history of developing a knowledge base in these areas is case study methodology. This approach is congruent with a discovery-oriented approach as it draws attention to critical issues and areas of practice and helps describe and analyse practical expertise in action (McLeod, 2010). Initially my intention was to recruit a supervisory triad of actual supervisor, supervisee and client. However following repeated and prolonged efforts to recruit actual practitioners and clients, to no avail, I chose to design an analogue case study which is referred to as Study 1. In Study 1 a simulated supervisory triad contained a supervisor, supervisee and client who did work on a real personal issue. These participants engaged in analogue supervision and analogue counselling sessions. Data from this analogue case study were collected using Brief Structured Recall (BSR) (Elliott & Shapiro, 1988) tape-assisted recall interviews, which were analysed using Comprehensive Process Analysis (CPA) (Elliott, 1989). The Supervisory Working Alliance Inventory (SWAI) (Efstation, Patton, & Kardash, 1990) and the Working Alliance Inventory (WAI) (Horvath & Greenberg, 1989; Tracey & Kokotowitz, 1989) were also employed, along with an interview involving both the supervisor and supervisee (Houssart & Evens, 2011). A second study, Study 2, was
designed to capture supervisees recall and perception of transferring learning from clinical supervision into their therapy practice and to create a conceptual bridge with Study 1. In Study 2, the method of analysis was informed by Comprehensive Process Analysis (CPA) (Elliott, 1989) and various “generic methodological practices associated with descriptive and interpretative” analysis (Elliott & Timulak, 2005, p.148).

The results of the analysis of data in Study 1 identified five transfer of learning events; A, B, C, D and E. These transfer of learning events had corresponding learning events in the analogue supervision sessions. In Study 2 the results were placed into domains of context, process and effects (Elliott et al., 1994). The context domain which focused on supervisee learning in supervision contained the main categories of; lack of therapeutic progress; supervisee learning in supervision; supervisee feeling supported in supervision; supervisee feeling motivated in supervision. The process domain in Study 2 focused on the counselling session and identified the main categories of; supervisee reappraisal of work with client; supervisee active experimentation in work with client. In the effects domains the main categories included; positive impact on the client; positive impact on counselling.

In the discussion section the key factors which influenced supervisee transfer of learning included positive learning events for the supervisee in supervision which were facilitated by strong supervisory working alliances (Bordin, 1983; Johnston & Milne, 2012). These learning events stemmed from supervisee’s experience in counselling and involved the interplay of supervisee thought, feeling, action and motivation. The transfer of learning in counselling was influenced by; timing of supervision; supervisee motivation; strength of the therapeutic working alliance; possibilities for action in the counselling setting; supervisee ability to generalise their learning; supervisee ability to improvise their learning in counselling.
Supervisee learning was identified as taking place in both supervision and the counselling settings, involving the construction, reorganization and transformation of learning as a result of a co-creative process between the supervisor, supervisee and the client. Supervisee learning is transferred from supervision into counselling and vice versa. Learning and transfer of learning can be understood as a multi-directional continuous loop linking supervision and counselling in a reciprocal relationship (Beach, 1999). Transfer of learning in this research study is identified as a dynamic process rather than a simple pattern of learn-it-here and apply-it-there (Perkins & Salomon, 2012). As the client contributes to the supervisee learning and transfer of learning, this has a consequential impact on their own learning and insights which are recognised as positive outcomes of the therapeutic process (Hubble, Duncan, Miller, & Wampold, 2010; Rogers, 1983; Rose, Lowenthal, & Greenwood, 2005).
Chapter One: Literature Review

1.1 Introduction

The search strategy employed in this literature review used the following keywords; clinical supervision, transfer of learning in clinical supervision, therapist competencies, competencies of clinical supervision, adult learning, theories of adult learning, transfer of learning, theories of transfer of learning, clinical supervision events, descriptive and interpretative phenomenological inquiry, validity in qualitative research. These keywords were inputted into the following electronic databases; PsychArticles, PsychInfo, PubMed, EBSCO and search engines such as Google and Google Scholar. Other sources of information accessed included key international websites in the area of clinical supervision and transfer of learning; books and dissertation abstracts in the libraries of Trinity College Dublin and University College Dublin. Information from consultations with authors of key articles and texts also informed this search strategy.

In this literature review, initially supervision modalities, formats and models of supervision and their relevance to supervisee learning and transfer of learning were explored. Following this, in order to gain a greater understanding of what influences supervisee transfer of learning an overview of the concept of learning was presented. To do this I situated supervisee learning and transfer of learning within the fields of learning, education and training which helps build “a common language of learning in psychotherapy supervision” (Watkins & Scaturo, 2013, p.75). Drawing from the fields of learning and education also involved an examination of the interplay of learning domains, learning context and types of learning relevant to supervisee learning in supervision.

Having assessed what constituted supervisee learning, the literature review focused on the transfer of learning and the different approaches used to conceptualise transfer. Next, the various mechanisms that mediate transfer were identified and
supported by research evidence. As there are a limited number of research studies on the
subject of transfer of learning in clinical supervision, research evidence was referenced
from studies in the field of education and training, on subjects relevant to supervision,
such as interpersonal skill transfer (Gist, Bavetta, & Stevens, 1990; Gist & Stevens, 1998;

In the last sections of the literature review research studies of supervisee transfer
of learning from clinical supervision were evaluated. Other clinical supervision research
studies, highlighting stepwise outcomes, which I equated with transfer, were also
reviewed (Reiser & Milne, 2014).

Clinical supervision itself is an essential part of the training and post-training of
psychotherapists, counselling psychologists and counsellors (Bambling, King, Raue,
Schweitzer, & Lambert, 2006; Gonsalvez, Oades, & Freestone, 2002; Kilminster & Jolly,
2000; Krasner, Howard, & Brown, 1998; Reiser & Milne, 2014). The origins of
supervision are found in the apprenticeship model, which is a learning relationship
between a student/apprentice with minimal knowledge or skill, who would learn by
observing, assisting and receiving feedback from an accomplished member in the same
field (Falender & Shafranske, 2004). Psychotherapy supervision emerged in the early
1920’s when informal meetings of psychoanalysts became formalized, and colleagues
would learn from one another the techniques and theory of psychoanalysis (Carroll, 2007;
Lawton & Feltham, 2000). Hence, the apprenticeship model has informed and still
informs supervision and supervisee learning, where supervisee learning occurs through a
“combination of observation, coaching and practice” (Feinstein, Huhn & Yager, 2015, p.
585). The apprenticeship model is also reflected in Bernard and Goodyear’s (2014)
widely referenced definition of supervision, which describes supervision “as an
intervention that is provided by a more senior member of a profession to a more junior colleague or colleagues” (Bernard & Goodyear, 2014, p. 9).

A key aim of supervision is the development of supervisee competence, which is associated with positive client outcomes (Anderson, Ogles, Patterson, Lambert, & Vermeersch, 2009; Barber, Sharpless, Klostermann, & McCarthy, 2007; Freitas, 2002; Waltz, Addis, Koerner, & Jacobson, 1993). Supervision has been conceived as being comprised of the three interrelated functions; administrative, supportive and educational.

These functions were formally represented in Kadushin’s three-function model (Kadushin & Harkness, 2014). Since then these functions have been re-imagined as normative, restorative and formative (Inskipp & Proctor, 2001) and as qualitative, resourcing and developmental (Hawkins & Shohet, 2012). The administrative/normative/qualitative function of supervision is concerned with the tasks of monitoring and promoting standards of good practice and promotes the quality control of supervisees working with clients. The supportive/restorative/resourcing function focuses on the support for the well-being of supervisees who work with distressed populations and guards against vicarious trauma and burn-out (Hawkins, & Shohet, 2012). The educational/formative/developmental function “relates to supervisee learning, skills development and professional identity development” (Creaner, 2014, p.7). In different circumstances and settings some of these functions become more prominent. These functions are not entirely discrete but overlap and “supervision can take place in areas where all three functions intermingle” (Hawkins & Shohet, 2012, p. 60).

The three functions of supervision are identified in Milne’s (2007) best evidence synthesis (BES) definition of supervision, which has integrated many existing definitions of supervision (e.g., Bernard & Goodyear, 2014; Inskipp & Proctor, 2001). Milne (2007)
suggests that an empirically validated definition of supervision “creates a firmer basis to advance research and practice within clinical supervision” (p. 437).

Clinical supervision is the formal provision, by approved supervisors, of a relationship-based education and training that is work-focused and which manages, supports, develops and evaluates the work of colleague/s. The main methods that supervisors use are corrective feedback on the supervisee’s performance, teaching and collaborative goal setting. It therefore differs from related activities such as mentoring and coaching, by incorporating an evaluative component. Supervisions objectives are ‘normative’, ‘restorative’ and ‘formative’. These objectives could be measured by current instruments (Milne, 2007, p. 439).

As indicated the formative function of supervision promotes supervisee learning as an objective of supervision. A means of understanding how supervisee learning informs supervisee practice is as ‘transfer of learning’. The study of the transfer of learning has a long history, and is “one of the most actively studied phenomena in psychology” (Detterman & Sternberg, 1993, p.5). Within the literature on learning, the ‘transfer’ of learning is recognised as a key element (Haskell, 2001; Oliver & Fleming, 1997; Van den Eertwegh, Van Dulmen, Van Dalen, Scherpber, & Van der Vleuten, 2013), and it is suggested that the end goals of learning are not achieved until transfer has occurred (Perkins & Salomon, 1992).

1.2 Supervisor competencies

Transfer of supervisee learning initially requires supervisee learning to take place and the supervisor plays a central role in facilitating this learning (Johnston & Milne, 2012). In the definition of supervision, Milne (2007) describes supervision as being formally provided by “approved supervisors” (p. 439). Currently in Ireland, to become an
‘approved supervisor’, approved by the Psychology Society of Ireland (PSI), it is suggested a supervisor should have “at least 30 hours formal training in supervision (if qualified since 2014) or to have at least five years’ experience of supervision in one’s professional practice (if qualified before 2014)” (PSI, 2014, p. 5). In contrast, to become accredited by the Irish Association for Counselling and Psychotherapy (IACP) from 2010, a supervisor must have successfully completed a 100 hour IACP approved training course for supervisors and have a minimum of five years supervised practice (IACP, 2016). These relatively recent professional requirements recognise the importance of formal training for supervisors of psychologists and psychotherapists in an Irish context. In the United States, where supervision is a domain of professional practice conducted by many psychologists, “formal training and standards have been largely neglected” (Falendar et al., 2004, p.772). To address this issue the APA has developed a supervision policy (APA, 2014) and a competencies framework for supervisors was also established “to ensure adequate training and professional development of trainees” (Falendar et al., 2004, p.772; Roth & Pilling, 2008).

Competency can be defined as the integration of professionals’ knowledge, skill and attitude which is context-dependent (Rubin et al., 2007). Falendar et al.’s (2004) reference to the adequate training and professional development of trainees highlights that supervision in the United States is predominantly provided as a means of training psychologists, counsellors and psychotherapists. In Falendar et al.’s (2004) supervision competencies framework, it is recommended that supervisors possess “knowledge of models, theories, modalities, and research on supervision and the skills and ability to build the supervisory relationship/alliance” (Falendar et al., 2004, p.778). The supervisory relationship or alliance referenced in this framework could be considered the “education
and training based relationship” identified in Milne’s (2007, p.439) empirical definition of supervision.

Roth and Pilling’s (2008) competency framework for supervision also identifies a supervisory competency, as being able “to facilitate suitable learning experiences for supervisees, to help supervisees develop competence in the clinical environment” (p. 10). The authors also note supervisors need the competency “to draw on knowledge of strategies for assuring the transfer of supervisee learning from the supervision context into clinical work” (Roth & Pilling, 2008, p.10). When supervisors have received formal training and/or provide supervision as a “more senior member of a profession to a more junior colleague” (Bernard & Goodyear, 2014, p. 9), it could be assumed, that supervisors “draw on their knowledge of models, theories, modalities, and research on supervision” (Falendar et al., 2004, p.778).

1.3 Modalities and formats of supervision

Supervision can take place on a one-to-one basis and also within a group. Individual and group supervision may also be facilitated by supervisors who have the dual roles of line manager and supervisor, as well as supervisors who work external to an agency. In supervision, the most common format or technique of supervisees presenting their therapeutic work includes verbal and written reports as well as audio and videotaped recordings of therapeutic work with clients. Less common formats include direct observation where the supervisor participates in the counselling session as well as external supervisors observing the supervisee through one-way glass or through CCTV (Goodyear & Nelson, 1997). Supervision can also be provided through the form of videoconferencing (Sorlie, Gammon, Bergvik, & Sexton, 1999).
In individual supervision, supervisees can benefit from the full attention of the supervisor which facilitates supervisee skills development and general professional development. Individual supervision also provides plenty of opportunities for the development of the supervisory working alliance the relationship on which supervisee education and training is based (Milne, 2007). For some theoretical orientations individual supervision is very appropriate, such as psychodynamic models where transference/counter-transference issues can be explored in a safe space (Moloney, Vivekananada, & Weir, 2007). A disadvantage of individual supervision is that there is no opportunity for the supervisee to gain peer support or learn from other supervisees.

Group supervision on the other hand does provide support from peers and also allows supervisees to learn vicariously from one another “even while one supervisee is the particular focus of the attention” (Goodyear & Nelson, 1997, p.340). With this in mind, in their literature review on cognitive differences between novice and experts in group supervision, Hillerbrand (1989) discovered that feedback given by supervisees to one another can be more readily comprehended by supervisees than feedback offered by the group supervisor (Goodyear & Nelson, 1997). Disadvantages of group supervision include supervisees becoming anxious about their skill levels and competency in the group, which can result in supervisees engaging passively and silently in group supervision (Moloney, Vivekananada, & Weir, 2007).

In the context of line-management supervision, there are also benefits and challenges to supervisee learning where the supervisor is the line -manager. The benefits include supervision being consistent and convenient and an opportunity for supervisees to learn more about the organisation’s policies and procedures (Tromski-Klingshirn & Davis, 2007). A challenge to supervisees learning in supervision provided by line -managers, is that supervision offers fewer different perspectives from outside the agency.
(Ryan, Willis, Whittle & Weir, 2009) and it is notable that changes in perspectives are thought to enhance learning (Mezirow, 1991). Another challenge of line-managers providing supervision is the power imbalance in the supervisory relationship. Ideally, line-management supervision and clinical supervision should be separate activities (McMahon & Errity, 2014).

1.4 Models of supervision

How supervisors facilitate supervisee learning and encourage its transfer depends to some extent on the supervisor’s knowledge of, and adherence to, particular models of supervision and whether they use more than one theory or technique when practicing supervision (Bernard, 1979; Haynes, Corey, & Moulton, 2003).

1.4.1 Counselling bound models. As indicated, supervision originated from the apprenticeship model of learning whereby the master passed on their knowledge and skills to the apprentice (Creaner, 2014). Informed by the apprenticeship model of learning, counselling bound models of supervision were seen as a natural extension of the counselling model, where there is an uninterrupted flow of learning back and forth between the supervision and the counselling setting (Carroll, 2007). Beginning with psychoanalysis in the 1920’s; the client centred approach in the 1950’s (Rogers, 1951); cognitive behavioural therapy (CBT) (Beck, 1979) in the 1960’s, supervision was and still is seen as a means of training supervisees in particular psychotherapeutic orientations. Research on counselling bound models in supervision indicates that “supervisee congruence with supervisor theoretical orientations is related to patient change” (Steinhleber et al., 1984, p. 1346). This congruence could be interpreted as supervisees generalising or transferring a theoretical approach from supervision into the counselling
setting. Supervisee positive allegiances to therapies are also found to be more associated with positive outcomes for clients (Hollon, 1999; Luborsky et al., 1999).

While counselling bound supervision models can facilitate supervisee learning of specific techniques and perspectives of a counselling approach, too close an adherence to one model may also restrict the growth and learning of supervisees. Particularly for supervisees who might be more interested in utilising theoretical concepts that are more in harmony with their own worldview rather than with the supervisors’ theoretical framework. There is a danger, according to Arbuckle (1965), that supervisees “can hardly be effective if they are only pale carbon copies of the supervisor!” (p. 94).

1.4.2 Developmental models of supervision. Other supervision models which inform supervisors’ facilitation of supervisee learning and its potential transfer are the developmental models of supervision (Watkins, 1997). These supervision models were informed by existing models of human development (Bartlett, 1983; Hogan, 1964). The basic premise of the developmental models of supervision is the belief that supervisees are engaged in a continuous learning process of skills and knowledge. This allows the supervisee to move through progressive stages from novice to expert which again reflects the apprenticeship model. The developmental models allow for an understanding of changes in supervisees personal constructs through the process of assimilation, accommodation, conflict and disequilibrium (Stoltenberg, 1993).

An example of the developmental model is the Integrated Developmental Model (IDM) (Stoltenberg, 1981; Stoltenberg & Delworth, 1987; Stoltenberg, McNeill, & Delworth, 1998). The IDM model has three levels of supervisee development described as beginner, intermediate and advanced, all with an emphasis on matching instructional environments in supervision to learner characteristics (Holloway, 1987, 1995). The areas
the supervisor focuses on in the supervisee’s learning and development include the supervisee’s self-awareness; awareness of others; supervisee motivation; supervisee sense of autonomy.

Supervisees at the beginner level exhibit high levels of motivation but also high levels of anxiety and their awareness is centred on themselves (Stoltenberg & McNeill, 1997). At the intermediate level the supervisee is focusing more on the client needs with fluctuations in supervisee confidence and motivation. A supervisee at the advanced level is recognised as being more process centred, their motivation is stable and they have accurate empathy towards the client tempered by objective use of self therapeutically (Falender & Shafrankse, 2004). A fourth stage of development was suggested and referred to as level three integrated or master level, which is process-in-context-centred (Hawkins & Shohet, 2012). This level is characterised by supervisee personal autonomy; personal security and insightful awareness by the supervisee to confront their professional and personal problems (Stoltenberg & Delworth, 1997). In their use of grounded theory approach to examine supervisees learning, Johnston and Milne (2012) revealed that “the developmental context is integral to the receipt of supervision” (p. 15). This supports the claim that instructional environments in supervision need to match learner characteristics (Holloway, 1987).

In an empirical investigation which tested the theoretical domains of IDM, Leach, Stoltenberg, McNeill and Eichenfield (1997) found that supervisee levels of self-efficacy increase developmentally (Leach, Stoltenberg, McNeill, & Eichenfield, 1997). Self-efficacy is identified as a factor in mediating transfer of learning and training (Gist, Stevens, & Bavetta, 1991; Stevens & Gist, 1997; Kozlowski et al., 2001).

A criticism of the developmental models is that supervisees come to supervision with pre-existing cognitive structures and not all supervisees are at the same levels of
awareness or cognitive functioning when starting out (Holloway, 1987). In addition, developmental models have emerged from the US where supervision is associated with counsellor training and education, and supervision is not required post-training (Creaner, 2014). The relevancy of these models to supervisees in post-training therefore remains in question (Holloway, 1987). Post-training supervision, which is common practice in countries such as Ireland, UK, other European countries and Australia, is recognised by some in the US as being desirable, “possibly in the form of systematic collegial consultation adapted to the stage of a professionals’ development” (Bordin, 1983, p.38).

1.4.3 Working alliance model of supervision. The working alliance is a well established construct in the literature in psychotherapy (Bordin, 1979, 1983). Research evidence indicates that “the establishment and fostering of the working alliance” (Crits-Christoph et al., 2006; Spielmans, Paske, & McFall, 2007, p.650) is a good predictor of positive client outcomes (Hanson, Curry, & Bandalos, 2002; Luborsky et al., 1986). A natural extension of the working alliance model was to apply it to other change situations such as supervision. Patton and Kivlinghan (1997) describe “the difference between the supervisory and counselling alliances resides in the primarily learning and evaluative focus of the former and the explicitly therapeutic focus of the latter” (p.109). The components of the supervisory working alliance include “mutual agreement of goals, task and bond” (Bordin, 1979, p.35)

In supervision the mutual agreement on goals by supervisors and supervisees can be interpreted as collaborative goal setting (Milne, 2007) and goal setting is identified as a mechanism that mediates transfer (Gist, Stevens, & Bavetta, 1991; Gist & Stevens, 1998). The mutual agreement of supervisory goals/collaborative goal-setting can take place during the contract phase of supervision (Bordin, 1983; Creaner, 2014; Norcross &
Supervisory contracts are similar to therapeutic contracts which are “constructed to meet the needs of the client” (Norcross & Halgin, 1997, p. 208). Supervisory contracts have also been referred to as learning contracts or learning agreements and can be either written or verbal. Learning agreements are “negotiated between the supervisor and the supervisee for the purposes of supervisee learning in the context of providing the best service to the client” (Creaner, 2014, p. 60). Establishing a supervisory contract or learning agreement early in the supervision relationship, strengthens the supervisory working alliance through collaborative goal setting (Milne, 2007) and avoids supervisors and supervisees having undue expectations of each other (Norcross & Halgin, 1997). Mutually agreed supervisory goals in the supervisory contract, which facilitate supervisee learning, are identified by Bordin (1979, 1983) as:

- mastery of specific skills;
- enlarging one’s understanding of the client;
- enlarging one’s awareness of process issues;
- increasing awareness of self and impact on process;
- overcoming personal and intellectual obstacles toward learning and mastery;
- deepening one’s understanding of concepts and theory;
- provide a stimulus to research;
- maintenance of standards of service (p. 37).

The strength of the supervisory alliance also depends on tasks and their connection to these mutually agreed supervisory goals (Bordin, 1983). Supervisee tasks include coming to supervision prepared with case notes and audio or video recordings of their work with their clients. The task of making preparations for supervision would indicate a supervisee’s level of motivation and readiness for supervision and presumably readiness to work with clients. In relation to connections to mutually agreed goals and corresponding supervisory tasks, if “the goal is mastery of a specific skill, the complementary supervisory task is that of coach giving feedback” (Bordin, 1983, p. 38). The bonds in the supervisory alliance could be understood as being associated with
sharing a common enterprise. Bordin (1983) compares the bonds between supervisor and supervisee as similar to those between a player and coach. The bond between player and coach can be “characterised by a growing appreciation and respect for each other as individuals” (Jowett, 2005).

In their research on the relevance of the supervisory alliance to working alliance, Patton & Kivlingham (1997) discovered that there was a significant relationship between the supervisee perception of the working alliance and the client’s perception of the working alliance. The researchers presumed that “the trainees are taking the knowledge they are gaining in supervision about building and maintaining relationships and applying it to the relationship with their client” (Patton & Kivlingham, 1997, p. 113).

1.4.4 Social role models of supervision. Social role models or supervision specific models emerged from the practice-knowledge of supervision. An early example is Kadushin’s three-function model (Kadushin & Harkness, 2014), which was outlined in the introduction of this chapter. Briefly the three supervisory functions identified in this model were administrative, supportive and educational (Kadushin & Harkness, 2014). The educational function which is specific to supervisee learning, has been re-imagined as the formative function in Inskipp and Proctor’s (2001) model of supervision and also been interpreted as the developmental function in Hawkins and Shohet’s (2012) seven eyed model of supervision. The main purpose of the educational/formative/developmental function is to facilitate supervisees gaining knowledge and developing their skills through reflection (Hawkins & Shohet, 2012).

In many of these supervision specific models, reflection is viewed as the chief enabling process in supervision which sits at the heart of clinical supervision (Carroll, 2009; Hawkins & Shohet, 2012; Proctor, 2010). Reflection is a critical facility that allows
supervisees “delve deeper into experience in order to manufacture meaning for themselves and their client” (Carroll, 2009, p. 43). Self-reflection has been positively correlated with effective learning for trainee counselling psychologists, psychotherapists and counsellors (Fauth et al., 2007; Fowler & Chevannes, 1998; Orchowski, Evangelista, & Probst, 2010). Reflection and meta-cognition will be explored in greater depth in section 1.7.2 of this review. A means of conceptualising the transfer of learning in social role models is in the cyclical model of supervision (Page & Wosket, 2001). In this model the authors identify a bridge stage where a plan is formulated to help the supervisee apply their learning in supervision into the counselling session. Bridging could be interpreted as goal-setting for the supervisee to transfer their learning into counselling.

In general the social role models have not benefitted from the research focus given to other supervision models particularly the developmental models which have originated in the United States (Creaner, 2014). The social role models are predominantly from writers based in the UK and Europe, “where writings on supervision have been grounded in practice since inception” (Holloway & Carroll, 1996, p.53).

1.4.5 Best evidence synthesis (BES) model of supervision. A recently developed model of supervision, which could inform understanding of supervisee learning and transfer, is Milne et al.’s (2008) ‘best evidence synthesis’ (BES) basic model of supervision. To create this model, Milne et al. (2008) reviewed 24 studies for the effectiveness of supervision which “was typically evaluated in terms of multiple measures, including the reactions of the supervisees, indicators of their learning, and transfer to patients” (p.176). The studies were mapped onto an educational pyramid of consultant supervisor/trainer, supervisor, supervisee and client. The educational pyramid is adapted from a pyramidal strategy or pyramidal training (Page, Iwata, & Reid, 1982;
Reid et al., 2003) and has been found useful in assisting supervisors improve the performance of their supervisees (Reid et al., 2003). The synthesis of these 24 studies identified three different categories of variables; contextual variables; mediator variables; outcome variables (Milne et al., 2008; Milne, 2009).

Briefly the category of contextual variables was divided into five major themes: general organisational context (administration); participants (consultant supervisors, supervisors, supervisees, clients); intervention factors; research influences; learning. These contextual variables “generally provided a facilitating learning context for the other variables in the model” (Milne et al., 2008, p. 181). The other variables included five mediator variables in the form of supervision interventions which include teaching and instruction; corrective feedback; live or video based observation; goal setting; question-and-answer methods. The supervisory interventions of video observation, feedback and goal setting are reflected in the tasks and goals of Bordin’s (1979, 1983) working alliance model of supervision.

The outcome variables in the model “included changes to the supervisees’ attitudes, increased emotional self-awareness, changes in supervisees’ motivation and improved skills” (Milne et al., 2008, p. 180). In interpreting these outcome variables Milne et al. (2008) endorsed Kolb’s (1984, 1993) experiential learning cycle to classify the outcome variables as ‘experiencing’, followed by ‘reflection’, ‘conceptualisation’ and ‘experimenting’. The experiential learning cycle (Kolb, 1984, Smith, 2001) has also been integrated into other generic models of supervision (Carroll, 2009; Milne, Westerman, & Hanner, 2002; Milne et al., 2003; Morrison, 1993).

In research on the usefulness of the experiential learning model in supervision, Abbey, Hunt and Weiser (1985) identified that effective supervision and counselling demands that “all four stages of the experiential learning cycle be available to the
supervisee and also to the client” (p. 477). As 22 of the 24 studies reviewed in Milne et al. (2008) BES model are consistent with outcomes in the experiential learning model, Milne et al. (2008) recommend that “Kolb’s (1984) model merits further empirical attention” (p.181).

Limitations identified by the authors, were that the majority of studies reviewed for this model were learning disability studies whose theoretical orientations are broadly behavioural and therefore the model cannot currently be generalised to other theoretical orientations. Also, while the researchers identified that the work environment has the most critical influence on supervision, they gave no details of the residential settings where the studies took place. Nor did they identify other contextual information such as the attributes of the supervisors or the supervisees (Milne et al., 2008).

1.4.6 Learning-based model of supervision. Recognising the importance of learning within supervision and its potential as a unifying metric across orientations, Watkins and Scaturo (2013) proposed a learning-based model of psychotherapy supervision. The model has been “grounded in the foundational building blocks of learning theory and educational psychology” (Watkins & Scaturo, 2013, p. 77). The model is comprised of three stages: alliance building and maintenance; educational interventions; supervisee learning and re-learning. Affective, cognitive and psychomotor learning domains (Anderson et al., 2001; Bloom, Englehart, Furst, Hill, & Krathwohl, 1956; Simpson, 1972) correspond to these three stages and these learning domains will be reviewed in sections 1.9, 1.7 and 1.8 of this literature review.

Watkins and Scaturo (2013) identify alliance building and maintenance as the first stage of the model which is associated with the affective learning domain (Krathwohl, Bloom, & Masia, 1964). The factors that go towards alliance building and maintenance
include: “(a) secure base/facilitating environment; (b) empathy, genuineness and positive regard; (c) remoralization; (d) alliance rupture/repair processes; (e) supervisee readiness and preparation; and (f) corrective affective experiences” (p. 78 - 79). In their paper Watkins and Scaturo (2013) highlight the importance of the supervisory contract in meeting the learning needs and the “clarification of goals” (p.82) of supervisees.

The second stage of the learning-based model (Watkins & Scaturo, 2013) is educational interventions, which are associated with the cognitive learning domain (Anderson et al., 2001) and this stage is informed by, “(a) case conceptualisation, (b) stimulus questions, (c) feedback, (d) modelling, (e) stimulus control and (f) corrective cognitive experiences” (p. 83). These factors are considered to stimulate supervisee learning across the cognitive domain and include supervisee acquisition of knowledge and understanding. In relation to supervisee transfer of learning, the stimulus question when delivered in the form of reflective questioning can encourage the reflective practice of supervisees (Schön, 1983). Supervisee “reflectivity tends to be regarded trans-theoretically as a crucial supervision goal” (Watkins & Scaturo, 2013, p. 83).

The third stage of the learning-based theory (Watkins & Scaturo, 2013), the learning/relearning process, is associated with the psychomotor learning domain (Dave, 1970; Simpson, 1972). The factors that contribute to this stage are “(a) behavioural practice, (b) mental practice and (c) corrective behavioural experiences” (Watkins & Scaturo, 2013, p.85). According to Watkins and Scaturo (2013), by engaging in behavioural practice, supervisees are initiating “the experiential learning cycle of doing, reflecting, learning and application” (p. 86). With regard to the mental practice factor it “is very much a part or extension of the reflective process itself” (p.87). This is an indication that learning domains overlap.
All three stages of the model identify supervisee corrective experiences which Watkins and Scaturo (2013) conceive as supervisee relearning, which involves “letting go of and replacing dysfunctional responses or mindsets” (p. 78). From the preparation of future learning (PFL) (Bransford & Schwartz, 1999) approach to transfer of learning, reviewed in section 1.15.2 of this review, adapting to new transfer situations requires individuals letting go of some previous held ideas, behaviours and learning strategies.

While Watkins and Scaturo (2013) identify that the learning domains “to some extent overlap” (p. 78), they do not explain explicitly how or where this overlap occurs. Identifying how the three learning domains interact would be important, particularly as it is the integration of professional knowledge, skill and attitude that influences supervisee competency, the development of which is a main aim of supervision (Rubin et al., 2007; Ridley, Mollen, & Kelly, 2011; Milne & James, 2000, 2002). In their paper, Watkins and Scaturo (2013) also do not make explicit whether one stage of the model precedes another or whether all the stages operate simultaneously (Tiemann & Markle, 1973, 1990). While there are factors within the model which can be identified as mechanisms that influence transfer of learning, transfer is only assumed to occur (C.E. Watkins, personal communication, May 21, 2016). In their paper Watkins and Scaturo (2013) suggested that a “common language of learning in psychotherapy supervision” could be developed by drawing on work from the fields of learning and education (p.75). Informed by this suggestion and my background as a psychologist working in an educational setting, in the next sections an overview of the conceptualisations of learning and transfer in the field of learning and education is provided.
1.5 Conceptualisations of learning

Conceptualising supervision as a learning relationship requires an in-depth exploration of learning theory (Schoenfeld, 1999). The concept of learning itself has different definitions grounded in epistemological assumptions of what an individual accepts, constructs and labels, certain processes, activities and products as learning (Saljo, 2003). Grounded in an empiricist, functionalist and objectivist epistemology, based primarily on the perceptual observations of an individual, learning can be interpreted as a product (Jonassen, 1991; Smith, 2003). Defining learning as a product, results in knowledge, skill and attitude being viewed as acquisitions. Conversely, grounded in constructivist epistemology, learning is understood as a process, which involves the individual discovering and transforming knowledge which makes it a social construction and not the neutral discovery of an objective truth (Jonassen, 1991). Learning can therefore be understood in terms of both knowing what (a product) and knowing how (a process) (Ryle, 1949). This perceived dichotomy in the conceptualisations of learning is also reflected in the different conceptualisations of transfer, which is explicitly linked to learning (Perkins & Salomon, 2012; Haskell, 2001) and will be addressed in section 1.13 of this review.

As is evident learning is a complex subject and the study of learning is a complicated matter (Moon, 1999). In the next section to gain a greater understanding of what constitutes supervisee learning, classification systems of learning in the form of taxonomies of learning domains, previously referenced in Watkins and Scaturo (2013) will be reviewed.
1.6 Bloom’s taxonomy of learning

A useful framework to understand what constitutes supervisee learning is in the form of a “taxonomy of learning domains” (APA, 2007, p. 925). While there are several taxonomies of learning which classify learning into various types or domains (Bloom, Engelhart, Furst, Hill, & Krathwohl, 1956; Gagne, 1970; Krathwohl, Bloom, & Masia, 1964; Marzano, 2001; Merrill, 1971), Bloom et al.’s (1956) was the first comprehensive classification system of learning. Originally intended for assessment in higher education, it has since been appropriated by various professions which include curriculum planners, administrators, researchers and teachers in all levels of education. ‘Bloom’s Taxonomy’ as it became known, remains the de facto standard in the field of learning (Forehand, 2005).

Bloom’s taxonomy focused on three learning domains which are primarily cognitive (intellectual or knowledge-based); psychomotor (behavioural or skills-based); affective (emotional or attitudinal-based). These domains have been identified as “think-do-feel or a variation on these” (Watkins & Scaturo, 2013, p 75). All of these learning domains are assumed to exist within supervision and psychotherapy (Bordin, 1979, 1983; Engle, 2012; Watkins & Scaturo, 2013). Initially the focus of Bloom’s taxonomy was on the cognitive domain (Bloom, et al., 1956), while work on the affective domain was published at a later date (Krathwohl, et al., 1964). Taxonomies of psychomotor learning which are used to address skills related to physical movement and manual tasks were also subsequently adapted from Bloom’s original framework (Dave, 1970; Simpson, 1972). The psychomotor taxonomies now include other behavioural components such as communication and social skills. The three learning domains of cognitive, attitudinal and psychomotor can be conceived as overlapping and are not entirely discrete and separate to one another.
Bloom’s original taxonomy (1956) was influenced by the behaviourist learning theories dominant at the time and need to be understood in this context, with its focus on learning objectives. Learning objectives are often seen as ambiguous and more teacher centred than learner centred (Hussey & Smith, 2003). Bloom’s taxonomy is designed as a cumulative hierarchy, classifying learning objectives according to increasing level of difficulty. Each level includes all the preceding levels of the less complex learning objectives (Kreitzer & Madaus, 1994). A revision of the taxonomy (Anderson et al., 2001) took place to address various issues (e.g. teacher versus learner centred) and this revised taxonomy is reviewed in the next section.

1.7 Revision of Bloom's taxonomy of learning

The revision of the original taxonomy included contributions from cognitive psychologists, curriculum developers and educational researchers (Forehand, 2005; Anderson et al., 2001). The revised taxonomy incorporated a learner centred paradigm and also acknowledged constructivism, meta-cognition and self-regulated learning (Zimmerman, 1989). The new revised taxonomy also broadened educational objectives to include learning objectives which were aimed at the transfer of learning (Mayer, 2002).

1.7.1 Cognitive learning domain. The focus of the revised taxonomy was on the cognitive domain and is considered more systematic in its interpretation of learning than Bloom’s original (Anderson et al., 2001). One of the main differences in the revised taxonomy was the redefinition of the cognitive domain as the intersection of knowledge dimension and a cognitive process dimension. The intersection of these two dimensions of knowledge and cognitive processes resulting in the creation of cognitive schemas, described as hypothetical cognitive structures in which knowledge and information is
organised and processed (Haskell, 2001). In Table 1.1 the dimensions of knowledge and cognitive processes are presented.

Table 1.1
Structure of cognitive domain in revised taxonomy of learning

<table>
<thead>
<tr>
<th>Knowledge Dimension</th>
<th>Cognitive Processes Dimension</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Lower order thinking</td>
</tr>
<tr>
<td>Factual</td>
<td>Remember</td>
</tr>
<tr>
<td>Conceptual</td>
<td>Understand</td>
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<tr>
<td>Procedural</td>
<td>Apply</td>
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<tr>
<td>Meta-cognitive</td>
<td>Analyse</td>
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<td></td>
<td>Evaluate</td>
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<td>Create</td>
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<td></td>
<td>Higher order thinking</td>
</tr>
</tbody>
</table>

The types of knowledge identified in the cognitive domain of the revised taxonomy (Anderson et al., 2001) and which supervisees could acquire in supervision, range from the concrete to the abstract and include: *factual knowledge*, which refers to knowledge of terminology and knowledge of specific details and elements; *conceptual knowledge* which comprises knowledge of classifications and categories; knowledge of principles and generalisations; knowledge of theories, models and structures. Both factual and conceptual knowledge could be categorised as *knowing that* or *knowing what* (Ryle, 1949). In supervision a supervisee would become aware of these types of knowledge relatively suddenly. *Procedural knowledge* would represent supervisee knowledge of specific skills, knowledge of specific techniques and methods and knowledge of criteria for determining when to use appropriate procedures. Procedural knowledge would be acquired by supervisees more gradually and has been referred to as *knowing how* (Ryle, 1949), and know-how is thought to underpin a skill (Eraut, 2000).

*Meta-cognitive knowledge* is the fourth type of knowledge named in the revised taxonomy (Anderson et al., 2001), which has been described as knowledge about one’s knowledge and the meta-cognitive process can be interpreted as thoughts about thinking.
The Meta-cognitive process has been referred to as mission control (Pintrich, 2002) and regulates all the other cognitive processes.

### 1.7.2 Reflective thinking

One type of meta-cognitive process which holds special importance for supervisee learning in clinical supervision and transfer of learning is reflective thinking or self-reflection (Pintrich, 2002; Ridley et al., 2011). Reflection can be understood as a meaning-making process which allows the supervisee to move from one experience into the next experience with deeper understanding of the connections between experiences (Rodgers, 2002; Rolfe, Freshwater, & Jasper, 2001).

In supervision, the supervisor can facilitate supervisee’s reflective thinking, which contributes to supervisee learning (Carroll, 2009; Hawkins & Shohet 2012; Proctor, 2010). Research in clinical supervision on reflectivity found that within “the domain of supervision, reflectivity results in change in the therapist's understanding and the therapist's work with a client” (Neufeldt, Karno, & Nelson, 1996, p.8). Reflection is also one of the main stages within experiential learning theory (Kolb, 1984) which has informed various models of supervision (Carroll, 2009; Milne, Pilkington, Gracie, & James, 2003; Morrison, 1993). Reflectivity while being an intangible and a theoretical construct (Gillmer & Marckus, 2003) is recognised as an important process in supervisee learning (Orchowski, Evangelista, & Probst, 2010; Fowler & Chevannes, 1998). Self-reflection and meta-cognitive thinking are also understood as influencing the transfer of learning in the form of analogical reasoning, which will be outlined in section 1.14.2 (Gentner, Loewenstein, & Thompson, 2003; Gick & Holyoak, 1980, 1983; Hatano & Inagaki, 1986; Hendrickson & Schroeder, 1941; Judd, 1908; Lafferty, Beutler, & Crago, 1989)
In his seminal text on reflection, Schön (1983) proposed two types of reflective thinking: reflecting-on-action and reflecting-in-action. Reflecting-on-action is represented as thinking after the event (Schön, 1983) and has been referred to as “a cognitive post-mortem” (Greenwood, 1993, p.1185). It is possible to conceive the supervisee engaging in this type of reflection-on-action more predominantly during supervision. Conversely, reflecting-in-action would predominantly occur during the counselling session, which Schön (1983, 1991) believed involved an element of surprise and required an individual to start thinking on their feet. Reflecting-in-action informs improvisation and in counselling would necessitate the supervisee adjusting to the changing circumstances in the context of a session (Schön, 1991).

Schön’s (1983, 1991) focus on reflecting-on-action and reflecting-in-action involves practitioners reasoning from their actions to their intentions. In their critique of Schön’s (1983, 1991) work, Greenwood (1993) indicated that these types of reflecting might undervalue reflection-before-action, which involves practitioners learning to reason from their intentions to their actions. This suggests that supervisee’s errors in counselling could be avoided if they stopped to think in supervision what they intended to do, how they intended to do it, before doing it in the counselling setting (Greenwood, 1993). In the research on meta-cognition and reflection, the lack of agreement as to a single definition of meta-cognition is regarded as weakness and the concept itself has been referred to as fuzzy (Atkins & Murphy, 1993; Brown, 1987). There is also a difficulty distinguishing between what is understood as cognitive and meta-cognitive and there is a lack of appropriate tools to measure meta-cognition. For example when using the think aloud protocol in research on meta-cognition (Hatano & Inagaki, 1986) there was a danger that verbalisation during the protocol may interfere with meta-cognitive processing (Schraw, 2009). While the concept of meta-cognitive and cognitive schema is imprecise and non-
falsifiable, the strength of the schema framework has generally been accepted as outweighing the liabilities associated with these criticisms (Fiske & Linville, 1980).

1.7.3 Cognitive processes. The cognitive domain is comprised of various cognitive processes, as shown in table 1.1, which are relevant to supervisee learning and transfer of learning (Anderson et al., 2001). These cognitive processes move from lower to higher order thinking and are represented as a continuum of increasing complexity (Anderson et al., 2001). There are six separate categories of cognitive processes in the revised taxonomy; remembering, understanding, applying, analysing, evaluating, creating, each containing various separate levels of processing.

The first category of cognitive processing relevant to supervisee learning and transfer is remembering, which is conceived as consisting of two associated levels of cognitive processes of recognising and recalling. In order for an individual to transfer their learning to a new situation they must first remember the initial instructional situation (Tiemann & Markle, 1973).

The second category of cognitive processes relevant to supervisee transfer of learning is understanding and contains the processing levels of exemplifying and summarising. Exemplifying which is also known as instantiating or illustrating has informed analogical transfer strategy or case-based reasoning where a familiar problem is used to solve a novel problem (Gentner, Loewenstein, & Thompson, 2003). Case-based reasoning in psychotherapy is found to correctly predict the level of success of techniques used in the treatment of patients with anxiety disorders (Janssen, Spronck, & Arntz, 2015). Summarising, which is also known as generalising or abstracting requires the collection and abstraction of themes and events, and similar to exemplifying, summarising and generalising is also associated with analogical transfer (Gick & Holyoak, 1980, 1983).
The next relevant category is applying and it contains the cognitive processes of *executing* and *implementing*. These processes are closely aligned with procedural knowledge, referred to as know-how which is relevant to supervisee learning and potentially to transfer (De Jong & Ferguson-Hessler, 1996; Ryle, 1949). The category of evaluating includes the cognitive process of *checking* and *critiquing* and according to Mayer (2002) critiquing is at the centre of critical thinking. The facilitation of supervisee critical thinking in supervision helps them learn to make clear reasoned judgements.

The final category of cognitive processes with relevance to supervisee learning and its potential transfer is creating and involves the reorganisation of existing pieces of knowledge and information into new patterns or structures (Anderson et al., 2001). The three cognitive processes associated with the create category are *generating*, *planning* and *producing*. Generating is also referred to as hypothesising and involves supervisees engaging in some form of divergent thinking (White & Frederiksen, 1998).

The second cognitive process, planning, is also referred to as *designing* and would involve a supervisee creating a method to accomplish an intervention or task. This involves the establishing of sub goals, where a task is broken into manageable smaller tasks or steps to help in the successful completion of a main task. Planning could be interpreted as *goal-setting* which is identified as a mechanism which can mediate transfer of learning (Pugh & Bergin, 2006) outlined in section 1.14.3. Producing/constructing is the third cognitive process in the create category and occurs when a plan is put into action, the steps are followed and the intervention is activated (Pintrich, 2002). Production and construction have been suggested as metaphors for transfer as a dynamic process, when conceptualising transfer of learning from a constructivist epistemology (Hager & Hodkinson, 2009; Lobato, 2006; Robertson, 2001), which will be outlined in section 1.13 of this review.
1.7.4 Critique of Bloom’s original and revised taxonomies. Bloom et al.’s (1956) original taxonomy was criticised for lacking a systematic rationale in its construction (Morshead, 1965). This lack of a systematic approach was acknowledged and addressed in the revised taxonomy (Anderson, et al., 2001). The revised taxonomy itself was criticised for being too prescriptive in its approach to learning and for being misappropriated by various different professions (Booker, 2007). Another criticism is directed at the rationalist epistemology underpinning the revised taxonomy (Anderson, et al., 2001) which limits the capacity of the taxonomy to include the social and cultural aspects of supervisee learning and knowledge (Booker, 2007). In both the original and revised taxonomy it is proposed that the categories and levels of the taxonomy are to be approached and mastered sequentially, lower to higher. However, it was argued that this sequential movement may not happen in an orderly fashion (De Landsheere, 1977). It was suggested that the lower stages could be recognised as hierarchal, while the higher stages could be on an equal level with one another (Booker, 2007). This one dimensional approach of moving from lower to higher categories was revised by Merrill (1971) who reorganised the stages of learning into two dimensions, identifying progressions from lower to higher stages going in two directions (Tiemann & Markle, 1973). The taxonomies (Bloom et al., 2001; Anderson et al., 2001) were also criticised for oversimplifying the thinking process (Marzano, 2006) and in doing so were at risk of overlooking the highly interconnected nature of cognition (Cormier, 2008). What the original and revised taxonomies have offered is a means of discussing thoughts in a structured way. In the next section the relevant aspects of supervisee learning and potential transfer of learning in terms of the psychomotor domain will be identified.
1.8 Psychomotor learning domain

The psychomotor taxonomy/learning domain was originally established to address skills related to physical movement and manual tasks involving the co-ordination of the brain and muscle activity (Dave, 1970). As well as music, art, engineering and physical education, psychomotor learning now encompasses communication and social skills which are relevant to supervisee learning and transfer (Pintrich, 2002; Simpson, 1972; Watkins & Scaturo, 2013). In Simpson’s (1972) taxonomy, the stages of psychomotor learning are framed hierarchically. The stages include, perception, set (mindset), guided response, mechanism, complex overt response, adaptation, and origination. In relation to supervisee learning, perception highlights supervisee’s awareness of their senses to absorb data or observed cues in the environment. These observed cues could be interpreted as affordances (Gibson, 1977, 1979) or situational cues in a transfer context (Tessmer & Richey, 1997). The set (mindset) stage of this psychomotor taxonomy (Simpson, 1972) is concerned with the supervisee’s readiness to take a particular course of action. Learning at this stage involves supervisees making mental, physical and emotional preparations to engage in therapy practice. The preparations in this mindset stage overlap with the cognitive processes of planning in the create category (Anderson, et al., 2001) and are related to the supervisee’s motivation which is identified as a mechanism that mediates transfer (Pugh & Bergin, 2006).

The guided response stage of the psychomotor learning domain involves the imitation of instruction. This could involve supervisees practicing a technique in supervision which would lead to a better performance of the technique in the counselling setting. The mechanism stage is an extension of guided response and would involve the supervisee competently responding to a stimulus for action in the counselling context. This could result in an increase in the supervisee’s confidence and proficiency to perform
a skill. At the stage of complex overt responses the supervisee would exhibit an expert proficiency, indicated by highly coordinated and accurate performance, which could be interpreted as generalisation (Milne et al., 2003). Generalisation, interpreted as a means of transfer, occurs when “a response learned in the presence of a particular stimulus is also elicited in the presence of a very similar stimulus” (Shepard, 1987, p.1317) and will be discussed in more detail in sections 1.14.1 and 1.14.2 of this review.

At the stage of adaptation the supervisee would display adaptable proficiency and be able to modify their responses to meet a variety of challenges. Origination is the final stage in this taxonomy and is indicated by supervisees having the capability for creative proficiency. With highly developed skills supervisees would be capable of designing and creating a special response for a special situation (Simpson, 1972). This stage shares similarities with the create category in the cognitive learning domain (Anderson et al., 2001) and improvisation associated with reflection-in-action (Schön, 1983, 1991). The skills being performed in the origination stage are seen as coming naturally to the supervisee, who has reached an unconscious mastery of skills at a strategic level (Dave, 1970). The goal of mastery is identified as a motivational mechanism that mediates transfer of learning and will be described in section 1.14.3.1 (Pugh & Bergin, 2006). As in the cognitive domain, the levels in the psychomotor domain are intended to be approached and mastered sequentially, lower to higher. However, as with the stages in the cognitive domain, psychomotor levels may not have been mastered in such a straightforward manner (De Landsheere, 1977).

1.9 Affective learning domain.

In terms of supervisee learning and transfer, the affective learning domain involves the emotional evaluation of information by supervisees in supervision and
counselling contexts (Lombardo, Milne & Proctor, 2009; Watkins & Scaturo, 2013). The supervisee affective evaluation of information also develops their attitude towards supervision, counselling and their client. The levels of affective learning are receiving, responding, valuing, organisation, characterisation by a value or value set (Krathwohl et al., 1964). Supervisee learning in the affective domain begins with a general receptivity and responsiveness resulting in a positive attitude towards supervision. The supervisee’s progress to the next stage is exhibited in valuing supervision, the therapy process and a desire to improve skills. In the organisation stage the focus for the supervisee is on bringing together their identified values to build a value system around supervision and psychotherapy. In the final stage the supervisee is exhibiting an enhanced professional attitude and commitment to supervision and therapy practice (Watkins & Scaturo, 2013).

1.9.1 Emotion and learning. When discussing what influences supervisee learning and transfer, emotion experienced by supervisees in supervision and counselling contexts can be understood as a source of learning and transfer. Emotion has been referred to as mood, affect, feelings (Lazarus, 1991; McConnell & Eva, 2012) and in therapeutic and supervisory environments it can also be interpreted as transference and counter-transference (Alpher, 1991; Najavits, 2000).

The APA dictionary defines emotion as a “complex reaction pattern, involving experiential, behavioural and physiological elements by which an individual attempts to deal with a personally significant matter or event” (APA, 2007, p.325). While emotion has had “definitional issues” (Lazarus, 1991, p. 819), it can be identified as having a complex interconnection with cognition, motivation and behaviour (Baumeister, Vohs, DeWall & Zhang, 2007; Bower, 1981; Lazarus, 1991).
A means of understanding how emotion influences supervisee learning and transfer is by conceptualising emotions on dimensions of *valence* and *arousal*. Along the valence dimension emotion can be perceived as being either positive/pleasant or negative/unpleasant. Ambivalence is when an individual experiences a mix of both positive/pleasant and negative/unpleasant emotions (APA, 2007). The ability to experience and embrace a mix or blend of positive and negative emotions can improve individuals creativity (Fong, 2006) and determine an individuals level of resilience (Larsen, Hemenover, Norris & Cacioppo, 2003).

Emotion on the arousal dimension refers to the extent to which an emotion can be experienced “as activating e.g. fearful, excited, or as deactivating e.g. depressed, calm” (McConnell & Eva, 2012, p. 1). In research on good supervision events (Worthen & McNeill, 1996) it is possible to interpret supervisees moving along the valence and arousal dimensions of emotion from feeling disillusioned and anxious to feeling relieved and excited.

In terms of the impact of emotions on supervisee information processing, individuals in a positive mood engage in a broader cognitive focus increasing their global processing which allows them focus on the bigger picture. Negative mood is more associated with local processing which encourages individuals to focus on specific details (Fredrickson & Branigan, 2005; Gasper & Clore, 2002; Gasper, 2004; McConnell & Eva, 2012).

Positive affect can also facilitate “systematic cognitive processing making it more efficient and thorough, as well as more flexible and innovative” (Isen, 2001, p.75; Isen, Daubman, & Nowicki, 1987). In relation to the effect that emotion has on memory, supervisee learning and potential transfer of this learning, emotional events and experiences are often remembered with greater accuracy and are retrieved more reliably
than those lacking an emotional component (Buchanan, 2007; Dolan, 2002; Ferree & Cahill, 2009; McConnell & Eva, 2012).

From this overview, learning and transfer are influenced by emotion, which is interconnected with cognitive processes, behaviour and motivation. The next section of the review will focus on these interconnections and interplay of learning domains and processes and their influence on supervisee learning and transfer.

1.10 Interplay of learning domains

In Tiemann and Markle’s (1973, 1990) three-dimensional model of learning the interplay and interdependency between the learning domains is highlighted. In their model, informed by Merrill (1970) and Gagne’s (1970) understanding of emotional learning, Tiemann and Markle (1973, 1990) suggest that in every stimulus situation individuals involuntarily react with physiological changes, which are perceived as feelings (Merrill, 1970). Tiemann and Markle (1973, 1990) also suggest that emotional or affective learning underlies all other types of learning. Affective learning is then concomitant rather than a prerequisite and happens simultaneously with cognitive and psychomotor learning. As the supervisee acquires content of learning they also acquire an attitude towards the content and this phenomenon is referred to as felt knowing (Argyris & Schön, 1997; Mager, 1997). Straka (2009) suggested that emotions, motivations, actions and knowledge “do not exist separately but come into being only by interplay, generating one another” (p. 134). While emotions, motivations, actions and knowledge might generate one another, there is also the possibility, that at times, some of these elements might be more influential than others. Straka (2009) gives the example of a person reading a text considered highly motivating. However if the person is in a negative mood the person retains nothing (Straka, 2009).
Interplay between various internal conditions (Straka, 2009) is also outlined in Lazarus’ (1991) cognitive-motivational-relational model of emotion, which proposes that the cognitive appraisal of an event influences the emotional response. In clinical supervision Lombardo, Milne and Proctor (2009) propose adopting Lazarus’ model (1991) to gain a greater understanding of how emotion, motivation and cognition interact within the context of supervision. Kolb’s (1984) experiential learning cycle, which has informed various models of supervision (Carroll, 2009; Milne et al., 2003; Morrison, 1993), also identifies the importance of the interaction between the different elements of feelings, perceptions and behaviours (Lombardo, Milne & Proctor, 2009). The interaction and overlapping of learning domains is also reflected in the overlapping and interaction that is presumed to take place between the functions of supervision (Hawkins & Shohet, 2012). The interplay of learning domains could be interpreted as constituting supervisee competence, which is described as the “integration of a professional’s knowledge, skill and attitude which is context dependent” (Rubin et al., 2007, p. 453).

Pinpointing how emotion, motivation and cognition interact with one another is not without its' difficulties. Criticisms of this approach highlight how rapid and automatic associative processes are difficult to study in detail. Also, while it might be assumed that appraisal causes emotional experience the two at times often blur into one another and “the appraisal approach might be deemphasising the social context in which most emotions are experienced” (Metcalfe, 2011, p.5). In the next section the subject of context is explored and how it relates to supervisee learning and transfer of learning.

1.11 Learning and transfer contexts

When reviewing what constitutes supervisee learning and transfer contexts, external conditions need to be considered, as supervisee learning and transfer of learning
does not take place in a vacuum (Gonczi, 1994; Gonczi & Hager, 2010; Hager & Smith, 2004; Straka, 2009; Tessmer & Richey, 1997). Context is an element that surrounds supervisees as “a continuous presence and is a pervasive and potent force in any learning event” (Tessmer & Richey, 1997, p.85). While there is some debate around what is considered a learning context or learning environment (Eraut, 2000), in general learning contexts or learning environments can be understood in terms of formal and non-formal (Eraut, 2000; Winterton, Delamare Le Deist, & Stringfellow, 2005). Formal learning contexts include classrooms and university lecture theatres, “where the learning framework is scheduled and prescribed and involves some form of award, certification or credit with an external specification of outcomes” (Eraut, 2000, p.114). These formal learning contexts are recognised by the presence of an educator in the form of a teacher, lecturer or in the case of supervision, a supervisor. Non-formal learning contexts generally exist outside the formal settings and can involve either organised learning activities such as workshops, conferences or within the recreational environment (Winterton, Delamare Le Deist, & Stringfellow, 2005).

A useful model to conceptualise the role of context in supervisee learning and transfer is Tessmer and Richey’s (1997) research-based model of context in instructional design. In this model three types of contexts are identified existing before, during and after a learning event which are the “orienting context, the instructional context and the transfer context” (p.91). In the orienting context factors include learners’ goal setting and perceived utility of learning. In the transfer context factors include utility perceptions and situational cues for transfer of learning.

The learner’s utility perceptions and situational cues in the transfer context inform their awareness of environmental favourability for transfer of learning (Tessmer & Richey, 1997). Environmental favourability is a learner’s “perception of the favourability
of the work environment, which influences the learner’s motivation to learn and to transfer skills from the training situation to the work setting” (Noe, 1986, p. 744). Environmental favourability is made up of a task component which is the knowledge and skills available to the supervisee and a social component which are the opportunities for the supervisee to practice their skills and use their knowledge. The degree of feedback and reinforcement from the supervisor could also determine whether the supervisee demonstrates skills and knowledge in the counselling setting (Noe, 1986). The opportunities in the counselling environment for supervisees to practice their skills and use their knowledge are similar to the utility perceptions and situational cues identified in the transfer context of Tessmer and Richey’s (1997) model. These factors share similarities with the concepts of affordances and constraints which are properties in the environment perceived as possibilities for action (Gibson, 1977, 1979), which are described in more detail in section 1.15.1 of this review.

### 1.12 Types of learning

Another aspect informing supervisee learning and transfer include the different types of learning a supervisee might engage in which include *implicit* and *explicit*, *accidental* and *incidental learning* (Straka, 2005, 2009). What differentiates these types of learning is the presence or absence of the intention to learn (Bereiter & Scardamalia 1989). With implicit learning there is “no intention to learn and no awareness of learning at the time it takes place” (Eraut, 2000, p. 115; Reber, 1993). Explicit learning is a conscious effort to intentionally learn, while incidental or accidental learning straddles both explicit and implicit learning with a varying level of intentionality to learn.

It is evident from the literature that supervisee learning is a complex multidimensional process (Lombardo, Milne, & Proctor, 2009). The focus in the next
section of the review will be on understanding supervisee transfer of learning, which was also situated in fields of education, training and learning.

1.13 Conceptualisations of transfer

To begin to conceptualise supervisee transfer of learning, it is important to be reminded that transfer and learning are explicitly linked (Haskell, 2001; Perkins & Salomon, 2012). The links between the two concepts begin with the epistemological assumptions of knowledge and learning outlined in section 1.5. Grounded in empiricist, rationalist and objectivist epistemology supervisee learning can be understood as a product (Jonassen, 1991; Smith, 2003). As a product, learning can be interpreted as a commodity which can be transported or transferred from one setting to another (Lobato, 2006). This functionalist approach to learning gave rise to the metaphor of ‘transfer’ which “suggests a simple pattern of learn-it-here and apply-it-there” (Perkins & Salomon, 2012, p. 249) and is the classic or common-sense definition of transfer of learning (Hager & Hodkinson, 2009). Viewed from this perspective, supervisee transfer of learning has a contrastive meaning (i.e. “successful initial learning positively influencing performance on a later occasion and with a different appearance (transfer) versus not influencing (failure to transfer)” (Perkins & Salomon, 2012, p.249).

An alternative perspective to understanding supervisee learning and the transfer of learning is the practice view of transfer which is grounded in constructivist epistemological assumptions and situated cognition (Lave & Wenger 1991; Tuomi-Gröhn & Engeström 2003). Adhering to constructivist epistemology, supervisee learning and therefore transfer of learning are understood as a process which is dependent on both the learner and the context. According to this definition when learning is transferred by the supervisee they are not just carrying forward and plugging knowledge into (Perkins &
Salomon, 2012) the counselling situation, rather the counselling situation is perceived as a site for invention, reorganisation and transformation of learning from supervision (Lobato & Siebert, 2002; Perkins & Salomon, 2012). This practice view has an inclusive meaning rather than a contrastive meaning of supervisee transfer of learning. This inclusive meaning views supervisee transfer of learning as “always part of learning and a matter of degree – how much later, how far elsewhere, and how different the condition under which it is displayed” (Perkins & Salomon, 2012, p.249).

Taking this alternative approach to transfer it can be argued that the metaphor of transfer is conceptually flawed and a more dynamic rather than static metaphor for transfer of learning, such as participation, construction, transformation and production needs to be considered (Hager & Hodkinson, 2009; Lobato, 2006; Robertson, 2001). These two “different interpretations of transfer of learning stand apart, each conforming to separate conventions and these alternative descriptions are likely to persist” (Alexander & Murphy, 1999; Perkins & Salomon, 2012, p.250). As a result of these different conceptualisations of transfer, research on the transfer of learning covers a range of phenomena identified under various headings (e.g. transfer of training/practice, metaphorical and analogical reasoning and generalisation) (Haskell, 2001). Taking a pluralist standpoint to transfer of learning “different, even conflicting theories and perspectives can be useful in the attempt to understand a phenomenon” (Burke-Johnson & Onwuegbuzie, 2004, p. 18).

1.14 Mechanisms that mediate transfer of learning

As transfer of learning can be understood from two different epistemological traditions, this has resulted in a variety of quantitative and qualitative methodologies being used in the research on transfer of learning (Engle, 2012). The use of a variety of
methodologies in the study of transfer is considered a benefit, revealing that “transfer can be explained by more than one mechanism” (Engle, 2012, p.350). Identifying and exploring a greater number of mechanisms or processes that brings about the transfer of learning, results in “a more comprehensive understanding of the phenomenon of transfer” (Belenky & Nokes-Malach, 2012, p.40).

The mechanisms that mediate transfer of learning can broadly be understood in terms of “behavioural, cognitive, motivational, emotional and social or other processes (or series of processes), that affects: what learners transfer, the nature of their transfer, or how likely they are to transfer” (Engle, 2012, p.348). In the next section of the literature review the various mechanisms that mediate transfer were identified. Similar to supervisee learning, supervisee transfer of learning was also situated within the fields of education, training and learning.

1.14.1 Behavioural mechanisms. In the long history of research on transfer, behavioural mechanisms were the first to be examined (Tuomi-Gröhn & Engeström, 2003). Grounded in objectivist epistemology which established the transfer metaphor, Edward Thorndike (Thorndike & Woodworth, 1901) used positivist methodologies to test the theory of formal discipline, the accepted theory of education at the time. According to the formal discipline theory it was believed that the learning of Latin and Greek were thought to be similar to all language learning (Tuomi-Gröhn & Engeström, 2003). Therefore a mastery of Latin and Greek would increase a person’s ability to learn any other language (Tuomi-Gröhn & Engeström, 2003). Similarly the formal discipline theory conceived knowledge of geometry and other mathematical sciences to be a prerequisite for a student to develop the power of abstraction (Tuomi-Gröhn & Engeström, 2003).
Informed by the classic definition of transfer (Bransford & Schwartz, 1999) and using the experimental method, Thorndike (Thorndike, 1906) carried out numerous tests using sequestered problem solving (SPS). The experiments involved testing the reasoning and intellectual development of boys aged between 10 and 11. In these experiments participants were given instruction for estimating the area of geometric shapes. The participants were then asked to transfer their learning to solve problems estimating geometric areas of other shapes such as triangles, circles and irregular figures (Thorndike & Woodworth, 1901). From the results of their experiments, Thorndike and his colleagues found little evidence of transfer. They proposed the amount of transfer between the familiar context and the unfamiliar context depended on the number of identical elements shared by the two contexts (Barnett & Ceci, 2002). These elements were usually interpreted as shared surface features of physical tasks or environments (Lobato, 2012). To transfer learning, the learner reinstated the elements of the task from the first context into the second context. In this transfer there is an overlap between situations where the original and transfer contexts are similar and is referred to as near transfer (Perkins & Salomon, 2002). This type of transfer is also referred to low road transfer as conditions in the transfer context are sufficiently similar to trigger well-developed responses (Perkins & Salomon, 1992). Conversely when there is little overlap between situations and the contexts are dissimilar, this is an example of far transfer (Perkins & Salomon, 1992).

The identical elements model which emerged was subsequently understood to be underpinned by the stimulus generalisation model associated with the behaviourist learning theory (Haskell, 2001). Generalisation came to be identified as the main behavioural mechanism that mediated transfer (Ducharme, Williams, Cummings, Murray, & Spencer 2001; Engle, 2012). In terms of generalisation and supervisee transfer of
learning, in their randomised control trial (RTC), Guttman & Hesse (1972) found evidence that “supervisee’s trained in the micro counselling skills paradigm generalise the skills of reflection of feelings and summarisation of feelings into the actual counselling setting” (p.98).

A criticism of generalisation is that it is a highly reductionist approach to learning and transfer and fails to include the social and cultural aspects of learning and transfer (Tuomi-Gröhn & Engeström 2003). While it has its critics, generalisation remains a well established concept in psychology and has been proposed as “psychology’s first general law” (Shepard, 1987, p.1317).

1.14.2 Cognitive mechanisms. Cognitive mechanisms for mediating transfer were first proposed by Judd (1908) in response to Thorndikes’ (1901) identical elements model. In this classic experiment Judd (1908) recruited groups of 10 to 12 year old boys who were instructed to throw darts at a target submerged 12 inches underwater. One group of boys were provided with a theoretical explanation of the principle of optical refraction (i.e. a target underwater will appear skewed) and the other group were not (Barnett & Ceci, 2002; Marton, 2006). Initially there was no difference between the groups in the rate of hitting the target, until the underwater target was changed from 12 inches to 4 inches. With the change in target depth the group who had received the theoretical explanation of the principle of optical refraction outperformed the group who did not receive the explanation (Judd, 1908). For Judd (Judd, 1908) these results were cited as evidence for the proposition that certain types of learning involved the use of higher mental processes, which allowed learners to abstract and generalise their conceptual understanding of a subject from one context to another. Mindful abstraction from the context of learning and the deliberate search for connections in the transfer
context has been identified as “high road transfer” (Perkins & Salomon, 1992, p. 7).

From these experiments Judd (1908) developed the general principle model, which proposed that systems of general ideas or principles are what the learners and potentially supervisee’s transfer between contexts.

This approach of reflecting on a task differed from Thorndike (1901) who regarded the execution of the task in terms of a reflex. Judd (Judd, 1908) advocated understanding a task rather than the rote learning of it in order to transfer it. Learning by understanding was then transposable to wider range of situations. Empirical evidence for Judd’s (1908) general principle model of transfer was also provided by Gestalt psychologists Katona, (1940) and Wertheimer (1945). These psychologists looked at the patterns that were common to the original learning context and the subsequent transfer context (Perkins & Salomon, 1992). What also determined transfer according to their research (Katona, 1940; Wertheimer 1945) were the learners’ attributes such as their perception and intelligence. Transfer would then depend on whether an individual had the insight that the context required similar skills to the ones they already possessed (Cox, 1997). In the cognitive revolution “Thorndike’s identical elements were reformulated as mental symbolic representations” (Lobato, 2006, p.433). Generalisation would still occur but could now be understood as analogical reasoning in the form of cognitive schemas (Tuomi-Gröhn & Engeström, 2003; Singley & Anderson, 1989). Supervision has been identified as “a space where supervisee cognitive schemas are fostered to enhance supervisee learning” (Jordan, 2015 p. 75).

To form cognitive schemas required cognitive engagement which is also fostered in supervision (Jordan, 2015). Cognitive engagement is the “psychological investment in an effort directed towards learning, understanding, or mastering knowledge and skills” (Newmann, Wehlage, & Lamborn, 1992, p.12) and encompasses a set of factors which in
theory support the conditions needed for supervisees to transfer their learning. The factors include “depth of processing (e.g., focus on conceptual understanding over rote memorization), use of learning strategies which are likely to promote connected knowledge structures and engagement in meta-cognitive activity” (Pugh & Bergin, 2006, p.148).

Evidence of cognitive mechanisms in the form of schemas, which could mediate supervisee transfer are found in empirical research on analogical transfer where the use of a familiar problem helps solve a novel one (Gick & Holyoak, 1980, 1983; Gentner, Loewenstein, & Thompson, 2003). In Gick and Holyoak’s (1980) seminal study on analogical transfer, these researchers used experimental methods with undergraduate psychology students, which began with the story of a ‘radiation problem’. In this story a doctor needs to destroy a malignant tumour without damaging the healthy tissue surrounding it. The solution is to use low-intensity radiation from a number of different directions to destroy the malignant tumour so as to not damage any healthy tissue. Divided into two groups, subjects were 80% more likely to solve the radiation problem when experimenters gave subjects in the first group a prior analogous story. This analogous story is of a general who conquers a fortress by sending small groups of troops along different routes to converge on the fortress simultaneously. Experimenters also gave subjects in the first group a hint that the story of the general was useful in solving the radiation problem (Gick & Holyoak, 1980, 1983).

In other research on case based analogical reasoning with undergraduate students, Gentner, Loewenstein and Thompson (2003) used experimental methods to test subject’s negotiation strategies. When given guided-analogy training, 90% of participants were able to transfer the principle of contingent-contract principles from test cases to face-to-face negotiations, compared to 37% of participants who received no guided-analogy
training and no test cases (Gentner, Loewenstein, & Thompson, 2003). In their review of the literature on the fundamental dimensions that underlie effective transfer, Alexander and Murphy (1999) identified engagement in meta-cognitive activity as one of the conditions or “seeds of transfer” (Alexander & Murphy, 1999, p. 561; Pugh & Bergin, 2006). In other research in the fields of education and training, the engagement in the meta-cognitive system is proposed as a predictor of transfer of learning (Bransford, Brown & Cocking, 1999; Fuchs et al., 2003; White & Frederiksen, 1998).

In psychotherapy research, cognitive engagement has been identified as an important factor when examining the differences between more and less effective psychotherapists (Lafferty, Beutler, Crago, 1989). In their research study on this subject, Lafferty, Beutler and Crago (1989) recruited 30 trainee psychotherapists and their clients “to complete a set of inventories, e.g. therapist credibility scale, therapeutic participation factor” (p. 77). The results of the study in relation to psychotherapist cognition found that less effective therapists placed a lesser value on being intellectual (i.e., cognitive engagement). The researchers surmise these therapists had a non-reflective and non-inquisitive approach toward psychotherapy which might limit therapist acquisition of or the refinement of ideas that could then affect client growth (Lafferty, Beutler, & Crago, 1989). Cognitive theory and its experiments have been criticised for their lack of ecological validity (Rogers, 1959) and the behaviourist tradition has criticised cognitive theory for its use of introspection as a research method (Skinner, 1963). As previously indicated, while the concept of cognitive schema is non-falsifiable, its strength is perceived as outweighing its liabilities (Fiske & Linville, 1980).

1.14.3. Motivational mechanisms that mediate transfer of learning. In order for transfer of learning to take place it was assumed in both Judd’s (1908) general
principle model and the formal discipline model of education that the learners’ motivation and disposition play an important role in the transfer of learning (Tuomi-Gröhn & Engeström 2003). Understanding transfer in terms of motivation locates the potential for supervisee transfer of learning in the motivations and disposition of the supervisee. The disposition to attain a goal is also activated by the demands, constraints, and resources presented by the environment of action, making motivation to attain a goal both transactional as well as dispositional (Lazarus, 1991). The concept of motivation is defined in the APA dictionary as “the impetus that gives purpose or direction to human behaviour and operates at a conscious or unconscious level’ (APA, 2007, p. 594).

In Pugh and Bergin’s (2006) review of the literature on motivation and transfer, several motivational constructs were identified as being most prevalent at the intersection of these two fields. Pugh and Bergin (2006) categorised research evidence into four motivational constructs which include “achievement goals (mastery and performance goals, goal-setting), self-efficacy, interest (individual and situational) and intentional transfer” (p.149). All of these motivational constructs are linked to cognitive engagement which is identified as supporting transfer of learning (Pugh & Bergin, 2006).

**1.14.3.1 Goals as motivational mechanisms.** Goals are defined as “states that people seek to obtain, maintain or avoid” (Emmons, 1996, p.314). In the field of education and training, research studies with MBA students have identified goal-setting as facilitating the transfer of training of interpersonal skills (Gist, Stevens, & Bavetta, 1991; Gist & Stevens, 1998). Research in the area of transfer and management training has also revealed goal-setting as facilitating positive transfer of skills and maintenance of behaviour (Wexley & Baldwin, 1986).
Goals as motivational mechanisms mediating transfer also include achievement goals, which have been divided into mastery-approach/mastery-avoidance, performance-approach/performance avoidance (Elliot & McGregor, 2001). Mastery-approach goals reflect an individual’s aim to develop competence, which is one of the main goals of the supervisee in supervision (Falender & Shafranske, 2004). Compared to performance-approach goals, mastery-approach goals have “shown more promise for facilitating conceptual learning and transfer” (Belenky & Nokes-Malach, 2012, p. 405). Mastery goals were identified as promoting the view that “skills are malleable and errors are opportunities to enhance learning” (Kozlowski et al, 2001, p. 10).

1.14.3.2 Self-efficacy as a motivational mechanism. Self-efficacy is defined as individuals’ beliefs about their capabilities to influence events that affect their lives (Bandura, 1978) and in the “context of transfer, self-efficacy usually refers to confidence in the ability to do or learn a skill that can transfer to another domain” (Pugh & Bergin, 2006, p. 153). In research in supervision, supervisee self-efficacy is recognised as an important component in supervision (Wheeler, 2003; Wheeler & Richards, 2007). Results from a study with undergraduate psychology students, on self-efficacy, goal orientation and transfer of training (Kozlowski et al., 2001), indicate that participants oriented towards performance were less likely to transfer the training. Those participants with “trait mastery orientation and induced mastery goals” were more likely to transfer their training through the effect on their self-efficacy (Kozlowski et al, 2001; Pugh & Bergin, 2006, p. 150).

1.14.3.3 Interest as a motivational mechanism. Interest is another motivational mechanism put forward as fostering transfer and can be divided into individual interest
and situational interest (Pugh & Bergin, 2006). Individual interest overlaps with a person’s intrinsic motivation which is also related to their positive affect (Bergin, 1999; Schiefele, 1991). An individual’s interest is perceived as being deep-seated, emerging from the history of their interactions with an object or stimulus, that is “characterised by the desire to develop competence and display a personal investment in the targeted field” (Murphy & Alexander, 2000, p.28). In relation to the transfer of learning an increase in an individuals’ interest indicates that individuals are more likely to engage in meta-cognitive strategies that result in deep level connected knowledge structures needed for transfer (Parker & Lepper, 1992; Pugh & Bergin, 2006). Conversely situational interest is understood to be transitory and short-lived and pertains to specific characteristics of an event or object within an immediate situation or context (Murphy & Alexander, 2000). Situational interest has been further divided into catch interest and hold interest (Mitchell, 1993). Hold interest is considered a better predictor of transfer, as it increases the likelihood that an individual will cognitively engage in deep level connected knowledge structures. Catch interest on the other hand comes in the form of seductive details, which are highly interesting elements containing non-essential information. These seductive details can activate inappropriate schemas based on peripheral information rather than schemas based on the main ideas of a task and this reduces the possibility of transferring that task (Bergin, 1999; Pugh & Bergin, 2006).

Another motivational mechanism related to individual interest is persistence or perseverance. This characteristic is thought to be positively related to mastery goals, interest and self-efficacy (Ford, Weissbein, Smith, Gully, & Salas, 1998; Pugh & Bergin, 2006). Persistence can be described as the continuation of a particular behaviour, process or activity despite the cessation of the initiating stimulus. It is also understood as “the quality or state of maintaining a course of action or keeping at a task and finishing it
despite the obstacles or effort involved” (APA, 2007, p.688). Persistence is also recognised as an important trait which helps in tolerating ambiguity and managing uncertainty (Lane & Klenke, 2004) and conflicting points of view (Dweck, 1989) which a supervisee experiences both in supervision and therapy (Watkins & Scaturo, 2013).

**1.14.3.4 Intention as a motivational mechanism.** Intention has been defined as “a conscious decision to perform behaviour, or a resolve to act in a certain way” (APA, 2007, p. 489). Intentional learning is thought to focus on the active pursuit of a goal rather than a strategy (Bereiter, 1997). The pursuit of a goal might motivate an individual to transfer their learning into a particular setting (e.g. workplace) or for a particular purpose (e.g., “solving a vexing problem”) (Pugh & Bergin, 2006, p. 155).

In relation to an individual’s intentions to transfer skills from training, Axtell, Maitlis and Yearta (1997) carried out research on technical staff from a multinational organisation. These staff members attended a training course aimed at developing interpersonal skills at work (Axtell et al, 1997). Questionnaires were used to assess transfer of training one month and one year after the completion of the training course. Results of the study found that participants perception of the relevance and usefulness of the course and their motivation to transfer the knowledge and skills they acquired, were key variables in determining the level of transfer of skills and knowledge to their workplace setting (Axtell et al., 1997; Noe, 1986).

This research evidence (Axtell et al., 1997) supports some of Knowles (1984) assumptions that adults are motivated to learn to the extent that they perceive learning will help them perform tasks or deal with problems in different situations. Adults are also perceived as learning more effectively when new learning’s are presented in the context of application to real-life situations (Knowles, 1984; Cross, 1981). A study by Tough
(1979) on adult learning also supports the idea that the adults most common motivation to learn is the anticipated application of knowledge or skill.

A criticism of motivations as mechanisms for mediating transfer, is when motivation is perceived as remaining within the individual and not in elements in the environment, it then upholds “the Cartesian bias of the dominant cognitive views” (Tuomi-Gröhn & Engeström, 2003, p.24).


As indicated in section 1.9.1, one means of conceptualising emotions experienced by supervisees within the therapeutic environment is in terms of transference and counter-transference. The term transference denotes that transfer is occurring and in this instance it is the transference of the client’s emotions onto the supervisee (Alpher, 1991). Consequently, the supervisee’s emotional reactions to clients transference are defined as counter-transference. An extension of the concept of transference and counter-transference is the parallel process which occurs when a supervisor responds emotionally to the supervisee in a similar way in which the supervisee responds emotionally to the client (Alpher, 1991). The parallel process when identified and worked through in supervision, can raise the supervisee’s self-awareness and their sense of empowerment when working with clients (Alpher, 1991; Doehrman, 1976; Lombardo, Greer, Estadt, & Cheston, 1998; Raichelson et al., 1997; Wheeler & Richards, 2007). Parallel processes can also be seen as bi-directional, with the possibility of the dynamics in supervisory relationship being re-enacted in the supervisory relationship and “whichever direction the parallel process is going, the therapist/supervisee is seen as the conduit for transfer” (Creaner, 2014, p. 20).
In the field of research on training and how emotion influences transfer of learning, experiments were carried out with army recruits who had to develop a schema for solving the “Tower of Hanoi problem” (APA, 2007, p. 948). The results of this research revealed that those participants in a negative mood solved the transfer task less efficiently than those in a positive mood (Brand, Reimer & Opwis, 2007).

In other research on how emotions can affect transfer of learning, Tohill and Holyoak (2000) used experimental methods in their study of how anxiety affected the analogical reasoning of 22 undergraduate psychology students. Again adopting the classic understanding of transfer, participants were randomly assigned to two experimental conditions of anxious and non-anxious groups. Anxiety was induced in individuals in the first group by a stressful speeded subtraction task administered prior to the analog task. Both anxious and non-anxious groups then completed an analog task of reasoning about pictorial analogies. The results of the experiments found that increasing anxiety in participants led to a reduction in relational mapping and a concomitant increase in simpler attribute mapping (Tohill & Holyoak, 2000, p. 37).

The research studies reviewed in the previous sections have been informed by the classic understanding of transfer of learn-it-here and apply-it-there (Perkins & Salomon 2012). In the next section of this review, the alternative ‘practice’ view of transfer will be explored in relation to supervisee transfer of learning.

1.15 Alternative approaches to transfer of learning.

As previously mentioned in section 1.13, with the emergence of the constructivist and situated cognitive approach to learning there also came alternative approaches to the classic view of transfer (Lave, 1988; Lave & Wenger, 1991). These alternative
approaches “viewed learning as a function of social interactions, culture, history and context and to ignore their contribution would limit our understanding of learning and of transfer” (Lobato, 2006, p. 435). Alternative approaches to transfer are informed by theories which are grounded in constructivist epistemology and include; situated learning theory (Lave & Wenger, 1991, 1998); activity theory (Engeström, 2001); socio-cultural constructivism (Vygotsky, 1995) and experiential learning theory (Kolb, 1984).

It is possible to group these theories together under the meta-theory of the Cultural Historical Activity Theory framework (CHAT) (Tuomi-Gröhn & Engeström, 2003). CHAT, as an umbrella term, accounts for the activity system between the individual and their environment, history, culture, motivations and it is sometimes referred to as activity theory (Kaptelinin & Nardi, 2012). The focus of CHAT is on practice and the understanding of the unity of consciousness and activity (Kaptelinin & Nardi, 2012). CHAT is grounded in the concept of dialectic thinking where learning occurs through the struggle between contrasting and sometimes conflictual interaction of opposites. This struggle is referred to as the dynamic principle between opposites and informs the formula of thesis-antithesis-synthesis associated with Hegel (Inwood, 1992). This dynamic principle also reflects the divergent and convergent thinking in the creative process identified in the cognitive learning domain (Anderson et al., 2001) and psychomotor domain (Simpson, 1972). With a change in understanding that knowledge is constructed as an act in context (Lave & Wenger, 1991; Pepper, 1942), rather than “something readymade” (Carraher & Schliemann, 2002, p.3), a consequence of this paradigm shift involves a rethinking of transfer (Bransford & Schwartz, 1999). As indicated in section 1.13 rethinking transfer involved moving away from the static metaphor of transfer and towards a more dynamic metaphor such as participation,
construction, transformation and production (Hager & Hodkinson, 2009; Lobato, 2006; Robertson, 2001).

Rethinking transfer also involved reevaluating how evidence of transfer is being gathered. In research which has adopted the classic view of transfer, the observer’s perspective is privileged and subjects in these studies were required to match the observer’s expectations if transfer is said to occur (Lave, 1988). In the alternative practice approach to transfer adopting an actor-orientated perspective, the participant’s perspective is privileged (Lobato, 2006, 2012; Lobato & Siebert, 2002; McKay, 1969). A researcher adhering to an alternative understanding of transfer might conceptualise transfer situations and tasks not as static and unchanging, but rather as dynamic sites and activities for invention and reorganisation (Greeno, 2003; Hager & Hodkinson, 2009; Hatano & Greeno, 1999; Lobato & Siebert, 2002; Lobato, 2006).

Alternative approaches to research on transfer are not focused on offering an improved approach to the same phenomenon captured by classic methods of measuring transfer. Instead, these approaches are involved in “the identification and exploration of different (but related) underlying phenomena” (Lobato, 2006, p.436). In considering the unique contributions of both classic and alternative approaches to transfer, it is possible to obtain “a more comprehensive view of transfer” (Alexander & Murphy, 1999; Belenky & Nokes-Malach, 2012; Johnson & Onwuegbuzie, 2004, p. 18).

In the following sections, alternative practice approaches to transfer of learning are identified and reviewed. There is less research evidence supporting these approaches, possibly because they are at an earlier stage of conceptual development in comparison to the classic understanding of transfer.
1.15.1 Affordances and constraints. Affordances and constraints are an interactionist view of perception which focuses on information available in the environment (Greeno, 1994). The environment is identified as having latent possibilities for action, which the individual can perceive and act upon (Gibson, 1977, 1979). These action possibilities are in the form of affordances and constraints. In terms of supervisee transfer of learning the environment could be interpreted as the counselling setting, affordances and constraints could be the perceived opportunities in the counselling session for supervisees to transfer their learning from supervision. Affordances and constraints have similarities to cues in Simpsons (1972) perception stage in the taxonomy of psychomotor skills. Affordances and constraints could also be considered as the utility perceptions of the learner and transfer opportunities or situational cues in the transfer context (Tessmer & Richey, 1997).

1.15.2 Preparation for future learning. Another alternative approach to understanding transfer is the concept of preparation for future learning (PFL) (Bransford & Schwartz, 1999; Lobato, 2006). This concept focuses on exploring an individual’s abilities to learn new information and relate their learning to previous experiences. Central to the PFL view of transfer is the idea of going beyond different types of knowledge normally associated with the classic transfer approach, such as replicative knowledge of knowing that and the applicative knowledge of knowing how (Ryle, 1949). From the PFL perspective, to transfer learning, individuals also need to have the capacity of knowing with the previously acquired concepts and experiences (Broudy, 1961). Knowing with is referred to as the cumulative set of experiences and knowledge an individual perceives, interprets and judges a situation (Broudy, 1961; Bransford & Schwartz, 1999).
In research on mastery goals and statistical concepts using the PFL approach with undergraduate psychology graduates (Belenky & Nokes-Malach, 2012), results suggest “mastery-approach goals facilitate constructive cognitive processes which can connect later learning episodes with relevant earlier learning” (p. 426). A greater awareness of the knowledge an individual possesses, can be interpreted as self-knowledge, which is classified as a type of meta-cognitive knowledge (Pintrich, 2002). In terms of PFL, supervisees who have an accurate perception of their self-knowledge are more motivated to acquire new knowledge (Pintrich, 2002). However in order to acquire new knowledge, there are times when it is important for “individuals adapting to new transfer situations to sometimes let go of previous held ideas, behaviours and learning strategies” (Bransford & Schwartz, 1999, p.21). Continuing to repeat an old behaviour in a new setting which undermines the related performance can result in negative transfer (Detterman & Sternberg, 1993). More effective learners look critically at their current knowledge and beliefs, rather than continually assimilating new information into their existing schemas (Novick, 1988). The opportunity to do this is in situations where they “bump up against the world and test their mettle” (Bransford & Schwartz, 1999, p.82). In doing so they can revise their engagement in situations, ‘just- in- time’ (Novak, Patterson, Gavrin & Christian, 1999).

This feature of the PFL approach is similar to the experiential learning model where practice is reflected on and reconceptualised as required (Kolb, 1984, 1993; Kolb & Kolb, 2005). This process of revising approaches has been referred to as active transfer and involves individuals actively controlling or changing a transfer situation making the situation more compatible to the their current state and goals (Bransford & Schwartz, 1999). Another important aspect in relation to active transfer is an individual’s willingness to seek others’ perspectives and “helping people seek multiple viewpoints
about issues may be one of the most important ways to prepare them for future learning” (Bransford & Schwartz, 1999, p.83). In supervision, multiple viewpoints can be interpreted as different perspectives suggested by the supervisor.

1.15.3. **Intercontextuality and social framing.** Making the transfer context more compatible to the learning context can also be achieved through the mechanism of social framing which creates intercontextuality (Engle, 2006). Intercontextuality occurs when two or more contexts become linked with one another and transfer is more likely to occur when intercontextuality is established (Engle, 2006; Lobato, 2006). When enough links between the learning and transfer contexts are made, it is suggested that “the degree of intercontextuality can get strong enough to create a larger encompassing context, seamlessly incorporating the learning and transfer contexts” (Engle, Lam, Meyer & Nix, 2012, p.218). The supervisory triad of supervisor, supervisee and client might be considered a large encompassing context, where supervisee learning in the counselling context might inform supervisee learning in supervision (Casement, 1985; Reese et al., 2009).

1.15.4 **Consequential transitions.** In another re-conceptualisation of transfer, Beach (1999) proposes a theory which co-ordinates behavioural and cognitive mechanisms of generalisation within a socio-cultural framework (Tuomi-Gröhn & Engeström, 2003). This re-conceptualisation sees transfer of learning as a process of boundary crossing or transitions, by individuals, across contexts. The impact of this boundary crossing on the individual and context are referred to as consequential transitions. The concept of generalisation (Haskell, 2001) is an underlying assumption of all consequential transitions. Beach (1999) describes generalisation as the continuity and
transformation of knowledge, skill and identity across forms of social organisation (Tuomi-Gröhn & Engeström, 2003; Beach, 1999). This interpretation perceives generalisation in terms of multiple interrelated processes rather than a single procedure. Beach’s (1999) approach assumes that generalisation cannot be de-contextualised from the various forms of social organisation and locates generalisation at the interface of people and activities, incorporated in artefacts. Beach (1999) developed a typology made up of four different forms of consequential transition. The first of these are lateral transitions and occur when an individual moves between two historically related activities in a single direction e.g. students moving from second level into higher education (Lesse, 2010). The second types are collateral transitions and involve an individuals’ relatively simultaneous participation in two historically related activities e.g. the movement between the student’s home and school (Hedegaard, 2005). The third type of transitions are encompassing transitions and occur within the boundaries of a social activity that is itself changing and is often where an individual is adapting to existing or changing circumstances. This type of transition often involves a generational change and an example is a teacher acquiring skills in the use of whiteboards. The fourth and last type of transitions are meditational transitions and occur within educational activities that project or simulate involvement in an activity yet to be fully experienced. Examples of these might include a transition year student out on a job placement (Bugnon, Arcidiacono, & Perret-Clermont, 2010; Granville & Reilly, 2003). These transitions exist alongside activities that have ‘as if’ or simulated relations to the world beyond school and college which could include role plays on counselling courses (Beach, 1999).

Each of these transitions involves the person crossing boundaries of activity and contexts and transitions can be multidirectional and reciprocal. Learning is seen as transformational in that it changes the learner and their environment. The idea that
learning can be transformational is associated with transformative learning theory (Mezirow, 1991) and critical theory (Held, 1980). In transformative learning theory, learning involves a change in consciousness, referred to as a ‘perspective transformation’ which involves the resolution of a disorientating dilemma (Mezirow, 1991). This perspective transformation involves learners constructing, validating and reformulating the meaning of their experience and could be understood alongside alternative approaches to transfer (Lobato, 2006). Perspective transformation is similar to cognitive reappraisal identified as a process in Lazarus’s (1991) cognitive-motivational-relational theory of emotion. The concept of transformation is shared by Dewey (1916) in his conceptualisation of education as the “reconstruction or reorganisation of experience which adds to the meaning of experience, and which increases ability to direct the course of subsequent experience” (p. 76).

According to the consequential transition approach, systems of artefacts and interrelated processes are woven together and can change the person and social organisations. This idea of unconsciously weaving interrelated processes and artefacts together is also reminiscent of Broudy’s (1961) notion of ‘knowing with’ which involves a person thinking, perceiving and judging with everything they already know (Brandsford & Schwartz, 1999). These concepts are connected to reflecting-in-action and the concept of improvisation in the transfer context (Schön, 1991).

1.15.5. Expansive learning. In this theoretical approach to the transfer of learning, Engeström (2001) focused on the cultural and technical aspects of human actions as units of analysis where learning is not considered as something stable, defined or understood ahead of time (Engeström, 2001). An example of the instability of learning is the digital revolution which has led to a phenomenal decrease in the half-life of
knowledge (Cormier, 2008; Gonczi & Hager, 2010). According to Engeström (2001) “we must learn new forms of activity which are not yet there. They are literally learned as they are being created” (p.137-138).

In this expansive approach to the transfer of learning, the individual is understood only in relation to the activity system they are engaged in and the two are intertwined. Activity systems are made up of actions produced by individuals and groups as they pursue a collective activity (Tuomi-Gröhn & Engeström, 2003). When activity systems overlap they can create contradictions and discontinuities and rather than control and limit contradictions, Engeström (2001) proposes to open them up to understanding. The tension these contradictions create between and within activity systems energises the activity systems. Transfer of learning can begin when an activity between individuals leads to a process of debate or discussion and a collaborative analysis of contradictions. This in turn may lead to a projective modelling of a developmentally new form of activity, in which the contradictions are resolved into an expansive solution (Tuomi-Gröhn & Engeström, 2003; Engeström, 2001). An example is a student in a centre of education being told that they only need to learn something in order to pass a test. Out ‘on the job’ they are told learning is important because they need to be able to use it, otherwise the learning is only academic and this results in a contradiction about knowledge for the student.

1.15.6 Critique of the alternative approaches. A critique of the alternative or practice approach to transfer (Anderson, Reder, & Simon, 1996) is that not all instruction happens in complex social situations. There is value in individuals learning by focusing on specific skills in a set of skills. When it comes to learning being bound by a context, it can depend on what kind of learning is involved, the way it is learnt, as well as the context in which it is applied (Anderson, Reder, & Simon, 1996). It has also been argued
(Matusov & Hayes, 2000) that learning and transfer from the socio-cultural perspective tends not to address the cognitive skills required for learning from observation or collaborative dialogue. There is also insufficient attention to the issues of individuals who are at different levels of development and what these individuals bring to a setting (Matusov & Hayes, 2000). A general criticism of activity theories is that the concept of activity is too broad, encompassing too many disparate things. It is also suggested that the concept is used inconsistently and encompasses contradictory phenomena (Josephs, 1996).

What is clear from the research evidence on transfer of learning is that transfer is a multidimensional construct that involves the interaction of various mechanisms of behaviour, cognition, motivation, emotion and contextual factors. In the next section of the literature review, research studies on transfer in clinical supervision will be examined.

1.16 Clinical supervision research on transfer

An initial search on the subject of transfer of learning in clinical supervision in psychotherapy revealed a scarcity of research. Only one study explicitly used the term ‘transfer’ and examined transfer in relation to clinical supervision in psychotherapy which was Milne et al. (2003). A more general search of transfer in clinical supervision, revealed one study which examined transfer of skills in a nursing context (see Heaven, Clegg, & Maguire, 2006). As transfer is a broad and flexible conception (Perkins & Salomon, 2012) in section 1.16. 2 of this review, I have included three additional research studies I have interpreted as containing transfer mechanisms. These research studies were identified using a fidelity framework (Milne, et al., 2012; Reiser & Milne, 2014) which conceptualises supervision as being a series of successive complementary steps.
1.16.1 Transfer of learning research in clinical supervision. In this section, in chronological order, the first study reviewed is Milne et al.’s (2003) single intensive observational case study on “transferring skills from supervision to therapy” (p.193). The aim of this case study (N=1) was to assess the effectiveness of Cognitive Behavioural Therapy (CBT) supervision in terms of observed impacts on the supervisee and their patient. The supervisee was a trainee cognitive psychotherapist and the supervisor was a clinical psychologist and the fourth author of the study. The data were gathered from 10 longitudinal video-recorded supervision sessions and 10 corresponding therapy sessions. These paired tapes were then analysed using a combined quantitative and qualitative content analysis approach. The data were coded based on emerging themes within the naturalistic context of supervision and therapy. In all, 14 themes were identified and extracted, which described change methods the supervisee utilised in supervision and also in their therapeutic practice. There was a significant transfer of these themes from supervision to therapy, indicating that “supervision was effective in this regard” (Milne et al., 2003, p.200). While the results of the study revealed strong evidence of generalisation, the use of a grounded theory approach provided a much more detailed account of the phenomenon of transfer (Milne et al., 2003). The use of this qualitative methodology created a constructivist perspective and the themes revealed using this research approach included goal setting, conceptualisation and reflection/meta-cognition, which are all associated with mechanisms that mediate transfer (Gentner, Loewenstein, & Thompson, 2003; Gick & Holyoak, 1980, 1983; Gist, Bavetta, & Stevens, 1990; Gist & Stevens, 1998; Kozlowski et al., 2001; Pugh & Bergin, 2006; Wexley & Baldwin, 1986).

Having identified transfer specifically as generalisation, and focusing on the “supervisee adherence to the appropriate transfer of skills” (Milne et al., 2003, p.195), transfer in the study might be assumed to be the classic definition of transfer of learn-it-
here and apply-it-there (Perkins & Salomon, 2012). An acknowledged limitation of the study was \(N=1\) (Milne et al., 2003). Also, while the first author was an experienced supervisor in Cognitive Behavioural Therapy (CBT) who carried out some inter-rater reliability work, the raters of the supervision and counselling tapes were not qualified in either CBT or supervision. In the discussion the authors use the phrase “thematic transference” (Milne et al., 2003, p. 200) in the context of transferring skills. This might have caused confusion with the psychodynamic understanding of the term transference.

As indicated, the conceptualisation of transfer in the research study (Milne et al., 2003) can be understood in terms of the classic understanding of transfer. This involved the supervisee matching the researchers’ expectations of transfer (Lave, 1988). In future research taking and actor-orientated approach (Lobato, 2006, 2012; Lobato & Siebert, 2002), by interviewing the participants, this might reveal complementary data in the form of processes and/or prior learning that influenced the supervisees transfer of skills and learning (Lobato & Siebert, 2002).

In the second study on transfer and clinical supervision in the field of clinical nursing, Heaven et al. (2006) carried out a randomised control trial (RCT) to investigate the potential of clinical supervision on the transfer of communication skills. In this study (Heaven et al., 2006), transfer was defined as “the degree to which trainees effectively apply the knowledge, skills and attitudes gained in a training context to the job” (Baldwin & Ford, 1988, p. 63; Heaven et al, 2006). This definition is the classic understanding of transfer as learn-it-here-apply-it-there (Perkins & Salomon, 2012). As part of the research design a three day workshop training programme was established which was attended by 61 clinical nurse specialist supervisees. Following this training programme 29 of these supervisees were “randomised to take part in four weeks of clinical supervision provided
by two trainers involved in the training program” (Heaven et al, 2006, p.315). In order to assess the transfer of communication skills, supervisees were required to complete patient assessment interviews; before the training and supervision (baseline); immediately after the supervision intervention (post); and three months directly after the post intervention (follow-up).

Additional standardised assessments of supervisee learning were also conducted before and after the communication skills training (Heaven et al, 2006, p.316). Audio recordings of the patient assessment interviews were rated objectively using the Medical Interview Aural Rating Scale (MIARS) (Heaven, 2001). These scales assessed the supervisee’s ability to use key skills to respond to patient cues and identify patient concerns. According to Heaven et al. (2006) the model of supervision developed specifically for the study, was based on social cognitive learning theory.

The results of the study indicated that the training programme was effective in changing competence of nurses in all three areas of ability (i.e., to use key skills, respond to patient cues and identify patient concerns) and only those supervisees “who experienced supervision showed any evidence of transfer” (Heaven et al., 2006, p.313). Without the intervention of supervision the training may have had little effect on practice. The effect of skills being transferred was assumed to be due to the social learning model of supervision developed for the research study. This supervision model was aimed at enhancing self-efficacy (Heaven et al, 2006) and the transfer intervention of goal-setting. Both of these constructs are recognised as mechanisms that mediate transfer (Gist, Bavetta, & Stevens, 1990; Gist & Stevens, 1998; Kozlowski et al., 2001; Pugh & Bergin, 2006; Wexley & Baldwin, 1986). In relation to responding to patient cues, nurses who received supervision responded more effectively and “reduced their distancing behaviour, increasing their exploration of cues” (Heaven et al, 2006, p.313). From the alternative
practice approach to transfer, patient cues could be interpreted as affordances and constraints or utility perceptions and transfer opportunities (Tessmer & Richey, 1997; Greeno et al., 1993).

Heaven et al. (2006) identified one limitation to the study, which was the four week time frame which may not have allowed enough time for the development of the supervisory working alliance, which positively impacts the working alliance (Patton & Kivlighan, 1997). The authors also surmise that those nurses who took part in the research were already highly motivated to improve their skills and this may have had an impact on the results of the study (Heaven et al, 2006). A further limitation of Heaven et al.’s (2006) research study is the absence of a definition of clinical supervision and a general absence of references to supervision theory and research in clinical supervision. These absences result in the study lacking in a robust theoretical framework of supervision. Heaven et al. (2006) also indicate that the model of supervision used in the study “was developed specifically for their study” (p. 315). The authors give no indication as to why this model was developed and chosen over existing models of supervision (Bordin, 1979, 1983; Watkins, 1997, 2002). Other additional limitations include the general absence of background information and training of the supervisors who provided the clinical supervision, who were described as ‘two trainers involved in the workshop” (Heaven, et al, 2006, p. 315). All of these limitations raise the question as to whether clinical supervision was provided by clinical supervisors or was the supervision provided an extension of the original training program in the form of coaching or mentoring.

1.16.2. Transfer of learning as an outcome of supervision. As indicated in section 1.16, due to the scarcity of research on transfer in clinical supervision, an additional three research studies in clinical supervision were reviewed, which were
interpreted as containing evidence of transfer in clinical supervision. These three research studies were identified in Reiser and Milne’s (2014) research paper using a fidelity framework (Bellg et al., 2004; Borrelli et al., 2005). A brief overview of Reiser and Milne’s (2014) study will reveal how these three research studies were chosen as potential examples of transfer of learning in clinical supervision.

Reiser and Milne’s (2014) intention in using a fidelity framework (Bellg et al., 2004; Borrelli et al., 2005), was to identify client outcomes in the research on supervision. To do this Reiser and Milne (2014) highlighted that “important complementary stepwise outcomes in supervision, when logically and advantageously combined, influenced these client outcomes” (Reiser & Milne, 2014, p. 149). Reiser & Milne, (2014) selected 12 supervision research studies which were related to client outcome, which they systematically reviewed using the fidelity framework (Bellg et al., 2004; Borrelli et al., 2005; Reiser & Milne, 2014). This systematic review of these 12 research studies identified five successive complementary steps; ‘design of supervision; training of supervisors; delivery of supervision; receipt of supervision; enactment of supervision’ (Reiser & Milne, 2014, p. 151). The identification and combination of stepwise outcomes (Reiser & Milne, 2014), can be interpreted in terms of the classic approach to the transfer of learning (Perkins & Salomon, 2012). For instance, the final step in clinical supervision, using this fidelity framework, is enactment and the authors “recognised that the term “enactment” has additional meanings within the fidelity framework (e.g., generalization across settings)” (Reiser & Milne, 2014, p.150). Generalisation is recognised as both a behavioural and cognitive mechanism that mediates transfer of learning (Gentner, Loewenstein, & Thompson, 2003; Gick & Holyoak, 1980, 1983; Guttmann & Hasse, 1972).
For transfer of learning from supervision to take place the final “three steps of delivery, receipt and enactment of supervision would have to be followed” (Reiser & Milne, 2014, p. 149). In their fidelity framework, Reiser and Milne (2014) identified three studies out of the 12, in which the steps of delivery, receipt and enactment were present. These three studies were also the only studies which met 100% of the fidelity adherence benchmarks, making them the most robust of the 12 studies in relation to fidelity. These research studies were Bambling et al. (2006), Schoenwald, Sheidon and Chapman, (2009), and Triantafillou (1997). In the next section these studies were reviewed in alphabetical order for evidence of mechanisms that mediate transfer of learning in clinical supervision.

The first of these studies is Bambling et al.’s, (2006) RCT which examined the impact of clinical supervision on client working alliance and symptom reduction in the brief treatment of major depression. The participants in Bamblings et al.’s study (2006) were all volunteers, and included 40 supervisors, 127 psychotherapists as supervisees, and 127 clients whose primary diagnosis was major depression. The 127 clients were randomly assigned to supervised and unsupervised therapists for eight sessions of problem solving treatment. Supervisees were provided with either working alliance process-focused or working alliance skill-focused supervision. In the process-focused supervision, supervisees were facilitated to develop their understanding of interpersonal dynamics with their clients. In the skill-focused condition, supervisees were assisted to apply counselling behaviours to enhance client experience of bond, task and goals (Bambling et al., 2006). Standard measures of the working alliance were used as variables (Bambling, et al., 2006). The results indicated that clients who received supervised therapy had higher working alliance scores and a reduction in their symptoms of depression. No difference was discovered between the two types of supervision provided.
In their discussion, Bambling et al. (2006) put forward the suggestion that the primary competing explanation for the results of this study was supervisee motivation in the form of allegiance to supervision. As “therapists knew they were randomly assigned to supervised or unsupervised conditions, this might have created differences in motivation between conditions that may have then influenced outcome” (Bambling et al., 2006, p.326). In research “allegiance tends to be strongly associated with the differential outcomes of treatments” (Luborsky et al., 1999, p. 103). According to the authors, the clients in the study might also have become aware as to whether their therapist was being supervised or not, resulting in an “expectancy-like effect and positive expectancy is associated with greater client commitment and motivation” (Bambling, et al., 2006, p. 326; Lambert & Ogles, 1997).

Bambling et al. (2006) also identified a factor which may have had an unintended effect on these results, which was the single pre-treatment session supervisees and supervisors were required to attend. In this single session, supervisees were oriented to the supervision model to be used in the research study and were instructed in early alliance management principles by their supervisors. The principles of early alliance management, involves “the careful collaborative negotiation of the bond, task and goals of therapy between supervisees and their clients” (Bambling et al, 2006, p.325). In their discussion the authors did consider that alternately, the pre-treatment session might in fact have provided a “superior starting point for establishing the working alliance” (Bambling et al, 2006, p.325).

The enactment of supervision (Reiser & Milne, 2014) was evident in the adherence by the supervisees to the techniques of enhancing the working alliance. This enactment could be interpreted as transfer in the form of supervisee generalisation of these techniques from supervision into the counselling setting (Engle, 2012; Haskell,
The supervisees’ motivation in the form of a set goal to adhere to the enactment of techniques in the counselling setting might also be considered as a mechanism for mediating transfer (Gist, Bavetta, & Stevens, 1990; Gist & Stevens, 1998; Kozlowski et al., 2001; Pugh & Bergin, 2006; Wexley & Baldwin, 1986).

In the second research study identified as adhering to stepwise outcomes in supervision (Reiser & Milne, 2014), Schoenwald, Sheidow and Chapman (2009) used a mixed-effects regression model to examine the relationship between supervisor adherence, therapist adherence and changes in the behaviour and functioning of youths at risk. The participants were all volunteers and included youths at risk and their caregivers who were identified as families and numbered 1,979. These families were involved in a multisystemic therapy program (MST), an intensive family-based treatment developed for youths at risk of being incarcerated (Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 1998; Schoenwald, Sheidow, & Chapman, 2009). Participants also included 429 psychotherapists, who provided the MST program to an average of four to six of these families, over a treatment period of four to six months. These psychotherapists received on-site weekly group supervision which was provided by 122 clinical supervisors. This group supervision was designed to help therapists “apply the MST analytic process and treatment principles in their work with each family” (Schoenwald, Sheidow, & Chapman, 2009, p. 413). A mixed-effects regression model was employed to examine several self-report measures completed by the participants (Schoenwald, Sheidow & Chapman, 2009). The results of the study found that using the same mixed-effects regression model, both supervisor adherence and therapist adherence had a direct effect on reductions in youth behaviour problems one year post treatment (Schoenwald, Sheidow & Chapman, 2009, p.417)
In their study, Schoenwald, Sheidow, & Chapman, (2009) described how treatment goals were designed and implemented collaboratively with the youth’s caregiver, as part of the MST treatment (Schoenwald, Sheidow, & Chapman, 2009). The group supervision format mirrored the MST analytic process, where barriers to the attainment of specific treatment goals, plans to overcome barriers to previous goals, and goals for the coming week were discussed (Schoenwald, Sheidow, & Chapman, 2009). The setting of treatment goals as part of the therapeutic and supervisory contracts highlights the importance of goal setting for the enactment and potential transfer (Gist, Bavetta, & Stevens, 1990; Gist & Stevens, 1998; Kozlowski et al., 2001; Pugh & Bergin, 2006; Wexley & Baldwin, 1986) of the analytic process and treatment principles.

The third research study adhering to stepwise outcomes in supervision (Reiser & Milne, 2014), is a small exploratory study by Triantafillou (1997). The aim of the study was “to pilot a solution-focused supervision training program to determine whether this approach can positively impact supervisor and staff practices as well as client outcomes” (p. 61). The pilot study was carried out in a therapeutic community, which provided long-term care and treatment for children aged six to 18. Participants included six boys (clients) aged 10 to 14 as well as seven care workers (supervisees) who provided treatment needs to the boys and a supervisor who provided solution focused supervision to the care workers. Data were collected using the Client Satisfaction Survey (Larsen, Attkisson, Hargreaves, & Nguyen, 1979), which was completed by the supervisees and supervisors and focused on evaluating the solution-focused supervised therapy training program. Objective measures on client outcomes included the frequency of serious incident reports related to the clients and the frequency of client psychotropic medication (Triantafillou, 1997). Results from this pilot study indicated a reduction in the frequency of client episodes of aggression and anti-social behaviour, as well as to reductions in the
use of psychotropic medication to control these episodes. Subjective outcome measures from both supervisors and staff reflected an overwhelming support of solution-focused supervision in terms of its applicability and effectiveness at “empowering supervisors, staff, and clients to overcome the regressive tendencies associated with residential systems” (Triantafillou, 1997, p.70).

The authors comment “that when a solution-focused supervisory process ensures the definition of supervisory goals, in terms of concrete client conceptualizations of goals and solutions, client outcomes significantly improve” (Triantafillou, 1997, p.48). This suggests that supervisory goals when informed by client goals positively influence the enactment (transfer) of supervision for the benefit of the client.

1.17. Summary and rationale

In this literature review supervisee learning was identified as one of the primary aims of clinical supervision. The role of the supervisor and the various models of supervision which inform supervisors’ facilitation of supervisee learning and transfer were then outlined. Supervisee learning was then situated within the fields of learning, education, training and involved a review of the Taxonomies of learning, which identified the different cognitive, affective and psychomotor learning domains (Anderson et al., 2001; Bloom, 1956; Krathwohl, Bloom, & Masia, 1964; Simpson, 1972). The interplay of these learning domains in relation to supervisee learning was also discussed (Kolb, 1984; Lazarus, 1991; Tiemann & Markle, 1973) as well as the importance of context to supervisee learning and transfer (Straka, 2009; Tessmer & Richey, 1997). The types of learning which the supervisee might be engaged in during supervision were also identified (Bereiter & Scardamalia, 1989).
The exploration of supervisee learning was followed by an in-depth examination of the transfer of learning and how it relates to supervisees in supervision and counselling. The different approaches to transfer were examined. The first was the traditional or classic approach to transfer of learn-it-here-apply-it-there which is grounded in the objectivist tradition (Perkins & Salomon, 2012). The second alternative approach identified transfer as the production or transformation of learning and is grounded in the constructivist tradition (Lobato, 2006). In research studies on transfer, various mechanisms that mediate transfer were identified which include behavioural, cognitive, motivational, emotional and social mechanisms (Engle, 2012). Several of these mechanisms such as goal-setting and generalisation (Pugh & Bergin, 2006) were identified in the limited number of research studies on transfer in clinical supervision (Heaven et al., 2006; Milne et al., 2003). It was also possible to identify these mechanisms in other research studies on outcomes in supervision (Bambling et al., 2006; Schoenwald, Sheidon, & Chapman, 2009; Triantafillou, 1997) in which supervisee transfer of learning could be interpreted as the ‘enactment of supervision (Bellg et al., 2004; Borrelli et al., 2005; Reiser & Milne, 2014).

From the review of the literature transfer of learning in clinical supervision psychotherapy is incompletely conceptualised. The potential processes which influences supervisee transfer of learning from clinical supervision into therapy practice are also unclear. To address the gap in the literature on clinical supervision and transfer of learning, a closer examination of the factors and mechanisms which influence supervisee transfer of learning is required to answer the research question ‘how do supervisees transfer their learning from clinical supervision into therapy practice?’
Chapter Two: Method

2.1 Introduction

According to Robson (2002) research design is concerned with turning research questions into projects and “the general principle in choosing a research design framework is that it must be appropriate for the research question you want to answer” (p.38). The design of the research framework for this project is influenced by the assumptions I made about the five essential elements of ontology, epistemology, axiology, theoretical perspectives and methodology. By identifying and clarifying my own set of assumptions in relation to these five elements, I created “a philosophical home from which the research study flowed” (McLeod, 2011, p. 56). The flow or alignment of these set of assumptions was part of my attempt to reach “methodological congruence” (Creswell, 2013, p. 42), which results in all of the elements identified as being interrelated and interconnected, allowing the study to appear as a coherent and cohesive whole. The attempt to achieve methodological congruence, I believed, would enhance the credibility and trustworthiness of the study (Creswell, 2013).

In brief, my ontological assumption regarding the nature of reality is that I believe reality exists through my dynamic interactions with the environment, allowing for my own construction of reality (Honderich, 1995). This stance indicates that I believe other individuals can also have their own unique experience of reality. Given my ontological stance towards reality, my epistemological assumptions about the nature of knowledge and knowing are more aligned with phenomenological and constructivist epistemologies (Laverty, 2003; Lincoln & Guba, 2000). My assumption guiding this research is that I am motivated to investigate the subject of supervisee transfer of learning as I value the utility of supervisee learning for the supervisee and the client (Love, 1985).
The theoretical perspectives of description and interpretation associated with the phenomenological and constructivist epistemological tradition also guided this research project (Honderich, 1995; Husserl & Gibson, 1962). These theoretical perspectives enhanced the understanding of the various aspects of supervisee transfer of learning and also how the phenomenon came about (Elliott, 1989). A post-positivist perspective was also incorporated which allows for the study to be replicated in future studies and the results compared. Qualitative methodologies associated with descriptive and interpretative theoretical perspectives were employed which focused on the research topic occurring in its natural habitat (Creswell, 2013).

To answer the research question, ‘how do supervisees transfer their learning from clinical supervision into therapy practice?’ The research project contained two studies, Study 1 and Study 2. Initially Study 1 was to be a case study of an actual supervisory triad, however, following prolonged attempts to recruit actual practitioners and clients, to no avail, and after consultation with my research supervisors, an analogue case study was constructed using a simulated supervisory triad. Study 1 incorporated a significant events research approach (Elliott, Reimschuessel, Cislo, & Sack, 1985; Timulak, 2010). Data from Study 1 were collected using a combination of Brief Structured Recall (BSR) (Elliott & Shapiro, 1988) interviews and an interview which involved the researcher interviewing the supervisee and supervisor together (Houssart & Evens, 2011; Wilson, Onwuegbuzie, & Manning, 2016). The Working Alliance Inventory (WAI) (Horvath & Greenberg, 1989) and Supervisory Working Alliance Inventory (SWAI) (Efstation, Patton, & Kardas, 1990) were also administered in Study 1 to gather contextual data. The purpose of Study 1 was to create a more complete conceptualisation of transfer of learning in clinical supervision and help identify mechanisms or factors which influence supervisee transfer of learning from clinical supervision into therapy practice.
In Study 2, supervisees with actual experience of transferring their learning from supervision into clinical practice were interviewed using semi-structured interviews. In both Study 1 and in Study 2 demographic questionnaires were completed by the research participants. Data collection and data analysis in Study 1 were inspired by Comprehensive Process Analysis (CPA) (Elliott & Shapiro, 1988). In Study 2 the data collection and data analysis method was informed by a combination of Comprehensive Process Analysis (CPA) (Elliott & Shapiro, 1988) and generic methodological practices associated with descriptive and interpretative qualitative research (Elliott & Timulak, 2005).

2.2 Analogue case study

Informed by my assumptions and a pragmatic approach (Crotty, 1998), I chose case study methodology as an appropriate research strategy which can be described as “a strategy for doing research which involves an empirical investigation of a particular contemporary phenomenon within its real life context using multiple sources of evidence” (Robson, 1993, p.146). I believed that a case study approach that included all members of the supervisory triad (i.e. supervisor, supervisee and client) in real supervision and counselling sessions would create an opportunity to examine the factors and mechanisms which influence supervisee transfer of learning. This would help answer the research question ‘how do supervisees transfer their learning from clinical supervision into therapy practice?’

My original intention was to recruit an actual triad of supervisor, supervisee and client all working in a real life context. However, over the course of approximately 8 months my attempts to recruit an actual triad were in vain. I experienced this period of the research project as continuous struggle where I felt frustrated and uncertain as to how I would find a resolution to my dilemma. Throughout this struggle I maintained my goal of
including all members of the supervisory triad in particular the perspective of the client who is a beneficiary of supervisee learning and who could reveal important evidence of supervisee transfer of learning. The goal of including all members of the supervisory triad, my perseverance and support from my research supervisors helped maintain my motivation during this difficult period in the research process. Following numerous consultations with my research supervisors and a review of the literature I resigned myself to adopting an analogue case study approach (Heppner, Wampold, & Kivlinghan, 2008). By using an analogue research design the unavailability of an actual supervisory triad was resolved.

Analogue research is a research design in which the procedures and participants used are similar but not identical to the situation of interest. It requires simulating the situation of interest or environment in a realistic way (APA, 2007). The situation of interest that was simulated in a realistic way in this current research study was the supervisory triad of supervisor, supervisee and client and the supervision and counselling sessions they work within.

The potential of analogue research in counselling is well established (Munley, 1974), and while there has been a general decline in the use of analogue research in recent years the benefit of analogue research is that it “maximizes control of variables, thereby offering the best possibility for internal validity and client safety” (Schell, et al., 2011, p. 13). Another benefit of an analogue case study was that it allowed for greater situational control and greater precision which is a major advantage in isolating specific events or processes in the complex activity of supervisee transfer of learning (Heppner, Wampold, & Kivlinghan, 2008). Analogue research has also been successfully employed in research on clinical supervision (Bearman, Schneiderman, & Zoloth, 2016) and in the creation of an empirical taxonomy of helpful and non-helpful events in psychotherapy (Elliott, 1985).
A critique of analogue research is the loss of external validity or trustworthiness of the results and whether the results of an analogue study can be generalised to actual counselling practice (Heppner, Wampold, & Kivlinghan, 2008). There is also the risk that if the supervision and counselling sessions become too artificial and contrived, they no longer resemble actual supervision and counselling situations and potential events that unfold are irrelevant to the supervision and counselling processes (Heppner, Wampold, & Kivlinghan, 2008).

A call for research studies to address the issue of generalisation of analogue study results from supervision research was made by Bordin (1983). It was suggested that future research studies need to build adequate conceptual bridges (Bordin, 1965) between analogue studies and the supervisory process (Bordin, 1983). To build a conceptual bridge, a second study was created, Study 2, which involved the use of semi-structured in-depth interviews to capture evidence of 12 supervisees’ experiences of transferring supervision learning into actual counselling practice.

Having reflected on the difficulties I experienced recruiting an actual supervisory triad, I considered that this might in part be due to the high degree of moral risk associated with case study research in psychotherapy and counselling (McLeod, 2010). The ethical sensitivity of using a case study approach, particularly with vulnerable participants such as clients, makes many practitioners unwilling to engage in this form of inquiry (McLeod, 2010). Another difficulty is that practitioners might be reluctant to engage in case study research as it “uniquely exposes their work practices” (McLeod, 2010, p. 55). In the context of the research question, I speculated that supervisee participants had not come forward as they possibly were not learning in supervision and no transfer of learning was taking place into their therapy practice and their participation in a case study might reveal this.
2.3 Significant events

A research approach which is capable of capturing a purer form of the transfer of learning process is the significant events research approach (Elliott, 1989; Timulak, 2010). The significant events research rationale supposes that significant events in therapy are moments of the most fruitful therapeutic work for the client (Timulak, 2010). Analogically, in the context of supervision, we can study significant events containing fruitful supervisory processes as judged by the supervisee. Significant event research approach has been successfully employed in research on helpful events in group supervision (Carter, Enyedy, Goodyear, Arcinue & Puri, 2009); counterproductive events in supervision (Gray, Ladany, Walker, & Ancis, 2001); good supervision events (Worthen & McNeill, 1996). The significant events approach paradigm was incorporated into Study 1 and Study 2 to assist the supervisees to identify significant transfer of learning events.

2.4 Method Study 1

2.4.1 Study 1 Participants.

2.4.1.1 Study 1 Participant sampling. The sample of participants for Study 1 was chosen using a purposive sampling strategy (Shaughnessy & Zechmeister, 1990; Creswell, 2013). Purposive sampling is typically used in case study research as it is likely to “give better purchase on the research question” (Robson, 2002, p.155). In Study 1, three research participants were required to form a simulated supervisory triad which included a supervisee, supervisor and a client. The inclusion criteria for the supervisee were a professional qualification in counselling or psychotherapy, experience working individually with adult clients and experience of receiving individual clinical supervision. The supervisee-participant was also required to have the capability to reflect on their
actions, feelings and thinking with regard to the transfer of learning from supervision into the counselling context (Holloway & Carroll, 1996). The inclusion criteria for a supervisor were a post-graduate qualification in clinical supervision and experience of providing individual supervision.

The inclusion criteria for the client were a professional qualification in counselling or psychotherapy. The client was also required to be sufficiently psychologically minded, have previous experience as a client and be willing to work in an analogue counselling setting on personal issues that could include: interpersonal conflict in personal and/or work relationships; issues around personal growth and development; negotiating life-events. The rationale for limiting and narrowly defining potential topics for the client to work on was in part due to the limited number of counselling sessions scheduled (i.e. six counselling sessions). In discussion with my research supervisors issues that required prolonged intervention (e.g. sexual abuse, suicidal ideation) were not appropriate and may pose serious ethical dilemmas given the limited number of sessions available to the client. Another reason for controlling the direction of the counselling was to alleviate any potential pressure the supervisee might experience with regard to issues requiring prolonged intervention. It was speculated that the alleviation of this potential pressure would allow the supervisee more latitude to focus on their transfer of learning, the exploration of which was the main objective of this research study.

2.4.1.2 Study 1 Recruitment procedures. The supervisor was recruited through a peer supervision group of post graduate supervisors’ of which I had previously been a member. First contact was made with the supervisor by e-mail and the supervisor-participant then contacted myself by telephone to confirm that they would volunteer in the research project. Following this I then forwarded a research information pack to the
supervisor. The supervisor research pack contained a formal letter of invitation [see Appendix A (i)] and a detailed information sheet [see Appendix B (i)], which outlined the procedures the supervisor would encounter in the study.

The recruitment of the supervisee began when, on request, the Course Administrator of a postgraduate counselling psychology course forwarded an email [see Appendix A (iii) for email] to preserve graduate anonymity, to graduates of the course (see Appendix I for written permission). The supervisee then initially made contact with myself by e-mail to volunteer for the research project. Following this I then made contact with the supervisee by telephone and I then forwarded them the supervisee research pack electronically. The research pack contained the relevant formal letter of invitation to the supervisee (see Appendix A) and also detailed information sheets for the supervisee (see Appendix B).

The client was recruited having replied to an email sent as a group email to psychotherapists who were accessed from the Irish Association for Counselling and Psychotherapy (IACP) website which was in the public domain. Once the client volunteered to take part in the research study, I then forwarded the client a research pack containing the relevant formal letter of invitation [see Appendix A (ii)] and information sheets for the client [see Appendix B (ii)].

To provide further contextual information for Study 1 research participants, each member of the simulated supervisory triad also received the detailed information sheets which pertained to all the other members of the supervisory triad. This was a means of informing all members of the simulated supervisory triad what was expected of each of their fellow Study 1 research participants. These research participants were the only volunteers who came forward to take part in the research project.
2.4.1.3 *Study 1 Profile of participants.* Completed demographic questionnaires for all the research participants in Study 1 [see Appendices C, C (i) and C (ii)] produced the following information. The supervisor was female and indicated that they were aged between 41 and 50 years of age. They had a postgraduate qualification in clinical supervision and at the time of the study had been providing individual clinical supervision for four years. The supervisor’s theoretical orientation was systemic and the model of supervision they used was Holloway’s (1995) systemic model of supervision. The supervisor and supervisee created a supervision contract to work together for six sessions (see Appendix L).

The supervisee was also female and confirmed they were aged between 41 and 50 years of age. They were qualified as a Counselling Psychologist, who at the time of the study had post-qualification experience providing individual counselling to adult clients. The supervisee identified their theoretical orientation as Cognitive Behavioural Therapy (CBT) and Emotion Focused Therapy (EFT). The client was also female and confirmed she was aged between 41 and 50, was a psychologically minded qualified psychotherapist who had previous experience of attending counselling as a client.

2.5. *Study 1 Data collection.*

As an analogue case study requires the use of multiple sources of evidence (Robson, 2002), a number of methods and measures were employed to collect data as evidence in Study 1. These included; Brief Structured Recall (BSR) (Elliot & Shapiro, 1988) tape assisted interviews; ‘Transfer of Clinical Supervision Learning Forms’ TCSL (see Appendix G), adapted from the Helpful Aspects of Therapy form (HAT) (Llewellyn, 1988); demographic questionnaires; Working Alliance Inventory (WAI) (Horvath &
Greenberg, 1989) (see Appendix K); Supervisory Working Alliance Inventory (SWAI) (Efstation, Patton, & Kardash, 1990) [(see Appendix K(i)].

2.5.1 Brief structured recall (BSR). BSR (Elliott & Shapiro, 1988) is a process focused interview method, which allows for the access of conscious but unspoken experiences (Larsen, Flesaker, & Stege, 2008), creating the opportunity for all members of the simulated supervisory triad to re-experience what was happening for them ‘then and there’ in the analogue sessions rather than ‘here and now’. This BSR (Elliott & Shapiro, 1988) interview method is a form of Interpersonal Process Recall (IPR) (Elliott, 1986; Kagan, 1980, 1984) and has been used to good effect in the practice and research of the process of clinical supervision (Bernard & Goodyear, 2014; Cashwell, 1994) and counselling process research (Rennie, 1990). Similar to IPR (Kagan, 1980, 1984; Elliott, 1986), BSR (Elliott & Shapiro, 1988) uses video or audio tape recordings of supervision and counselling sessions, to assist research participants’ in their recall of events in sessions during interviews. In BSR (Elliott & Shapiro, 1988) rather than reviewing the entire supervision or therapy session as in IPR, the BSR (Elliott & Shapiro, 1988) method focuses on a discrete video recorded moment which facilitate the BSR (Elliott & Shapiro, 1988) interviews (McLeod, 2011).

Video technology allows for the recording of discrete moments in supervision and counselling sessions and “the use of video technology has transformed learning science research” (Derry, et al., 2010, p. 4). Video recording is recognised as “a methodological breakthrough in research in psychotherapy, as it allows research participants provide subjective information about what was happening during sessions” (Hill et al, 1994, p.236). Video technology has also been successfully used in research studies in clinical
supervision (Bearman, Schneiderman, & Zoloth, 2016; Guttman & Hasse, 1972; Milne et al., 2003) and also in studies on the transfer of learning (Lobato & Siebert, 2002).

The BSR (Elliott & Shapiro, 1988) interview process shares a similarity with the interview techniques of counselling and psychotherapy and empathic exploration. Interviewing is a natural methodological extension of my training as a clinical supervisor and Counselling Psychologist and is a flexible and adaptable means of finding out relevant information about “what the research participants are thinking, feeling and doing” (Robson, 2002, p. 228) during transfer of learning events.

2.5.1.1 Study 1 'Transfer of Clinical Supervision Learning’ (TCSL) form. To assist the supervisee in identifying discrete video recorded learning events in the analogue supervision session and transfer of learning events in the analogue counselling sessions, a form was created entitled the ‘Transfer of Clinical Supervision Learning Form’ TCSL (see Appendix G). This TCSL form was adapted from the Helpful Aspects of Therapy form (HAT) (Llewellyn, 1988). The HAT form (Llewellyn, 1988) “formalised the process of identifying significant helpful events within therapy” (Timulak, 2010, p. 422) and has been used successfully in conjunction with BSR in research studies on significant events (Elliott et al., 1994; Elliott & Shapiro, 1988).

Part A of the TCSL form allowed the supervisee to identify a transfer of learning event in the analogue counselling session where transfer of learning from supervision took place. In part B of the TCSL form, the supervisee identified a learning event in the analogue supervision session which was then transferred into the analogue counselling session. Allowing the supervisee to identify the transfer of learning event reflects the actor-oriented approach in researching transfer, recognised as a useful approach in
identifying examples of transfer of learning (Lobato, 2006, 2012; Lobato & Siebert, 2002).

To capture contextual data and enhance the trustworthiness of the study, the BSR (Elliot & Shapiro, 1988) method was also used to interview the supervisor in order to obtain their perspective on supervisee learning events in the analogue supervision sessions. The client was also interviewed using the BSR (Elliot & Shapiro, 1988) method, to record and obtain their perspective on supervisee transfer of learning events in the analogue counselling sessions.

### 2.5.1.2 Study 1 Interview schedules

The content of the questions in the participants BSR interview schedule [(see Appendix F, F(i), F(ii)] was informed by cognitive, affective and psychomotor learning domains (Anderson et al., 2001; Krathwohl et al., 1964; Simpson, 1972; Watkins & Scaturo, 2013). The interview schedules were also informed by the Comprehensive Process Analysis (CPA) framework, which included the temporal domains of before, during and after (Balmforth & Elliott, 2012; Elliott et al., 1994). The focus of the BSR interview questions was on what the participant was thinking, feeling and doing, before during and after the learning and transfer of learning events in the analogue sessions. The supervisor was also asked what they believed they had done that was most helpful to the supervisee’s learning in the analogue supervision session. The client was asked what they believed the supervisee’s intention was during the transfer of learning events in the analogue counselling session. The interview schedule for the paired interview [see Appendix F (iii)] conducted with both the supervisee and supervisor focused on their experience and their impressions of working in a simulated supervisory triad.
2.5.1.3 Study 1 Demographic questionnaire. A demographic questionnaire for Study 1 participants [see Appendices C, C(i) and C(ii)] was designed, as the “appropriate identification of research participants is critical to the science and practice of psychology, particularly for generalising the findings” (APA, 2010, p.29). The answers from the questionnaires were also helpful in “locating the participants in relation to one another” (Quinn-Patton, 2014, p.445) and provided contextual data of the supervisor, supervisee and the client, allowing for the profiling of these research participants (see Section 2.4.1.3).

2.5.1.4 Working alliance inventory (WAI) and supervisory working alliance inventory (SWAI). To examine the contextual contribution of the therapeutic working alliance and the supervisory working alliance to supervisee transfer of learning in Study 1, the Working Alliance Inventory (WAI) (Horvath & Greenberg, 1989) (see Appendix K) and the Supervisory Working Alliance Inventory (SWAI) (Efstation, Patton, & Kardash, 1990) [see Appendix K (i)] were employed. The psychometric properties of the WAI have reliability estimates that range from .79 to .97, with a modal estimate of .92 (Hanson, Curry, & Bandalos, 2002). Estimates for the internal consistency of the total scores for the client version of the WAI are .93 and .87 for the therapist version (Horvath & Greenberg, 1989). Internal consistency scores for the SWAI have been reported as .95 and .96 (Gnilka, Chang, & Dew, 2012). There is also evidence of convergent and discriminant validity in both the WAI (Horvath & Greenberg, 1989) and the SWAI (Efstation, Patton, & Kardash, 1990). Permission was requested and granted for the use of the WAI and SWAI [(see Appendix J & J (i)].
2.6 Study 1 Procedure.

2.6.1 Study 1 Initial meeting with participants. Following the participants’ initial agreement to participate in the research study, a meeting with each participant was arranged at mutually convenient locations. During these initial meetings the process of locating suitable research settings and the scheduling of the analogue sessions and BSR interviews also began. The location of potential research settings was informed by the geographical location of the participants’ and researcher’s places of work and residence. The scheduling of the analogue sessions and the BSR interviews were informed by participants’ and researcher’s personal commitments, work schedules and also potential research settings. At these individual meetings the informed consent-getting was completed with participants, who also completed the relevant demographic questionnaire [see Appendix C, C (i) and C (ii)]. To guard against participants desire for positive appraisal and impression management, during these individual meetings, each participant agreed to treat the analogue supervision and counselling sessions as actual supervision and counselling sessions.

2.6.1.1 Study 1 Informed consent. The obtaining of consent was contingent upon all research participants having sufficient relevant information in order to give their valid consent, which is voluntary and informed (i.e., the participant consents without pressure and with information). This informed consent-getting process involved a discussion of goals, expectations, procedures, and potential implications of the research with participants. During this process the participants were given the opportunity to ask any further questions regarding consent before signing the informed consent form [see Appendices D, D (i) and D (ii)]. In accordance with PSI Code of Professional Ethics (1.3.1), when the participant signed the informed consent form, it was regarded as the
“outcome of a process of agreeing to work collaboratively” (PSI, 2010, p.29). The analogue nature of the study was again explained to each participant. The client as per their information sheet was asked to present a situation, issue/impasse which was analogous to one they have experienced. The supervisee and supervisor participant were asked to treat the situation as they would a real piece of work.

2.6.1.2 Study 1 Analogue research settings. To create situations similar to the situations of interest (APA, 2007) and lessen the contrived and artificial conditions of the research setting (Heppner, Wampold, & Kivlinghan, 2008), an analogue supervision setting was situated in a room in a private supervision and counselling practice where the analogue supervision sessions took place. A second analogue research setting was situated in a private counselling service where the analogue counselling sessions took place. The analogue research settings were situated within these established therapeutic environments as they enhanced the reliability and trustworthiness of the study (Creswell, 2013) and also allowed for greater situational control over these settings (Heppner, Wampold, & Kivlinghan, 2008). The location of the research settings for the BSR (Elliot & Shapiro, 1988) supervisee interviews, were in a counselling room available to rent on a sessional basis in a second counselling service. The client BSR (Elliot & Shapiro, 1988) interviews took place in the same counselling service where the analogue counselling sessions took place, but in a different counselling room.

2.6.2 Study 1 supervision and counselling sessions, BSR interviews and paired interview.

The scheduling of the analogue supervision and analogue counselling sessions and BSR (Elliot & Shapiro, 1988) interviews were informed by a combination of research
participants’ and researcher’s availability and the availability of the analogue research settings. The scheduling sequence of the analogue sessions was also informed by the need for the supervisee to present issues from the analogue counselling session in the analogue supervision sessions. For this reason the first analogue counselling session took place one week before the first analogue supervision session.

To allow for an adequate amount of supervisee learning to take place in the analogue supervision sessions and transfer of this learning into the analogue counselling sessions, following the third analogue counselling session, the supervisee completed their first TCSL form (see Appendix G). In part A of this form the supervisee was asked to identify the transfer of learning event in the third analogue counselling session. In part B of the form the supervisee was then asked to identify the corresponding learning event in the second analogue supervision session from which learning had been transferred. Using the BSR method (Elliot & Shapiro, 1988) the supervisee was then interviewed on the transfer of learning event in the third analogue counselling session they had identified in the TCSL form part A. In the second half of the interview the supervisee was interviewed on the corresponding learning event in the second analogue supervision session they had identified in the TCSL form part B.

The supervisee followed the procedure of completing the TCSL form and participating in BSR interviews following the fourth, fifth and sixth analogue counselling sessions. In total the supervisee identified five transfer of learning events in the analogue counselling sessions and four corresponding learning events in the analogue supervision sessions. The average length of the supervisee BSR interviews was 90 minutes, all of which were audio and video recorded. The schedule of the supervisee interviews is presented in table 2.1.
Using the BSR method, the supervisor was interviewed blind, on the supervisee identified learning events in the analogue supervision sessions. The supervisor took part in four BSR interviews which were audio and video recorded and the average length of these interviews was 60 minutes. Each of these interviews focused on learning events in supervision. The BSR interview schedule for the supervisor is also presented in Table 2.1. The client was interviewed blind to supervisee identified transfer of learning events in the analogue counselling session using the BSR interview method. In their first BSR interview the client was interviewed on one transfer of learning event and in their second interview they were interviewed on two transfer of learning events. Due to the client’s prior commitments, the client’s third BSR interview focused two transfer of learning events from two separate analogue counselling sessions (i.e. fifth and sixth analogue counselling sessions). The average length of the client BSR interviews was 60 minutes and the schedule of these interviews is also presented in table 2.1. All of the BSR interviews took place as close to 48 hours of the analogue sessions to capitalise on the recency effect, a tendency where “the closer the recall is to the original interview, the more vividly and easily activated the memories are expected to be” (Larsen, Flesaker, & Stege 2008, p.21).

Following the completion of all the analogue sessions and individual BSR interviews, the supervisee and the supervisor were interviewed together (Houssart & Evens, 2011; Wilson, Onwuegbuzie & Manning, 2016). This followed an interview schedule [see Appendix F (iii)] and was not a BSR interview.
<table>
<thead>
<tr>
<th>Supervision session</th>
<th>Counselling session</th>
<th>BSR interviews</th>
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<tbody>
<tr>
<td>1st Couns. session</td>
<td>2nd Couns. session</td>
<td>1st SVE BSR interview</td>
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<tr>
<td>[11th June (am)]</td>
<td>[18th June (am)]</td>
<td>[27th June (am)]</td>
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<tr>
<td>1st Super. session</td>
<td>2nd Couns. session</td>
<td>1st C BSR interview</td>
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<tr>
<td>[17th June (pm)]</td>
<td>[25th June (am)]</td>
<td>[27th June (pm)]</td>
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<tr>
<td>2nd Super. session</td>
<td>3rd Couns. session</td>
<td>1st SV BSR interview</td>
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<tr>
<td>[24th June (pm)]</td>
<td>[25th June (am)]</td>
<td>[28th June (am)]</td>
</tr>
<tr>
<td>3rd Super. session</td>
<td>4th Couns. session</td>
<td>2nd SVE BSR interview</td>
</tr>
<tr>
<td>[1st July (pm)]</td>
<td>[2nd July (am)]</td>
<td>[3rd July (am)]</td>
</tr>
<tr>
<td>4th Super. session</td>
<td>5th Couns. session</td>
<td>2nd C BSR interview</td>
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<tr>
<td>[8th July (pm)]</td>
<td>[9th July (am)]</td>
<td>[4th July (am)]</td>
</tr>
<tr>
<td>5th Super. session</td>
<td>6th Couns. session</td>
<td>2nd SV BSR interview</td>
</tr>
<tr>
<td>[15th July (pm)]</td>
<td>[16th July (am)]</td>
<td>[5th July (am)]</td>
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<tr>
<td>6th Super. session</td>
<td>4th SV BSR Interview</td>
<td>3rd C BSR Interview</td>
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<tr>
<td>[22nd July (pm)]</td>
<td>[22nd July (am)]</td>
<td>[17th July (pm)]</td>
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*Note. SVE = Supervisee-participant; SV= Supervisor-participant; C = ‘Client’-participant; Supervision session= Analogue supervision session; Counselling session= Analogue counselling session.*
2.6.3 Study 1 procedure for completion of Working Alliance Inventory (WAI) and Supervisory Working Alliance Inventory (SWAI).

Following the first and last analogue supervision sessions, the supervisor and the supervisee completed their relevant forms of the SWAI (Efstation, Patton, & Kardash, 1990) [see Appendix K (i)]. Following the first and last analogue counselling session the supervisee and client also completed their relevant forms of the WAI (Horvath & Greenberg, 1989) (see Appendix K).

2.7 Study 1 Data analysis

2.7.1 Study 1 data preparation. The preparation of data for analysis in Study 1 began with the careful transcription (Muller & Damico, 2002) of the recordings of the transfer of learning events in the analogue counselling sessions and the learning events in the analogue supervision sessions. On completion of these transcriptions, the 11 BSR interviews and the interview with the supervisor and supervisee were also transcribed. The method of transcription involved listening to the chosen recordings and then using speech recognition software (Microsoft, 2013) to speak the words of the research participants into a microphone connected to a computer, these words then appeared as text in a Word document.

2.7.2 Study 1 Comprehensive Process Analysis. The data analysis method used in Study 1, Comprehensive Process Analysis (CPA) (Elliott, et al., 1994), is recognised as a descriptive and interpretative qualitative method of analysis which was congruent with theoretical orientation of this research study (see Appendix O for sample of Study 1 data analysis). CPA (Elliott, 1989) as indicated in section 2.3, was developed in conjunction with BSR (Elliott & Shapiro, 1988; Elliot et al., 1994), for the study of significant events.
CPA is an intensive, discovery-oriented qualitative research approach (Balmforth & Elliott, 2012) and is based on the assumption that to understand any phenomena there first needs to be an understanding of particular instances of the phenomena (Elliott et al., 1994). As a qualitative research approach, CPA combines phenomenological and observational data to achieve an in-depth analysis, interpretation and description of significant events (Balmforth & Elliott, 2012; Elliott et al., 1994, p. 449; Hardy, et. al., 1998). In research in the area of clinical supervision, CPA has informed West and Clark’s (2004) investigation of helpful and hindering events in supervision. The CPA method is used in two main kinds of studies which focus on single events and cross analyses of collections of similar events (Elliott et al., 1994) and Study 1 represents a combination of these types of studies. Data analysis was also informed from discussions with my research supervisors on aspects of the raw data and relevant transcripts of the analogue counselling and supervision sessions and the BSR transcripts.

The interpretative framework of CPA is organised into three domains of context, process and effects domains (Balmforth & Elliott, 2012; Elliott, 1989; Elliott et al., 1994; Hardy, et. al., 1998) which equate to temporal stages of before, during and after. These domains are composed of various factors which are outlined in the following section.

2.7.2.1 Transfer of learning event factors. The transfer of learning events were the main focus of analysis and the context domain of these events consisted of four factors identified as the background context, pre-session context, session context and episode context (Elliott et al., 1994). The background context of the transfer of learning events is the first factor in the context domain and refers to the relevant features which preceded the treatment such as therapist and client personal characteristics (Balmforth & Elliott, 2012; Elliott et al., 1994). Relevant features which preceded the treatment in
Study 1 included; supervisor characteristics and theoretical orientation; supervisee characteristics and theoretical orientation; client characteristics and client presenting issue. These background context features remained constant and were features of all the transfer of learning events in Study 1.

The pre-session context of the transfer of learning event is the second factor in the context domain and includes “extratherapy or recent events which have happened outside of the therapy sessions” (Elliott et al., 1994, p.451). In Study 1 the pre-session context was defined as the learning events in supervision.

The session context is the third factor of the context domain and in Study 1 this was defined as the counselling session context of the transfer of learning event. Relevant features of the counselling session context include the client’s earlier responses in the analogue counselling session and supervisee tasks during the analogue counselling session. The fourth factor in the context domain is the episode context and refers to important features of the conversation immediately prior to the transfer of learning event taking place in the analogue counselling session (Elliott et al., 1994).

The process domain in the CPA (Elliott, 1989) interpretative framework focuses on the process factors occurring during the transfer of learning event in the analogue counselling session. These factors include the action, content, style and quality of the supervisee key processes during the transfer of learning events which were interpreted by the researcher (Elliott, 1989; Elliott et al., 1994; Hardy, et. al., 1998). Actions were identified as what was done by the supervisee during the transfer of learning event; content identified what the supervisee said during the transfer of learning event; style identified how it was said or done by the supervisee during the transfer of learning event; quality identified how well it was said or done by the supervisee during the transfer of learning event.
The third domain in the CPA interpretative framework is the effects domain and is comprised of the immediate effects, within-session effects and post-session effects of the transfer of learning event. The immediate effects of the transfer of learning event referred to the initial impact the transfer of learning event had on the client and supervisee. The within-session effects were in terms of the delayed consequences the transfer of learning event had on the client and supervisee. The post-session effects refer to the impact the transfer of learning event had across the client’s entire treatment (Elliott et al., 1994).

2.8 Study 2 Methods

In Study 2, I chose a more economic and pragmatic approach as the recruitment in Study 1 was extremely difficult and labour intensive. The more traditional qualitative research approach in Study 2 was interview based and focused on a single supervisee’s perspective of their learning in supervision and the transfer of this learning into therapy practice. In Study 2, as part of my strive towards “methodological congruence” (Creswell, 2013, p. 42) in the overall research project, a significant events approach was integrated into the research methods of Study 2 and the interview schedule used in Study 1 informed the interview schedule of Study 2 [see Appendix F (iii)].

2.8.1 Study 2 Participants

2.8.1.1 Study 2 Participant sampling. Using a purposive sampling strategy (Creswell, 2013; Shaughnessy & Zechmeister 1990), supervisees in Study 2 were required to be providing psychotherapy or counselling either as part of their training or as qualified practitioners’. Study 2 supervisees were also required to be in receipt of clinical supervision and to have experience of the phenomenon of transfer of learning from clinical supervision into their therapy practice. These supervisees were also required to
have the capability to reflect on their actions, feelings and thinking with regard to the transfer of learning from supervision into the counselling context (Holloway & Neufeldt, 1995).

2.8.1.2 Study 2 Recruitment procedures. Several recruitment procedures were employed in the recruitment of Study 2 supervisees. Some study 2 supervisees were recruited through a University database for postgraduate Counselling Psychologists [see Appendix I (ii) for written permission from Course Director]. Initial contact was made by e-mail [see Appendix A (v) for sample email] sent, on request, by the Course Administrator to preserve participant anonymity and a research information pack for Study 2 supervisees was attached to this email. The Study 2 supervisee research pack contained a formal letter of invitation [see Appendix (vi)] and a detailed participant information sheet [see Appendix B (iii)]

Additional Study 2 participants were recruited through relevant websites which were in the public domain and included; PSI website; Irish Association of Counsellors and Psychotherapists website; Irish Association of Humanistic and Integrative Psychotherapy website. A ‘snowballing’ (Goodman, 1961) recruitment technique was also employed in the recruitment of Study 2 supervisees. This ‘snowballing’ method of recruitment involved asking recruited participants to recommend additional potential participants. All the participants recruited through websites and ‘snowballing’ recruitment method (Goodman, 1961) were then contacted by e-mail [see Appendix A (v) for sample email] and a research information pack was attached to this email. Study 2 supervisees were then contacted by telephone to schedule a research interview. During this phone conversation, in preparation for their semi-structured interview, the participants were
asked to reflect on a recent learning event in supervision and the corresponding transfer of learning event they experienced in their practice during the previous three months.

2.8.1.3 Study 2 Profile of participants

In total 12 supervisees were recruited for Study 2 and the profile of these supervisees is presented in Table 2.2. The mean years of experience of the Study 2 participants were 9.4 years and the ratio of females to males was 9:3. The Study 2 participants theoretical orientations included (e.g., humanistic, integrative, psychodynamic, solution-focused and Gestalt). The participants work settings included (e.g., private practice, psychological services, educational setting and forensic setting). Study 2 participants provided individual and group therapy to clients.

2.9 Study 2 Data collection

2.9.1 Study 2 Semi-structured interviews. Data were collected in Study 2 using semi-structured interviews. As indicated in section 2.5.1 the research interview process shared a similarity with the interview techniques of counselling and psychotherapy and empathic exploration. Interviewing was a natural methodological extension of my training as a clinical supervisor and Counselling Psychologist and is a flexible and adaptable means of “discovering relevant information about what participants do, think and feel” (Robson, 1993, p. 228) in relation to transfer of learning. The design of the interview schedule for Study 2 participants [see Appendix F (iii)] was based on the interview schedule for the Study 1 supervisee-participant. As previously indicated it was informed by the cognitive, affective, psychomotor learning domains (Anderson et al., 2001; Krathwohl et al., 1964; Simpson, 1972; Watkins & Scaturo, 2013). The Study 2 participant interview schedule focused on thoughts, feelings and actions during a learning
event in a supervision session and thoughts, feelings and actions in the subsequent transfer of learning event in therapy. These questions were informed by the three temporal domains of CPA (Elliott, 1989) (i.e. before, during and after). The semi-structured format of the Study 2 interview schedule created a standard protocol which allowed each of the Study 2 participants to give consistent information on their experience of their learning and transfer events (Hill et al., 1997, 2005).

2.9.2 Study 2 Demographic questionnaires. The Study 2 supervisee demographic questionnaire was identical to Study 1 supervisee demographic questionnaire (see. Appendix C). The Study 2 demographic questionnaire was used to locate the supervisees in relation to one another and “to situate the sample for the reader” (Quinn-Patton, 2014, p.445).

2.10 Study 2 Procedures

2.10.1 Study 2 Research settings. The individual semi-structured interviews carried out with Study 2 participants took place in a designated research room in the School of Psychology in TCD and at other convenient locations (e.g. participants’ workplace).

2.10.2 Study 2 Informed consent. Before the start of their semi-structured interview Study 2 participants’ engaged in an informed consent-getting process. The informed consent-getting process involved the discussion of research goals, expectations, procedures, and implications of the research. Participants were given the opportunity to ask questions regarding consent before signing the informed consent form [see Appendix D (iii)]. In accordance with PSI code of professional ethics (1.3.1), when the Study 2
participants’ signed the informed consent form, it was regarded as the “outcome of a process of agreeing to work collaboratively” with the researcher (PSI, 2010, p.29).

2.10.3 Study 2 Semi-structured interviews. As indicated in section 2.8.1.2 prior to the semi-structured interview taking place the participants were asked to recall a recent experience of a transfer of learning event into their therapy practice, which occurred in the previous three months. Guided by the interview schedule [see Appendix F (v)], Study 2 participants engaged in a semi-structured interview each of which lasted an average 40 minutes.

2.11 Study 2 Data analysis

2.11.1 Study 2 data preparation. The preparation of Study 2 data for analysis involved the transcription of the semi-structured recorded interviews. The careful transcription of these recordings was an important component of data gathering and analysis (Muller & Damico, 2002).

2.11.2 Study 2 Qualitative analysis. In Study 2 a cross-case analysis of data was employed which was informed by Comprehensive Process Analysis (CPA) method (Elliott, 1989). Common methodological practices associated with descriptive and interpretative analysis were also integrated into Study 2 method of data analysis (Elliott & Timulak, 2005, p.148). Initially, data from the Study 2 semi-structured interviews were placed into a ‘start list’ of domains; the context domain; process domain; effects domain. These domains were reflected in Study 2 interview schedule (Elliott & Timulak, 2005; Hill, et al., 2005) and the CPA framework (Elliott, 1989) [see Appendix O (i) for sample of Study 2 data analysis]. The data were represented in meaning units, which are
distinctive parts of the data which communicate a piece of meaning to the reader (Elliott, & Timulak, 2005, p. 153). Categories emerged from the constant comparison of meaning units (Elliott & Timulak, 2005). A cross- case analysis of categories (Hill, Thompson, & Williams, 1997; Hill, et al., 2005), based on similarities and regularities in the data generated from the 12 semi-structured interviews, was carried out by myself, my research supervisors and research colleagues. These categories were then grouped under the pre-existing domains of context, process or effect.

2.12 Ethical considerations

From the outset I adopted an ethical approach to the design and implementation of this research project (Robson, 2002). As member of PSI, I conducted myself in the role of researcher in accordance with the PSI code of professional ethics (2010). In adhering to this code (PSI, 2010) my intention was to avoid doing any harm to research participants and to safeguard them over the course of the research study. The ethical approach which I followed can be considered as an ongoing dynamic process (Smith, 2009; Yardley 2000), involving a collaboration between myself, the research participants, research supervisors, literature on ethics and the PSI code of professional ethics (2010). In order to secure ethical approval for this research project from the School of Psychology Research Ethics Committee, I submitted an ethics application forms and received ethical approval for both Study 1 and Study 2 [see Appendices H and H (i)]. Any potential ethical issues were discussed with research participants in the consent getting process (see sections 2.6.1.1 and 2.10.2). Ethical issues which needed to be addressed during the conduct of this research study were carried out in collaboration with research supervisors and with reference to the “recommended procedure for ethical decision-making” (PSI, 2010, p.17).
2.12.1 **Social risk to research participants.** As part of my ethical approach to safeguard the research participants and reduce the possibility of social risk (e.g., loss of privacy), I conducted this current study in accordance with the relevant principles in the PSI code of professional ethics (2010) which include; “Principle 1: Respect for the rights and dignity of the person; the researcher shall take care not to intrude inappropriately on (participants) privacy (PSI, 2010, p.3); to collect only that information which is germane to the purposes of a given investigation (1.2.1). Also, to take care not to relay, except as required or justified by law, confidential information about others” (1.2.4). I also needed to take care in the reporting of demographic information to protect anonymity.

2.12.2 **Informed consent.** As indicated in sections 2.6.1.1 and 2.10.2, informed consent was sought and obtained from research participants during the consent-getting process in Study 1 and Study 2. The obtaining of consent was contingent upon all research participants having sufficient relevant information in order to give their valid consent, which is voluntary and informed (i.e., the participant consents without pressure and with information).

2.12.3 **Data storage.** Data storage procedures were also outlined for the research participants, whereby the research data would be stored for a minimum of 10 years in line with Trinity College’s data retention policy. This involved storing in a secure place at all times the results of the questionnaires; Study 1 video-taped analogue supervision sessions and the video-taped analogue counselling sessions; video-tapes of the Study 1 BSR interviews; Study 2 semi-structured interviews; All transcriptions of analogue sessions and interviews. All data saved on hard drives would also be password protected and encrypted. In accordance with the Freedom of Information Act (2014), the research
participants were informed that they have the right to request a transcript of their interview and results of their questionnaires. Research participants were also informed that they may request an electronic copy of the study’s findings.

2.12.4 Debriefing. In accordance with the PSI code of professional ethics (2010) 3.3 avoidance of harm, I debriefed all research participants “in such a way that any harm caused can be discerned, and act to correct any resultant harm” (PSI code of professional ethics, 2010, 3.3.11). The debriefing form [see Appendices E, E (i) and E (ii)] contained the study’s procedure for debriefing participants. The debriefing process was also an opportunity for the research participants’ to identify relevant support structures they can avail of should they be required.

2.13 The researcher and the generation of the research idea

In disclosing details of my professional and personal life my intention is make my motivations and experience of carrying out this research study more transparent and enhance the trustworthiness of this research study (Yardley, 2000). I am currently employed on a full time basis as a senior psychologist in the psychological service of a large education provider. I have worked in this psychological service for the past 16 years as both a basic grade psychologist and as senior psychologist. I am a qualified Counselling Psychologist with a postgraduate qualification in clinical supervision. I provide consultative support to individual and groups of specialist staff in a variety of educational settings. I am also involved in strategic planning with senior staff and senior psychologists in education centres. I also work as a part-time lecturer on a doctoral program for Educational Psychologists. I am married with three children under 12.
This research idea was generated during my time spent studying for a postgraduate diploma in clinical supervision and also in the two years after graduating from the course. During this period I noted that much of the research in clinical supervision had focused on the importance of supervision for the training of psychotherapists and Counselling Psychologists. While also proposing that supervision is to enhance the quality of the treatment the client receives. Guided by my belief in the utility of supervision I surmised that a better understanding of how supervisees transferred their learning from clinical supervision into therapy practice could potentially enhance positive outcomes for clients.

### 2.14 Credibility and trustworthiness

When discussing the issue of validity or trustworthiness of a research study an important question to ask is “by what criteria and standards is the quality of the research evaluated?” (Creswell, 2013, p.201). When examining the criteria by which research is evaluated once again, the ontological and epistemological debate on the nature of reality and knowledge is relevant. The term ‘validity’ itself has its roots in realist philosophical tradition and quantitative methodologies and researchers who apply quantitative methodologies “arrive at agreements over validity and reliability, in the end, by comparing sets of scores” (McLeod, 2010, p.266). Qualitative researchers on the other hand “can only compare sets of words, making it clear that the specific quality criteria used in quantitative research cannot be applied in qualitative research in any straightforward manner” (McLeod, 2010, p.266). Similar to the debate in the field of transfer of learning and the use of the term transfer (Hager & Hodkinson, 2009; Lobato, 2006; Perkins & Salomon, 2012) qualitative researchers from the non-realist tradition
have argued that the use of the term validity is inappropriate when applied to qualitative research (Wolcott, 1990).

An alternative understanding of validity in terms of qualitative research, conceives validity as “a judgment about the trustworthiness of research” (Angen, 2000, p.387). Qualitative equivalents that parallel traditional qualitative approaches to validation or the trustworthiness of research (Creswell, 2013) include terms such as “credibility, authenticity, transferability, dependability and confirmability” (Lincoln & Guba, 1985, p. 300).

In their evolving guidelines for publication of qualitative research studies in psychology and related fields, Elliott, Fischer and Rennie (1999) offer additional parallels between the two traditions. These include “owning ones perspective; situating the sample; grounding in examples; providing credibility checks; coherence; accomplishing general vs. specific research tasks; resonating with readers” (Elliott, Fischer & Rennie, 1999, p. 220). For instance, owning one’s perspective is roughly analogous to the ‘statement of hypotheses’ in quantitative psychology research; grounding in examples is analogous to “reporting significance tests and effect sizes” in quantitative research (Elliott, Fischer & Rennie, 1999, p.224).

As the data generated in this research study are predominantly sets of words (McLeod, 2010), guided by a pragmatist approach to the research I am choosing to evaluate the research in terms of trustworthiness. To assist in this evaluation of this research I have adopted Yardley’s (2000) open-ended flexible criteria which includes; “sensitivity to context; commitment and rigour; transparency and coherence; impact and importance” (p. 215). In brief, sensitivity to context refers to being aware of the context of literature and previous empirical research on a subject. The literature and research on transfer of learning is outlined in the literature review of this thesis. Having occupied the
roles of supervisor, supervisee, client and research participant at various times, these experiences have made me sensitive to the context of supervision and counselling and the perspectives of the research participants in this current study.

In terms of commitment as a criterion informing the trustworthiness of this research, I have had a prolonged engagement with the topic of transfer of learning in my role as researcher and as a senior psychologist. With reference to rigour, I have gathered data from various sources to “achieve a rounded, multilayered understanding of the research topic” (Yardley, 2000, p. 222). In Study 1, these sources include the supervisor, supervisee’s and the client’s perspectives on supervisee transfer of learning in the form of BSR interviews and scores from the WAI (Horvath & Greenberg, 1989) and SWAI (Efstation, Patton, & Kardash, 1990). In Study 2, the main sources of data were collected from supervisees in the form of semi-structured interviews.

The criterion of coherence “describes the fit between the research question and the philosophical perspective adopted and the method of investigation and analysis undertaken” (Yardley, 2000, p. 222). Coherence in this current research study was adhered to through the alignment of my philosophical assumptions of ontology, epistemology, axiology, theoretical perspectives and methodology (Creswell, 2013). With regard to transparency which requires detailing every aspect of the data collection process, this is in evidence in the various sections of the chapters of the dissertation. Transparency is in evidence in my theoretical bias reflected in my philosophical assumptions which are outlined in this chapter. Transparency is also in evidence in my disclosures in the reflective journal, documented in my reflexive journey in Section 4.7 of this thesis (see Appendix P for sample page of reflective journal).

Yardley (2000) describes “the criteria of impact and importance as the decisive criteria” on which the research study must be judged (p. 223). Evidence of these criteria is
in my choice of research topic, the transfer of learning and my axiological assumption that in order for this research to be of use and have a value, the findings will be transferred into practice.

2.14.1 Pilot study. A means of supporting the credibility and trustworthiness of the research is through the use of a pilot studies which “are useful and important to the design and viability of research projects” (APA, 2007, p.704). In relation to Study 1 however, “there are aspects of case study research which can make piloting both more difficult to set up and, fortunately, less crucially important” (Robson, 1993, p.164). The complex and exploratory nature of the Study 1 analogue case study design is unique, creating a “learning on the job” approach and because of this I believe there was no sensible equivalent which could act as a pilot (Robson, 1993, p.165).

There were some aspects of this current research study that it was possible to pilot, these included the interview schedules of Study 1 and Study 2. The piloting of the interview schedules was carried out with several research colleagues “to modify the questions and procedures” (APA, 2007, p.704). This was done in order to improve the quality and design of the research and to enhance the validity and trustworthiness of this method of data collection.

2.15 Summary

To answer the research question, how do supervisees transfer their learning from clinical supervision into therapy practice? required the design of an appropriate research framework. Informing this research design were my ontological, epistemological, axiological, theoretical and methodological assumptions. Each of these assumptions was aligned with one another and represented the study as a “coherent and cohesive whole”
Creswell, 2013, p. 42). The intention in identifying how one element flows into another was part of my attempt to create methodological congruence (Creswell, 2013) and enhance the trustworthiness of the study.

My assumption that reality is a result of my interaction with the environment informed my epistemological assumption with regard to supervisee learning and transfer. I assume that supervisee learning and the transfer of this learning are dependent on the supervisee’s interactions in supervision and counselling. The motivation in choosing to research the subject of transfer of learning in clinical supervision reflected my axiological assumption that research needed to be useful in the practice of clinical supervision. My belief that research needs to be of practical use is also reflected in the philosophy of pragmatism which also informed my choice of research methodology and methods. As clinical supervision is an “emerging domain of enquiry” (Creaner, 2014, p. 118) and the topic of transfer within supervision required further conceptualisation, a discovery-oriented research approach was chosen as being the most appropriate approach for this study. The discovery-oriented approach involved adopting a descriptive and interpretative methodological perspective which sharpened the focus on how the phenomenon of transfer came about and the identification of the various factors which influence supervisee transfer of learning.
Chapter Three: Results

3.1. Introduction

Results of analysis of Study 1 data using Comprehensive Process Analysis (CPA) (Elliott et al., 1994) are in Section 3.2 with relevant data samples. Results from the Working Alliance Inventory (WAI) (Horvath & Greenberg, 1989) and Supervisory Working Alliance Inventory (SWAI) (Efstation, Patton, & Kardash, 1990) are in Section 3.8. Results from the analysis of data in Study 2, which were informed by Comprehensive Process Analysis (CPA) and generic methodological practices (Elliott & Timulak, 2005) are in Section 3.10.

3.2 Study 1 results

Using the Transfer of Clinical Supervision Learning form (TCSL) (see Appendix G), the supervisee identified five transfer of learning events A, B, C, D and E. Transfer of learning events A, D and E had individual corresponding learning events in the second, fourth and fifth analogue supervision sessions respectively. Transfer of learning event B and C originated from the same learning event in the third analogue supervision session. Data using the CPA framework is in a table format. Where relevant, the researcher perspective of the transfer of learning events is also included.

3.2.1 Transfer of learning event A - E – Context domain

3.2.1.1 Transfer of learning event A – E - background context. Implementing the CPA analysis framework required identifying the background context of the transfer of learning events. The common features of the background context of transfer of learning events A - E were the supervisee, supervisor and client characteristics (see section 2.4.1.3). The other common feature of transfer of learning events A - E was the client’s
‘presenting’ personal issue. This issue was the client’s desire to explore feelings of anger when their family members suffered physical health problems and became unwell.

In the first analogue supervision session, the supervisee developed a hypothesis that the client was having difficulty getting their own needs met when family members became unwell, resulting in the client becoming angry. This hypothesis became a feature of the background context of the transfer of learning events A - E.

3.3 Transfer of learning event A.

3.3.1 Transfer of learning event A - context domain.

3.3.1.1 Transfer of learning event A - learning event in supervision. The supervisee identified their learning event in the second analogue supervision session as beginning when the supervisor attempted to expand the supervisee's hypothesis. The supervisor suggested that the client might have a role in maintaining a dynamic of not getting her needs met. The client was doing this by allowing others, in particular her husband, to abdicate their responsibilities. The supervisee felt empowered when they reflected on this different perspective and began to consider bringing this different perspective into the next counselling session. Table 3.1 illustrates the supervisee learning event in supervision.
Table 3.1

Transfer of learning event A – learning event in supervision

<table>
<thead>
<tr>
<th>2nd Analogue supervision session</th>
</tr>
</thead>
<tbody>
<tr>
<td>SV. I would wonder to some extent has he (husband) been given permission to switch off?</td>
</tr>
<tr>
<td>SVE. Yeah, I get your point.... and ... I ...yeah, it is quite possible</td>
</tr>
<tr>
<td>SVE. that she’s (client) doing some stuff in the relationship to say to him that’s ok,</td>
</tr>
</tbody>
</table>

Supervisee perspective (1st BSR interview) | Supervisor perspective (1st BSR interview)

SVE. …..I mean I was very reflective during that whole thing because I was thinking oh ... this is good, this is something that I can actually bring in (to counselling) | SV. She, (Supervisee) has a really strong hypothesis, about this… about needs not being met, and this is where it’s coming from, and what I was really trying to do was just kind of expand the viewpoint a little bit, and say well ok how can we look at it from a different point? |

SVE. I actually found, this approach very empowering, because it...seemed like you could touch on very tangible things that are maintaining... a pattern or maintaining a problem. |

Note. SVE = supervisee: SV=supervisor:

3.3.1.2 Transfer of learning event A - counselling session context. As part of the counselling session context of transfer of learning event A, the client disclosed that they felt unsafe being in the counselling sessions. This occurred after the supervisee identified that they shared a previous career with the client. Following the client’s disclosure, the supervisee became concerned for the client’s safety. In their BSR interview, the supervisee reported being hesitant and cautious, while being attentive to the client mentioning any reference of ‘maintaining the dynamic of not getting their needs met’ (see table 3.2).
Table 3.2

Transfer of learning event A - counselling session context

<table>
<thead>
<tr>
<th>3rd Analogue counselling session</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. ...I was very sort of shaken by last week’s session.</td>
</tr>
<tr>
<td>C. and I .. became quite defensive, so ‘it’s not safe to allow the feeling place’.</td>
</tr>
</tbody>
</table>

Supervisee perspective (1st BSR interview)

SVE.  I mean the theme (client maintaining dynamic of not getting her needs met) was in my mind throughout ...the whole session ...aside about being concerned, I suppose about her (client’s) sense of safety.
SVE. ...I was definitely very cautious about making sure that ...anything that ...came in, was brought in by her.
SVE ...that theme and bringing out that theme of what actually happens with her needs

Note. SVE = supervisee; C= client

3.3.1.3 Transfer of learning event A - episode context. The episode context began when the client declared she had a blind spot around the attachment other family members might feel towards her. The supervisee, while still feeling hesitant, interpreted the client comments as an opportunity to introduce the idea that the client was potentially maintaining the dynamic of not getting their own needs met (see table 3.3)

Table 3.3

Transfer of learning event A - episode context

<table>
<thead>
<tr>
<th>3rd analogue counselling session</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. I kind of filter out of the equation all of the people who are in my life...</td>
</tr>
<tr>
<td>C. I do find that I have a kind of mental block about it though, or a blind spot would probably be a better way of putting it, about other people’s attachment to me ...</td>
</tr>
</tbody>
</table>

Supervisee perspective (1st BSR interview)

SVE. ....I certainly felt ‘ok this is an opportunity’, to bring this conversation in more explicitly
SVE. ....I mean I felt she had...touched on it so I could follow it
SVE. I felt... I felt freer to...
SVE. to raise it, but it was... very much in the context of the hesitancy I was feeling...

Note. SVE = supervisee; C= client
3.3.2 Transfer of learning event A - process domain. The supervisee’s response to the client’s comment that they had a blind spot regarding family members’ attachment was in the form of a two-part question. The first part of the question is a prompt and the second part is a reflective question (see table 3.4)

Table 3.4

Transfer of learning event A - process factors.

<table>
<thead>
<tr>
<th>3rd Analogue counselling session</th>
</tr>
</thead>
<tbody>
<tr>
<td>T(SVE). Think discounting it..or..?</td>
</tr>
<tr>
<td>C. I don’t trust that it will be there for me. Not in the sense that people wouldn’t want to be there...or that wouldn’t be their intention, but more in the sense that something, this idea that something will intervene. That something more important or more urgent will get in the way.</td>
</tr>
<tr>
<td>T(SVE). And where are you left, like if there’s, ye know, if your need and somebody else’s needs, kind of, what happens to you in the middle of that then?</td>
</tr>
</tbody>
</table>

Researcher perspective

Action. The supervisee asked a two-part open question, the first part is a prompt and the second part is in the form of a reflective question.

Content. The content of the supervisee’s response is about what happens to the client’s needs when they come into conflict with the needs of others.

Style. The supervisee style of questioning was indirect.

Quality. The supervisee’s intervention was vague.

Supervisee perspective (1st BSR interview)

| SVE ...my sense of what I did, was put something into the conversation that prompted her to reflect on something specific, which is, |
| SVE ...her needs, others needs, what happens? |

Note. (T)SVE = therapist/supervisee; SVE=supervisee; SV=supervisor; C= client

3.3.3 Transfer of learning event A - effects domain.  

3.3.3.1 Transfer of learning event A - immediate effect. Following the supervisee’s two-part question, the client responded to the supervisee’s intervention by identifying that making a priority of their needs was difficult. The client reported feeling
anxious when asked to reflect on the topic of not prioritising their needs. They perceived the intention of the supervisee’s question was to deepen the counselling process into emotions and the client chose to avoid discussing the topic. The client also reported feeling anxious, when the issue of not prioritising her own needs was raised during her BSR interview (see Table 3.5).

Table 3.5

*Transfer of learning event A - immediate effect*

<table>
<thead>
<tr>
<th>3rd Analogue counselling session</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. <em>Its very difficult for me to say... ‘I’m making a priority of my needs’.</em></td>
</tr>
<tr>
<td>C. <em>I’ll find a way of getting around it, but it’s quite hard for me to filter out somebody’s else’s needs altogether and say let them look after themselves.</em></td>
</tr>
</tbody>
</table>

*Client Perspective (1st BSR interview)*

| C. *what was going on for me ...is ...I get very angsty ... talking about that ...* |
| C. *...I can become very emotional very quickly...* |
| C. *so part of me was kind of trying to manage that...* |
| C. *yeah and I can feel it now as well...* |
| C. *and I think that (supervisee) was probably trying to get me to deepen into the feeling part of it.* |
| C. *whereas the really edgy bit of it I managed to avoid* |

*Note.* SVE = supervisee; SV=supervisor; C= client

*3.3.3.2 Transfer of learning event A - within-session effect.* The supervisee speculated that having raised the client’s awareness of the issue, this might allow the client to reflect on the issue differently. The client disclosed that in the past, she had addressed the issue of putting others’ needs before her own and she found it useful to highlight this topic again (see table 3.6)
Table 3.6

Transfer of learning event A - within-session effect

<table>
<thead>
<tr>
<th>Supervisee perspective (1st BSR interview)</th>
<th>Client perspective (1st BSR interview)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SVE I don’t necessarily think... she could potentially ... do things a little bit differently because... of the conversation, but I think it’s much more likely that it would have started her on a path of reflecting on things differently.</td>
<td>C. ... it wouldn’t be the first time that I had spoken obviously about the... general topic of... putting others people’s needs before my own.</td>
</tr>
<tr>
<td></td>
<td>C. ... it was useful to sort of highlight it again for myself.</td>
</tr>
</tbody>
</table>

Note. SVE = Supervisee; C= client

3.3.3.3 Summary of transfer of learning event A. During supervision, the supervisee learns that the client might be maintaining a dynamic of not getting her needs met. The supervisee introduces this idea into the counselling session when the client discusses her relationship with others and how their needs might come ahead of her own. This is a poignant and sensitive issue for the client, one that leaves them feeling vulnerable and exposed. This is in evidence again during the BSR interview when the client reports feeling anxious and vulnerable when the issue of not getting her needs met is discussed.

3.4 Transfer of learning event B & C

In the third analogue supervision session the supervisee identified one learning event as informing both transfer of learning events B and C.

3.4.1 Transfer of learning event B & C - Context domain.

3.4.1.1 Transfer of learning event B & C – learning event in supervision. The learning event in supervision is divided into three parts (1, 2 & 3) and the first part begins when the supervisee described feeling under pressure when wrapping up the previous
analogue counselling session. The supervisor proposed that the client was expecting the analogue session to be finished in a particular manner and the supervisee identified this was congruent with how they were feeling (see table 3.7).

Table 3.7

Transfer of learning event B & C – learning event in supervision part 1

<table>
<thead>
<tr>
<th>3rd Analogue supervision session</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SVE</strong> ... it’s just there’s something with this setting or the client ...that’s kind of pushing me to feel to ...try and put something in at the end.</td>
</tr>
<tr>
<td><strong>SVE.</strong> I really think it’s something in the dynamic.</td>
</tr>
<tr>
<td><strong>SVE.</strong> between her and me.</td>
</tr>
<tr>
<td><strong>SV.</strong> (pause) is it an expectation on her part that you’re going to finish that you’re picking up, that she needs you to finish the session in a certain way?</td>
</tr>
<tr>
<td><strong>SVE.</strong> (pause) so if I run with that a little bit...</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervisee perspective (2nd BSR interview)</th>
<th>Supervisor perspective (2nd BSR interview)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SVE.</strong> and then when she (supervisor) said about the client’s ...process coming through to me....kind of my initial thing wasn’t like ‘oh yeah that’s it’, it was like ‘ok well I need to explore that a little bit’, which is why I kind of said lets... run with that</td>
<td></td>
</tr>
<tr>
<td><strong>SV.</strong> ...... and us going through my questions around, ‘is it the context? is it the dynamic? is it whatever?’...she was beginning to rapidly move towards ‘no this is something happening between me (supervisee) and her (client), this is something stopping me, this is something affecting me with this client</td>
<td></td>
</tr>
<tr>
<td><strong>SVE.</strong> ... so it was almost like, I did that internal checking and thought yeah this could be it!</td>
<td></td>
</tr>
</tbody>
</table>

Note. SVE = supervisee; SV=supervisor; C= client

In the second part of the learning event in supervision, the supervisee reflected on the possibility the client felt uncomfortable talking about feelings. The supervisee reflected that their own feelings of being under pressure, was the result of transference from the client who was attempting to control the direction of the counselling session to avoid talking about feelings. The supervisor suggested that the client might be
unconsciously motivated to step in and take control of the situation when the other person in the situation is feeling tentative. The supervisee described that following these reflections, her goal was to return to being more natural in the relationship with the client. The supervisor’s intention was to expand the supervisee’s hypothesis and encourage the supervisee’s therapeutic flexibility (see table 3.8)
Table 3.8

Transfer of learning event B & C - learning event in supervision part 2

<table>
<thead>
<tr>
<th>3rd analogue supervision session</th>
</tr>
</thead>
<tbody>
<tr>
<td>SVE. ...actually ... what I was picking up on, was her discomfort and her...efforts to stay away from feelings and really kind of</td>
</tr>
<tr>
<td>SVE. ... control herself and control the directions of things</td>
</tr>
<tr>
<td>SV....and I wonder is that the shadow part of what (client) actually does to people, if that’s what we’re looking at of ye know.</td>
</tr>
<tr>
<td>SVE.  (smiles)</td>
</tr>
<tr>
<td>SV.  (laughs) ye see because again what you’re looking at is people who are tentative... and then she takes control ... so I think in...a way that dynamic might be being played out ...in the (therapeutic) relationship too</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervisee perspective (2nd BSR interview)</th>
<th>Supervisor perspective (2nd BSR interview)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SVE. ... (the client) wanting to never appear weak or vulnerable and wanting to manage everything around you... kind of taking care of everybody else’s needs... you’re... kind of blocking your needs from being met.</td>
<td>SV.  ...and just to try and expand that hypothesis a little bit so that ye know if she does feel that ...the therapy is in some way being directed by the client as well, that at least she might be able to see more clearly in the next session as to how that’s playing out for her. But it’s just to try and give her more therapeutic flexibility herself</td>
</tr>
<tr>
<td>SVE. ...she was quite actively taking control of a lot of things including me and therapy,</td>
<td>SV.  ...so it was partly to try and unlock that part...that if she goes into the next session, that she’s not actually going to feel much more tentative around it...</td>
</tr>
<tr>
<td>SVE  ...so that’s really the biggest thing I learned about the client in that session...looking at how she was controlling things ...</td>
<td>SV.  ...to try and make sure that whatever the tentative stuff is going on, if she could think about it in a slightly different way, it would actually free her up to be the therapist that she normally is.</td>
</tr>
<tr>
<td>SVE  ... that talking it through is what ...helped ...me bring it into... therapy and ...it significantly changed how I was and how I was feeling in the relationship.</td>
<td></td>
</tr>
<tr>
<td>SVE.  ...that made me feel more relaxed</td>
<td></td>
</tr>
<tr>
<td>SVE.  ...I had just decided that...I needed to go back to a way of being that was more like...my natural kind of way of being in the relationship</td>
<td></td>
</tr>
</tbody>
</table>

Note. SVE = supervisee; SV=supervisor
In the third part of the learning event in the third analogue supervision session the supervisor suggested that during the next analogue counselling session the supervisee could be attentive to when they felt disempowered. This might be evidence that the client is attempting to direct the session, supporting the supervisee’s hypothesis and an opportunity for the supervisee to make a helpful intervention. The supervisor suggested a strategy of handing control of the session to the client. The supervisor was also conscious of not damaging the supervisee’s confidence (see Table 3.9).

Table 3.9

Transfer of learning event B & C – learning event in supervision part 3

<table>
<thead>
<tr>
<th>3rd Analogue Supervision session</th>
</tr>
</thead>
<tbody>
<tr>
<td>SV.  ...you may find in the next session that she’s (client) kind of directing what’s happening (laughs), and if you do then you kind of know, ok this is...where this hypothesis is, this is how it plays out...</td>
</tr>
<tr>
<td>SV.  and the question would be well how do you change it slightly to...</td>
</tr>
<tr>
<td>SV.  to help, be helpful</td>
</tr>
<tr>
<td>SV.  .... now one of my colleagues would use it as a strategy</td>
</tr>
<tr>
<td>SV.  ...actually allows the client... to take control</td>
</tr>
<tr>
<td>SV  because he uses it as a way of being... the clueless therapist for a while, and then the client fills in the gaps....</td>
</tr>
<tr>
<td>SVE....so it’s not necessarily a bad thing, but you need to be conscious of what you’re doing.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervisee perspective (2nd BSR interview)</th>
<th>Supervisor perspective (2nd BSR interview)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SVE  .... and (supervisor) just kind of said about a technique some therapist she knows would use which is just to pass it back</td>
<td></td>
</tr>
<tr>
<td>SVE  ...the idea of using that was quite informed by a different perception of the client</td>
<td></td>
</tr>
<tr>
<td>SV.  that’s what I was thinking... there were two aims, one to ...not damage the confidence level or the competency level any further, and then the other one was to ...look at...how the power dynamic can be used to the therapists advantage.... it can actually move things along... as well.</td>
<td></td>
</tr>
</tbody>
</table>

Note. SVE = supervisee; SV=supervisor; C= client
3.4.1.2 Transfer of learning event B- episode context. The supervisee identified the episode context of transfer of learning event B as a period in the fourth analogue counselling session, when the client reported that her sister-in-law was admitted to hospital following the return of her breast cancer. The client commented that family members becoming ill and her reaction to this was her presenting issue in counselling. As the client talked about her sister-in-law’s illness, the supervisee began to feel a tension in her stomach. The supervisee decided in the moment to ask the client a question in order to facilitate the client’s exploration of feelings around her sister-in-law becoming unwell. The supervisee’s intention was to deepen the therapeutic experience for the client (see Table 3.10).
Table 3.10

Transfer of learning event B - episode context

<table>
<thead>
<tr>
<th>4th analogue counselling session</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. ...But then as it happened everything blew up because (husband’s) sister had breast cancer, last year ...and she went in on Friday for a routine check up and they kept her in ...she had blood clots in her lungs and in her stomach and her liver and kidneys aren’t working properly and the cancer is back..........</td>
</tr>
<tr>
<td>C. Yeah it’s kind of ye know... with what I’ve been talking about in here, about how I react when people are sick...</td>
</tr>
<tr>
<td>C. ...it was like ...face up...for me (gestures with hand in front of her face)</td>
</tr>
</tbody>
</table>

Supervisee perspective (2nd BSR interview)

SVE it was just like a tension a tightening in my stomach, and I noticed it and... thought ok maybe this is coming from her ...it didn’t fit as being mine.  
SVE and...I was watching her how she was talking and her body language and...she was just sitting there kind of quiet, relatively relaxed, and just...talking about this thing in a very unemotional way, and yet I knew from everything she said that this was likely to be a huge issue for her, like it sparked on the whole issue that she brought in..  
SVE ....and yet she was sitting there. , I mean she was using words about it being difficult ....but ....I suppose it seemed a bit disconnected for me.  
SVE.........I decided quite quickly....that I would kind of say something maybe to direct her, to see would she go a little bit more deep into what... it was like ... to have all of this going on.  
SVE. ... I’m gonna get in there and say what I’m ...thinking and say what my....instinct is ....and it was actually.. triggered ...by that physical reaction  
SVE. actually the taking the brakes off myself isn’t something I planned in advance ...that actually happened in the moment ....and I was saying ‘ok am I gonna say this now? ...or am I going to hold back?’ and I said no I’m gonna be more in the relationship, she can take it or not as she wishes ... I’m not going to hold myself back from... putting in what I think is relevant or helpful.  

Note. SVE = supervisee: C= client
### 3.4.2 Transfer of learning event B - Process domain

The supervisee enquired about the client’s experience of the sister-in-law’s illness returning (see Table 3.11).

Table 3.11

<table>
<thead>
<tr>
<th>Transfer of learning event B - process factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>4th Analogue counselling session</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>T (SVE).</th>
<th>So what was that like for you?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Researchers perspective</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Action.</strong> The supervisee asked the client an open direct question.</td>
<td></td>
</tr>
<tr>
<td><strong>Content.</strong> The content of the supervisees question refers to client’s reaction to family members getting sick which was the client’s presenting issue in counselling.</td>
<td></td>
</tr>
<tr>
<td><strong>Style.</strong> The supervisee’s style of questioning is gently enquiring.</td>
<td></td>
</tr>
<tr>
<td><strong>Quality.</strong> There was an assertive quality to the supervisee intervention.</td>
<td></td>
</tr>
</tbody>
</table>

*Note. (T)SVE = therapist/supervisee*

### 3.4.3 Transfer of learning event B – Effects domain

#### 3.4.3.1 Transfer of learning event B - immediate effect

The client shared with the supervisee that they felt disoriented and unsure of how to behave in circumstances when family members have an illness. The supervisee perceived that the client explored their feelings on the subject, but was unsure if the client subsequently was less inclined to engage and to talk about their feelings in counselling. The client described that when attempting to articulate their feelings, this required them to distance themselves from their feelings (see also Table 3.12).
Following on from the transfer of learning event B, the transfer of learning event C takes place in the same (fourth) analogue counselling session. As indicated, the supervisee’s goal stemming from the learning event in the third analogue supervision session was to become more natural in their relationship with the client and use the strategy of handing control back to the client. The supervisee attempted to use this strategy on three occasions and these attempts are identified as 1, 2 & 3, each incorporating an episode context, process factors and immediate effect.

### 3.4.4 Transfer of learning event C – Counselling context – Process - Effect

#### 3.4.4.1 Transfer of learning event C - episode context 1. The supervisee’s first attempt at handing control of the direction of the session to the client began when the client questioned the usefulness of sitting with her uncomfortable feelings. Initially the...
supervisee described feeling criticised, defensive and contemplated justifying their therapeutic approach to the client (see table 3.13)

Table 3.13

Transfer of learning event C - episode context 1

<table>
<thead>
<tr>
<th>4th Analogue counselling session</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. One of the things that’s been around for me, and I may have actually said this before, is sense of... (pause)... questioning the value of tolerating and bearing uncomfortable feelings</td>
</tr>
<tr>
<td>C. and (pause) a... sort of a desire to move away from that, it’s like a sense for me that the longer I stay in it the more....(pause)...it inhibits my ability to function.</td>
</tr>
</tbody>
</table>

Supervisee perspective (2nd BSR interview)

| SVE. ...when she started questioning the whole thing like ..I felt very criticised by her |
| SVE. ...and professionally questioned by her |
| SVE ...., I got a bit defensive ...I had that instinct to start explaining that to her and justifying myself |
| SVE ...but I held back thankfully (laughs) |
| SVE ...it was a strong reaction I had in the moment. |

Note. SVE = supervisee; C= client

3.4.4.2 Transfer of learning event C - process factors 1. This first attempt of handing of control to client entailed the supervisee paraphrasing the client and acknowledging they had the power to choose how to manage their uncomfortable emotions (see Table 3.14).
Table 3.14

Transfer of learning event C - process factors 1

<table>
<thead>
<tr>
<th>4th analogue counselling session</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>T (SVE) ...so you’re wondering about the inherent value of sitting with these things?</td>
</tr>
<tr>
<td>C. yeah</td>
</tr>
<tr>
<td>T (SVE) ...if you have a way that can make them go away, why wouldn’t you do that?</td>
</tr>
</tbody>
</table>

Researchers perspective

Action. The supervisee paraphrases what the client had stated and then asked a rhetorical question.

Content. The content of the paraphrase is about the value of sitting with uncomfortable feelings and identifying the possibility that the client could choose to do this if they wished.

Style. The supervisee is open and straightforward in their style of delivery.

Quality. There is a subtle quality in the supervisee’s attempt at handing control of the session to the client that has the potential of being experienced as dismissive by the client.

Note. (T)SVE = therapist/supervisee; C= client

3.4.4.3 Transfer of learning event C - immediate effects 1. The supervisee perceived the effect of their intervention was to facilitate the client reflections on the issue of tolerating uncomfortable feelings and intended to explore this issue at a deeper level. The client felt understood and began to relax when the supervisee acknowledged that the client wonders about the inherent value of sitting with uncomfortable feelings (see Table 3.15).
Table 3.15

Transfer of learning event C - immediate effects 1

<table>
<thead>
<tr>
<th>Supervisee perspective (2\textsuperscript{nd} BSR interview)</th>
<th>Client perspective (2\textsuperscript{nd} BSR interview)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SVE. I used a ... paraphrase to ... facilitate her staying with that whole concept and running with it</td>
<td>C. ...my priority becomes trying to get the other person to understand what I’m saying</td>
</tr>
<tr>
<td>SVE ... but in my head all the time wanting to look for an opportunity to take it to a different level.</td>
<td>C. ...and then when she... indicated that she was following what I was saying, it’s like ok I can relax now</td>
</tr>
<tr>
<td></td>
<td>C. I don’t have to work so hard in trying to explain it.</td>
</tr>
</tbody>
</table>

Note. SVE=Supervisee; C=Client.

3.4.4.4 Transfer of learning event C - episode context 2. The supervisee’s second attempt of handing control to the client followed on from the client’s questioning herself, whether she was defensive and avoiding exploring her uncomfortable feelings (see Table 3.16).

Table 3.16
Transfer of learning event C – episode context 2

<table>
<thead>
<tr>
<th>4\textsuperscript{th} Analogue counselling session</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. yeah and... I’m not talking about avoiding it, I’m not saying ye know pretend this isn’t happening... and of course there’s a value in exploring it and so on, what I’m with is, at what point does exploration cease to be useful and begin to be a handicap?</td>
</tr>
<tr>
<td>C. yeah I have thought about it a lot, and I think about it a lot, and I wonder about it a lot... and I do... ask myself whether ... this is...a sort of defensive avoidance thing on my part?</td>
</tr>
</tbody>
</table>

Note. C= client
3.4.4.5 Transfer of learning event C - process factors 2. The supervisee’s second attempt at handing control to the client was in the form of an observation about the client’s level of intuition. Following this, the supervisee suggested the client’s intuition could help answer the question of whether the client was avoiding exploring uncomfortable emotions (see table 3.17).

Table 3.17

Transfer of learning event C - process factors 2

<table>
<thead>
<tr>
<th>4th Analogue counselling session</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>T (SVE).</strong> ...you strike me as a person with a lot of intuition ... you tune into things about yourself a lot ... does your intuition help you at all with that question? (long pause)</td>
</tr>
<tr>
<td>Researchers perspective</td>
</tr>
</tbody>
</table>

*Action.* The supervisee makes a statement and then asks the client a question.

*Content.* The supervisee made a presumption about the client’s level of intuition and suggested this intuition could be useful to the client in answering the question of whether the client was defensive and avoids their uncomfortable feelings.

*Style.* The supervisee style is direct and slightly challenging.

*Quality.* There was a presumptuous, abrupt quality to the statement and question.

*Note.* (T)SVE = therapist/supervisee; C= client

3.4.4.6 Transfer of learning event C - immediate effects 2. The supervisee perceived their observation about the client’s level of intuition created an opportunity for the client to reflect about their feelings. The client described that they became irritated when the supervisee described them as someone with a lot of intuition and felt ‘pushed back’ by the supervisee (see Table 3.18).
Table 3.18

**Transfer of learning event C - immediate effect 2**

<table>
<thead>
<tr>
<th>Supervisee perspective (2nd BSR interview)</th>
<th>Client perspective (2nd BSR interview)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SVE ...I use that question about her intuition to just pick up on like she created that opening</td>
<td>C. oh yeah, ‘strikes you as a person with intuition’</td>
</tr>
<tr>
<td>SVE ... but the intuition ...I felt it opened it up for her to... really reflect on where she was at with those feelings or with her ideas about feelings</td>
<td>C. I was irritated ...I was irritated because I felt I’m going back to this thing of I’m trying to at some level make some connection</td>
</tr>
<tr>
<td></td>
<td>C. ... what I would have liked from her at that point was some indication that she was meeting me in it, and it felt when she said ‘what does your intuition tell you about this’ it felt like she pushed me back again.</td>
</tr>
</tbody>
</table>

Note. SVE = supervisee; C = client

At this point in the analogue counselling process there is an obvious divergence in perspectives between the supervisee and client. The supervisee perceives they have created an opportunity for the client to reflect on her feelings. Conversely, the client experiences the intervention as a challenge from the supervisee.

**3.4.4.7 Transfer of learning event C - episode context 3.** The supervisee’s third attempt to hand control to the client, followed on from the client’s comment that too much time is spent thinking about issues and sitting with feelings rather than taking action. The client has learnt that she does need some support but not therapeutic support (see Table 3.19).
Table 3.19

Transfer of learning event C - episode context 3

<table>
<thead>
<tr>
<th>4th Analogue counselling session</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. ye know we can spend far too much time in my view ...thinking about things, and wondering about them, and sitting in the feeling, and not enough time perhaps taking action.</td>
</tr>
<tr>
<td>C. ...it’s one of the reasons why I put myself forward for this, because it’s like I have this question in my mind about whether I want to be a client at all? or not?... in a sort of a longer capacity .... and ... one of the things that is becoming clearer to me is that I need support, but not necessarily as a client in a therapy setting.</td>
</tr>
</tbody>
</table>

Note. C=Client.

3.4.4.8 Transfer of learning event C - process factors 3. In this third attempt at handing control to the client, the supervisee asks the client how they might make use of the remaining counselling sessions (see Table 3.20).

Table 3.20

Transfer of learning event C - process factors 3

<table>
<thead>
<tr>
<th>4th analogue counselling session</th>
</tr>
</thead>
<tbody>
<tr>
<td>T (SVE). ...I mean we have another two sessions left, how can this space be useful to you then?</td>
</tr>
</tbody>
</table>

Researcher perspective

Action. The supervisee asked the client a direct question.

Content. The supervisee identified there were two sessions left and how can the client make use of them.

Style. The supervisee style is open and direct.

Quality. The intervention lacked subtlety.

Note. T(SVE) = therapist/supervisee
3.4.4.9 Transfer of learning event C - immediate effect 3. The supervisee perceived the effect of their intervention was to focus both the client and supervisee on what they could achieve in the remaining counselling sessions. The client felt under pressure from the supervisee to make a decision about what to focus on in the remaining two sessions and felt restricted by this (see Table 3.21).

Table 3.21

Transfer of learning event C - immediate effect 3

<table>
<thead>
<tr>
<th>Supervisee perspective (2\textsuperscript{nd} BSR interview)</th>
<th>Client perspective (2\textsuperscript{nd} BSR interview)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SVE. ...but I actually think the most useful part of that was... when we brought into right what are we doing here ...what are we going to do for the next two weeks SVE. ...that was very much informed by the discussion in supervision SVE. ... I suppose letting go of my sense of responsibility to have the answers and to know how to go forward with this SVE ...because ...it was kind of going around in circles a little bit ...and not getting anywhere.</td>
<td>C. so at some level I felt some pressure to focus into... an agenda for what I was going to be doing for the next two weeks. C. ... sort of...being funnelled, or... tied down, or restricted in some way.</td>
</tr>
</tbody>
</table>

Note. SVE=Supervisee; C=Client.

3.4.4.10 Transfer of learning event C - within-session effect. The effect of transfer event C on the supervisee within the counselling session was to raise the issue of the client feeling vulnerable when discussing emotions. The issue of the client avoiding feeling vulnerable had informed the supervisee’s hypothesis on the client which they had developed in supervision (see Table 3.22).
Table 3.22

Transfer of learning event C - within-session effects

4th Analogue counselling session

T (SVE) ...what I’m thinking is ...being...able to... have... a little bit of vulnerability and insecurity...but feeling safe enough in it
C. exactly, exactly
T (SVE) yeah
C ... there is a limit to the amount of vulnerability I would allow myself to experience as a therapist, because I need to keep an eye to the client, I don’t have that restriction as a client,

Supervisee perspective (2nd BSR interview)

SVE. ... we ended that segment a lot more open... we weren’t using feelings at the end, we were talking about vulnerability, and to my mind feelings and exploring feelings with other people makes... her feel very vulnerable

Note. (T)SVE= Therapist/Supervisee: SVE = Supervisee: C=Client

3.4.4.11 Summary of transfer of learning event B & C. One learning event in clinical supervision informs both transfer of learning events B & C in the counselling session. The learning event begins when the supervisee described feeling very tentative in the previous counselling session. Facilitated by the supervisor, the supervisee perceived that the client was trying to control the supervisee/therapist and the direction of the counselling session. The supervisor suggested the strategy of handing control of the session to the client. In transfer of learning event B, the supervisee makes therapeutic use of feeling tentative with the client. In transfer of learning event C, the supervisee attempted using the strategy of handing control back to the client. The manner in which the supervisees attempts to hand control back to the client results in a power struggle with the client.
3.5 Transfer of learning event D

3.5.1 Transfer of learning event D - Context domain.

3.5.1.1 Transfer of learning event D – learning event in supervision. Learning event D in supervision began when the supervisee presented feeling under pressure and unsure of what was achievable in the last two analogue counselling sessions. The supervisee described feeling under more pressure when the supervisor suggested a reason for the client not going to an emotional level was compassion fatigue. The supervisor offered an alternative reason the client avoided going to an emotional level, which was the client was in the role of a ‘browser’ or ‘visitor’ rather than a ‘customer’ for counselling. The supervisor suggested that the supervisee might facilitate the client focusing on future counselling and the supervisee described feeling relieved following this suggestion. The supervisor reflected that some of the pressure experienced by the supervisee was partly due to the supervisee’s stage of development as a therapist (for details see Table 3.23).
Table 3.23

Transfer of learning event D – learning event in supervision

<table>
<thead>
<tr>
<th>4th Analogue supervision session</th>
</tr>
</thead>
</table>

SVE ...it still leaves me trying to think OK so what am I going to do because I still I think that’s a waste of her time to be coming in and doing nothing
SV. and the client is not able to actually go there and really doesn’t want to look at it again... compassion fatigue is... when somebody just has no ability to go towards the emotional level because either the floodgates will open, and they feel they’re going to be swamped and won’t be able to cope with it, or... the process isn’t safe enough for them to do that, which I can understand ... given the set up that we have.
SV. ...so somebody can be a browser where they’re coming into therapy ‘oh this is nice this is wonderful’, but they’re not going to really engage hugely, and then you have somebody like a visitor like going into a shop and they might look around and they pick up stuff, and they’ll have a look., but again they won’t engage hugely. And then you have a customer.
SV. But I would wonder about looking to the future, and kind of saying well ok, maybe if not with you at some stage in the future would she be able to work with a particular therapist around these issues when the process might be a little bit safer for her.

Supervisee perspective (3rd BSR interview) Supervisor perspective (3rd BSR interview)

SVE And it was a very heavy weight on me, and I was already feeling like we had just two sessions so I think I was really trying to focus it in on what’s doable in this SVE. ... and then this compassion fatigue
SVE. ...so I was just really I think struggling to bring this down to something that I felt I could manage...
SVE ...it felt like yeah, that’s very doable... use the time to reflect on what she might take into the future...
SVE ... almost like a sigh, pressure off, yes this is manageable I can do this.
SVE ...I suppose looking at the balance of responsibility that if somebody comes in as... a browser ... you can’t make them be a customer

SV ...I had mentioned ...compassion fatigue, I ...was looking at trying to expand the hypothesis again....
SV. ...I know (supervisee) from what she said is... she’s ...a year out ...from .. training, where there is a huge pressure on people to see change and see their clients go up...
SV..., do you move to the future focus, and say we’re not going to do a lot of work now in this session, but maybe at some stage in the future we might talk about x,y,z, and how would that work, so you shift it to the future because it’s not as threatening ... it’s not here and now, it’s off there and then,

Note. SVE=Supervisee: SV=Supervisor.
3.5.1.2 Transfer of learning event D - counselling session context. During the fifth counselling session, the supervisee again raised the issue of what the client hoped to achieve in the remaining counselling sessions. The client indicated that they had no particular goal for the remaining counselling sessions and was choosing to stay safe rather than take any risks (see Table 3.24).

Table 3.24

Transfer of learning event D - counselling session context

<table>
<thead>
<tr>
<th>5th analogue counselling session</th>
</tr>
</thead>
<tbody>
<tr>
<td>T (SVE) ... so finishing up on last week ...we were having a think of what we’d do for this week and next week our last two weeks... have you had any reflections on that in the intervening week?</td>
</tr>
<tr>
<td>C. I don’t have any particular goal for it...no... I suppose what I was left with after the session and after seeing some of it back on the ... replay (BSR 2nd client interview), was a sense of how often I would make a choice, ye know come to a choice and I would take the safe choice.</td>
</tr>
<tr>
<td>C. and I’m really with that not taking a whole lot of risks.</td>
</tr>
</tbody>
</table>

Note. (T)SVE = Therapist/Supervisee: SVE = Supervisee: C = Client

3.5.1.3 Transfer of learning event D - episode context. The client indicated that there were times when they choose to take a risk just to see what might happen if they did. The supervisee interpreted this statement as the client ‘throwing caution to the wind’. At this point in the analogue counselling session, the supervisee became concerned that it was unsafe for the client to begin processing their emotions with only two counselling sessions left (see table 3.25)
Table 3.25

Transfer of learning event D - episode context

<table>
<thead>
<tr>
<th>5th Analogue counselling session</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>C.</strong> There have been times in my life where I would have chosen to go the opposite way, and I would have defaulted the opposite way, and part of that would have been just to see what happened, so testing it out.</td>
</tr>
<tr>
<td>T (SVE). So almost a conscious decision to see what would happen if ‘I just throw caution to the wind’.</td>
</tr>
</tbody>
</table>

Supervisee perspective (3rd BSR interview)

| SVE. ...my sense and I think (supervisor) agreed ...whatever is there emotionally... probably needs quite a bit of processing so ...in the context of that framework, in my head,... there’s probably too much stuff for... two sessions, probably unsafe to start really unpacking a huge amount of stuff in two sessions... |

Note. (T)SVE= Therapist/Supervisee: SVE = Supervisee: C=Client

3.5.2 Transfer of learning event D - process domain. Following the episode context, the supervisee introduced the concept of the client being future focused. The supervisee proposed that the remaining sessions could be used to explore what the client might like to achieve in another counselling setting in the future, rather than taking a risk in these counselling sessions (see Table 3.26).
Table 3.26
Transfer of learning event D - process factors

5th Analogue counselling session

T (SVE). I’m conscious we have this session and one more session... so... it might even be a place for us to explore what you might like to do ...further down the road, because of pushing your boundaries of safety is obviously at some level has to be challenging.

C. yeah

T (SVE). because by definition it’s taking a risk.

Researcher perspective

Action. The supervisee makes a suggestion and an observation.

Content. The supervisee suggests using the remaining time in counselling to focus on the future because pushing safety boundaries is a risk.

Style. The supervisee’s style is direct, somewhat forced and slightly anxious.

Quality. The supervisee’s intervention is incongruent with the context of the session.

Supervisee perspective (3rd BSR interview)

SVE..........it didn’t fit very well... it was badly timed, badly done by me ...it was definitely fed by... supervision... I... had this big thing, it’s only two sessions,

SVE. ..it’s not enough, for whatever is... behind this, for whatever is really going on and led me then to come in fairly clumsily...

SVE. in a way that didn’t flow very well or fit very well.

Note. SVE=Supervisee: C= Client.

3.5.3 Transfer of learning event D - Effects domain.

3.5.3.1 Transfer of learning event D - immediate effect. In the analogue counselling session, the client responded to the supervisee’s suggestion and observation by querying how the supervisee perceived her. The supervisee restated that there were a limited number of sessions left and voiced her concern that the client may begin taking risks rather than stay safe. The client felt misunderstood by the supervisee and speculated that the supervisee may have become scared as to what she, the client, might do in the remaining counselling sessions. The client perceived that the supervisee was attempting
to contain things within the counselling session. The client also perceived that the supervisee was unaware that the client had previously moved towards their boundaries of safety during the counselling sessions. The supervisee felt challenged by the client, described feeling anxious prior to their intervention and acknowledged they were feeling anxious following the previous (fourth) analogue supervision session. The supervisee felt disconnected from the client because of their perceived mismatch of perspective and the client described a lack of attunement with the supervisee (for more see Table 3.27).
Table 3.27

Transfer of learning event D - immediate effects

<table>
<thead>
<tr>
<th>5th Analogue counselling session</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. ... yeah...I find myself wondering... what’s behind the question for you, because it’s like... I don’t know what you’re perceiving in me?</td>
</tr>
<tr>
<td>T (SVE). ...ok, I suppose I’m very conscious that we have this session and next session so effectively... we can do some work with that, but around ... challenging or changing those safety boundaries for you, I think it’s a very short time.</td>
</tr>
<tr>
<td>C. ok, yeah</td>
</tr>
<tr>
<td>T (SVE). and again obviously that’s for you to decide but I think it’s... a short time to open up stuff. Ye know... to change those boundaries right...to...say, ‘okay well I’m going to throw caution to the wind here a little bit and just and just go for it’, and then we have this session and next session.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervisee perspective (3rd BSR interview)</th>
<th>Client perspective (3rd BSR interview)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SVE. ...I felt very challenged.</td>
<td>C. ...was ... not being understood.,</td>
</tr>
<tr>
<td>SVE. ...challenged and anxious ...I left supervision very anxious and went into the session anxious, so it wasn’t all being generated within the... session.</td>
<td>I mean that thing about ‘throwing caution to the wind’ seemed to go right out to the far end of the spectrum... I... really didn’t get where she was coming from and I had a real sense that she didn’t get where I was coming from either.</td>
</tr>
<tr>
<td>SVE. ...this is one of the times where I’m sitting there thinking we are completely on different pages on this, ... that’s not how I perceive...you,</td>
<td>C. ...but I think that something in what I said scared her.</td>
</tr>
<tr>
<td></td>
<td>C. and then she’s like hang on there, we’ve only have a session and ½ and I don’t know what she thought I was going to do.</td>
</tr>
<tr>
<td></td>
<td>C. ... I said to her that, ‘Ye know my experience of being in the session was, that I kept going up to... the safety boundary for me... but I don’t know if she could see that.</td>
</tr>
<tr>
<td></td>
<td>C. I believe she was trying ...put some sort of a container around things</td>
</tr>
<tr>
<td></td>
<td>C. What stands out for me? a sense of having to work hard to be understood...And a sadness about that, ...it’s difficult for people to find an attunement with me.</td>
</tr>
</tbody>
</table>

Note. (T)SVE= Therapist/Supervisee: SVE = Supervisee: C= Client.
3.5.3.2 Transfer of learning event D - within-session effect. The supervisee shared her concern that the client might not stay within safe boundaries for the remaining sessions. The client reiterates that they had no specific goal they wished to achieve in the remaining counselling sessions. The supervisee accepts this, suggests pulling back and meeting the client where they are. When the supervisee shared with the client that they were having difficulty understanding the client, the supervisee reported feeling under less pressure in the analogue counselling session. The supervisee also reflected that they had failed to focus on the fact that the client was already talking about safety. The supervisee reflected that while the intervention had originated in supervision, their poor delivery of the intervention and the mismatch of where the client was at, resulted in an opportunity to re-connect with the client (for illustration see Table 3.28).
Table 3.28

Transfer of learning event D - within-session effect

<table>
<thead>
<tr>
<th>5th Analogue counselling session</th>
</tr>
</thead>
<tbody>
<tr>
<td>T (SVE). ...and yes I’m naming a concern around the fact that we have this session and a half left, ...you’re position in here, has been staying within... the safe boundary, so yes ....because I don’t know ... if you were to ...do something with that safe boundary that... you’ve been maintaining, I don’t know what would that involve....</td>
</tr>
<tr>
<td>C. so ye know, yeah I... don’t really know in terms of what I would like to do with what’s left of this session... and next week I don’t, and like that’s me being quite literal, I don’t have a sort of topic.</td>
</tr>
<tr>
<td>T (SVE). ...so maybe what we need to do is pull back from the idea of a topic, and just stay with where you are...</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervisee perspective (5th BSR interview)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SVE. ...so stopping trying to figure it out and just saying ... I’m confused, I don’t know... just took a lot of the pressure off me.</td>
</tr>
<tr>
<td>SVE. what she was saying was ringing true to me, ...which is ... we are talking about... the edge and that in itself is meaningful, I definitely ...had a thought in there, of shit, she was already doing the work and you.. went in and told her she wasn’t,</td>
</tr>
<tr>
<td>SVE. ...she was already talking about the safe boundaries and ... I should have picked that up.</td>
</tr>
<tr>
<td>SVE. ...what was going on ...trying ... re-establish some sort of a connection between us, because to my mind ...we had gone off on two completely different paths</td>
</tr>
<tr>
<td>SVE. so to me it, and even though ...that intervention didn’t... come from supervision, it was a kind of very live in the moment response for me to kind of trying to connect.</td>
</tr>
<tr>
<td>SVE. and it was like trying to say OK can we can we join up some way again ...cos ...we’re just on to completely different... roads and going in different directions ...</td>
</tr>
<tr>
<td>SVE. ...so it didn’t come directly from supervision, but the... opportunity for it came from ...in my opinion, a very poor intervention by me, that came from supervision</td>
</tr>
</tbody>
</table>

Note. (T)SVE= Therapist/Supervisee: SVE= Supervisee: C= Client.

3.5.3.3 Summary of transfer of learning event D. In the fourth analogue supervision session, the supervisee presented as feeling under pressure to achieve something productive in the remaining counselling sessions with the client. The supervisee shares this with their supervisor who suggests the client focuses on future counselling and the
supervisee feels relieved. The supervisee’s suggestion that the client focuses on future counselling is awkward and badly timed. The client felt misunderstood and not met by the supervisee and the supervisee feels challenged and under pressure. The supervisee realises their goal is not congruent with the clients goal and they abandon it. This takes the pressure off the supervisee and they feel more connected and real with the client.

3.6 Transfer of learning event E

3.6.1 Transfer of learning event E – Context domain.

3.6.1.1 Transfer of learning event E – learning event in supervision. In the fifth analogue supervision session, the learning event began when the supervisee described that their attempt to have the client become future focused in the previous analogue counselling session, while initially awkward and badly timed, was eventually productive. The supervisor gave an assessment that some mistakes in counselling have the potential of being beneficial to the counselling process and the supervisee felt validated by this. The supervisee described that this change in perspective on making mistakes in therapy resulted in them feeling more relieved, curious and excited that this might transform how they worked as a therapist in general, in particular when working with more experienced clients. This experience also reminded the supervisee of literature they had read previously about making therapy unexpected at times.

Rather than create a specific plan to transfer learning from supervision into the counselling session, the supervisee reflected on how they normally transfer their learning from supervision into counselling, which involves the supervisee first processing and then internalising information. This results in a change in the supervisee’s attitude, their thinking and their way of being, which allows the supervisee become more spontaneous in the counselling session. The supervisee’s intention in the next counselling session was to be less concerned about making mistakes and to be more engaged in the therapeutic
process. The supervisor suggested the supervisee follow through with interventions, even when the supervisee might experience them as being difficult.

The supervisor observed that the outcome of the supervisee’s intervention resulted in handing control back to the client, an intervention suggested to the supervisee in the third supervision session. During learning event E, the supervisee also reported the supervisor’s facilitation during supervision enabled the supervisee to clarify their hypothesis. This resulted in the supervisee feeling more grounded and more confident in ‘holding’ the client in the next counselling session.

The supervisor speculated the supervisee’s desire to have interventions well formulated before delivering them might reflect the supervisee’s stage of professional development (for some more details see Table 3.29).
Table 3.29
Transfer of learning event E – learning event in supervision

<table>
<thead>
<tr>
<th>5th Analogue supervision session</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SVE.</strong> ... ‘what are we going to do with the sessions, and what might ... you ... like to take... forward to another setting’ ... I said that quite explicitly, and it just generated this whole concern. Now it ended up as a useful ... it went in a useful direction, but it was definitely not my finest moment.</td>
</tr>
<tr>
<td><strong>SV.</strong> ... if you do get an intervention, ... if it does go slightly pear shaped it can be quite useful as well, as long as it’s not downright kind offensive to a client.....</td>
</tr>
<tr>
<td><strong>SV.</strong> ... I think it’s the psychoanalysts would say ‘there’s no mistakes’. So I mean even if you make a mistake and something comes out half wrong or slightly not the way you want, I think sometimes that can be quite fruitful ... it throws up quite interesting parts to it</td>
</tr>
<tr>
<td><strong>SV.</strong> ... but I think it’s also for you as a therapist, to have the confidence ... that even if it comes out slightly wonky, not to (gestures pulling back,) ye know (laughs)</td>
</tr>
<tr>
<td><strong>SVE.</strong> ... absolutely ... and I mean sometimes I’d be a bit cautious for fear of saying something wrong, but that was certainly a learning for me in terms of the ... potential value in it, as long as you... deal with the ... aftermath respectfully and well and therapeutically...</td>
</tr>
<tr>
<td><strong>SV.</strong> ... yeah, and also because it’s not what clients expect sometimes and particularly when you have ... somebody who is a therapy veteran, it can be quite a good one at times. Not that you would always do it, but ... something coming out, half kind of not the way you want and still owning it, and still ... carrying on, even though half way through you might know ‘uh oh’ (laughs). I think it does slightly elicit something different back which I think can be quite useful.</td>
</tr>
<tr>
<td><strong>SVE.</strong> ... it did,... I got to the point of saying ok, I can’t figure this out on my own, I did own that, and say yes I am concerned because I have no idea what it is that’s being kept safe...</td>
</tr>
<tr>
<td><strong>SV.</strong> ... and if you had hypothesised what do you think it is that she’s keeping safe? (pause)</td>
</tr>
<tr>
<td><strong>SVE.</strong> ... I mean for me it’s definitely stuff around emotions and feelings, and ... it’s around vulnerability with emotions and feelings, (pause) and the asking for her feelings to be heard, understood, seen and accepted.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervisee perspective (4th BSR interview)</th>
<th>Supervisor perspective (4th BSR interview)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SVE.</strong> ... there were there were two main things ... I felt ... genuinely validated ... and I was taking away a new perspective ... on mistakes and ... working with therapy veterans...</td>
<td></td>
</tr>
<tr>
<td><strong>SVE.</strong> ... so making a mistake isn’t necessarily a mistake, or doing something badly isn’t necessarily a mistake, so it was, ... definitely ... a little bit of relief ... curiosity and... almost a little bit of ... excitement about what that could mean</td>
<td></td>
</tr>
<tr>
<td><strong>SV.</strong> ... because of (supervisee) ... being finished her training. I think a lot of her ... interventions and questions are very ... formulated. ... she doesn’t ask a question until she ... has it well set in her head ... because she was worried in the last session about something coming out and not well.</td>
<td></td>
</tr>
<tr>
<td><strong>SV.</strong> ... when something comes out not</td>
<td></td>
</tr>
</tbody>
</table>
for doing therapy?
SVE. ...this could ...transform how I work!
SVE. ...what we were talking through in supervision ...led me to see the fact that it was badly done, was a big part of what led to the productive piece.
SVE. ...and it made me more authentic, it got a really authentic response from her, which was ...in the moment of what was happening for her, so the ... fact that I had done something badly had been beneficial.
SVE. ...and it reminded me of having read stuff before ...that the... therapy needs to be a bit unexpected ...
SVE. ...the sense of explicitly going in with the intention of being less concerned about making mistakes ... and more just getting in there with what was coming up for me, not in a shotgun way, but ...helpful.
SVE. ... the process of being facilitated to talk it through, of having her (supervisor) ... reflecting back some of what I was saying, really clarified my thinking ... on the whole hypothesis...
SVE. ...so the spontaneous responses that I might have been otherwise suppressing, were being really informed by all of this thinking and then they were coming out.
SVE. ...in the (counselling) session ...which is how I work best with supervision ...if I ...take something from supervision, and then ...say it in the (counselling) session, that rarely works for me
SVE. whereas if I process stuff and ...internalise it, so ...taking a different way of being it works for me ...in my thinking, in my...attitude, in my formulation, as opposed to having a specific plan of this is what I’m going to do ...that’s what works well for me
SVE. ... when I go into a session with clarity, I feel more grounded.
SVE. And more secure, in being able to hold the session and hold the client...
well ...unless it’s ...downright offensive or unethical ...if... it’s a question you formulated ... you say it in the wrong way, or ...get it the wrong way around ...sometimes, that actually can elicit things from clients that you’re not actually expecting ...they actually take a half formed question, and they fill in the gaps, and they will throw back something that is pertinent to them.
SV. ...we had talked ...in the previous session (3rd supervision session), about things coming out not the right way around, and ...at times it can be ...empowering of a client, because then they ...take control and say ‘what do you mean?’.....
SV. ....she had actually done it in the ...previous session ...and felt very anxious ...and was worried about ...how the client would perceive her. In this session it was very different. She’d done it and she realized that she was getting more back. So you could see that she had actually begun to use it and not be concerned about herself so much...
SV. ... I think it’s partly about being comfortable in that ‘not knowing’ ...position

SV. ...I thought that she was quite engaged by the ideas ...
SV. ... I think she recognized that if she gets into that position again, it’s not going to be as frightening. It may be easier to work through it.
SV. ...I think... (supervisee) ...has a very well developed ...hypothesis, and ...is... able to ...slot things in, to develop it...

Note. SVE=Supervisee: SV= Supervisor:
3.6.1.2 Transfer of learning event E - counselling session context. During their sixth and final analogue counselling session, the supervisee reflected on how they were feeling less restrained in the session and less afraid of making mistakes (see Table 3.30).

Table 3.30

<table>
<thead>
<tr>
<th>Transfer of learning event E - counselling session context</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisee perspective (4th BSR interview)</td>
</tr>
</tbody>
</table>

SVE. ...my way of being in the session ... was... to be less restrained and more in there and more responding from what was coming up for me came from supervision.
SVE. More determined ...less afraid of making mistakes.
SVE. ...I’d been ...working to try and make it this completely smooth flowing process, and ... seeing, well no actually that’s not a good thing,
SVE. ...I was less afraid of me causing a bump, cos ... there’s going to be lots of bumps.

Note. SVE= Supervisee.

In the transfer of learning event E, the supervisee identified four attempts to become more engaged with the client and to work from their hypothesis which had been formulated and expanded on during supervision. The four attempts were identified as 1, 2, 2(i) and 3.

3.6.1.3 Transfer of learning event E - episode context 1. The supervisee’s first attempt to become more engaged with the client began following the client’s comment that an outcome of their reflections over the last few weeks was a clarification that they needed a support of a different kind rather than counselling. The client also reflected and recognised that they could be making excuses in order avoid following up on things (see Table 3.31).
Table 3.31

Transfer of learning event E - episode context 1

6th Analogue counselling session

C. ...the... question that I had ... was about ... whether I wanted to go back into therapy or not? and I wasn’t really clear about why that question was around for me... but one of the things that has come out for me, is that I have clarified that I need support of a different kind...
C. ... I could go on ... there is always more to do and ... I sometimes think I’m waiting until it’s all done
T (SVE). ok, in terms of working on yourself?
C. yeah, that there is always more things being triggered, there is always more things coming up, and there’s always another aspect, and is always another layer, and ... I think I keep putting off doing things... until I’ve sorted that out...
C. ... just using ... that as an excuse, I suppose not to go ahead and do things that I wanted to do...
C. ... I’m not ready to do that, but there is always reasons not to be ready, that’s kind of where I am with it.

Supervisee perspective (4th BSR interview)

SVE. ... I was very conscious that this was the last session and that she had been very self-protective throughout the sessions ... but ... I said ... I’m not just going to write this session off, because it’s our last session and ... just sit here and do nothing with it ... I was very conscious of ... doing something, of ... inviting myself back in to the conversation, inviting her into a more real conversation, but then leaving it to her to decide what she would do with it
SVE. ... I was very definitely influenced by supervision ... (pause) just that decision to get in there more...
SVE. ... I was trying to make it more concrete, trying to get a sense what it was we were talking about.

Note. SVE=Supervisee; C=Client

3.6.1.4 Transfer of learning event E - process factors 1. The supervisee then decided to ask the client to clarify what they were referring to when they referred to ‘things’ (see Table 3.32).
Table 3.32

Transfer of learning event E - process factor 1

<table>
<thead>
<tr>
<th>6th Analogue counselling session</th>
</tr>
</thead>
<tbody>
<tr>
<td>T (SVE). And are there particular things you’re conscious of that happening with?</td>
</tr>
</tbody>
</table>

Researcher perspective

Action. The supervisee asked the client a direct question

Content. The question is a request for clarification of examples of what the client was talking about.

Style. The style of questioning is direct and relaxed.

Quality. There was openness and assertiveness in the quality of the supervisee’s posing of the question.

Note. (T)SVE = Therapist/Supervisee:

3.6.1.5 Transfer of learning event E - immediate effect 1. Following their first attempt to engage with the client, the supervisee experienced the client not willing to engage. The client described being concerned that the supervisee would experience being ‘pushed away’ by the client (see Table 3.33).
Table 3.33

Transfer of learning event E - immediate effects 1

<table>
<thead>
<tr>
<th>Supervisee perspective (4th BSR interview)</th>
<th>Client perspective (3rd BSR interview)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SVE. ...my experience was of being kept out of her psychological world.</td>
<td>C ...I started worrying about (supervisee), and being concerned...about how she might hear me saying I needed support of a different kind.</td>
</tr>
<tr>
<td>SVE. ...being given a glimpse ... being shown the walls or boundaries, but not being shown inside.</td>
<td>C. ...that in some way I was pushing away what she might be offering me. That she would construe it as that. And I suppose at some level I was saying I don’t really want to be in therapy...</td>
</tr>
<tr>
<td>SVE. just being shut out of... what was going on for her, and I mean even like listening back to it, of looking back at it, but that still feels the same way for me, it’s like talking around instead of talking about.</td>
<td></td>
</tr>
</tbody>
</table>

Note. SVE=Supervisee-perspective: C= Client-perspective.

3.6.1.6 Transfer of learning event E- episode context 2. The client described that the ‘things’ they were referring to were various half-finished projects. The client then spoke more specifically about a particular project they were having difficulty completing and how they became emotionally triggered while working on this project. This is the second time the client has mentioned triggers and the supervisee decided try and engage with the client by focusing on what triggers the client emotionally (see Table 3.34).
Table 3.34

Transfer of learning event E- episode context 2

<table>
<thead>
<tr>
<th>6th Analogue counselling session</th>
</tr>
</thead>
<tbody>
<tr>
<td>C.  I have all these half-finished projects that are knocking around, that get so far and then I don’t go any further with them, I need to make a decision to stop flapping around and just do it. C. I am conscious that I’m talking in abstracts...but...there is...a project that I started (identifies the project) ...I kind of half started it, and yeah I’ve been kind of not doing anything about it, so...as soon as I start doing it then I get triggered by a whole lot of stuff so that’s the reason why (laughs) I don’t do it....</td>
</tr>
</tbody>
</table>

Supervisee perspective (4th BSR interview)

SVE. ...she came back to the triggers so I...thought ok we’re going to try and focus in again on the triggers...‘triggers’...is...relevant...SVE. ...I want to get somewhere with these triggers, I want to find something out...about these triggers.

Note. SVE= Supervisee: C= Client.

3.6.1.7 Transfer of learning event E - process factor 2. Client emotional triggers were part of the supervisee’s hypothesis and case formulation developed in supervision and informed by these reflections the supervisee attempted to explore what triggers the client emotionally (see Table 3.35).
Table 3.35

Transfer of learning event E - process factor 2

<table>
<thead>
<tr>
<th>6th Analogue counselling session</th>
</tr>
</thead>
<tbody>
<tr>
<td>T (SVE). and it’s kind of back to that, do you act?</td>
</tr>
<tr>
<td>C. exactly</td>
</tr>
<tr>
<td>T (SVE). or do you sit in the feelings? cos you’re saying that (project) ... in terms of putting it aside because ... it triggered stuff for you.</td>
</tr>
</tbody>
</table>

Researcher perspective

**Action.** The supervisee asked a reflective question and then paraphrased the client.

**Content.** The client becomes emotionally triggered when attempting to complete a project.

**Style.** The supervisee’s style is attentive and assertive to the task of facilitating the clients reflecting on what triggers them emotionally.

**Quality.** Supervisee is adhering to their case formulation developed in supervision.

**Note.** SVE=Supervisee: C= Client

3.6.1.8 Transfer of learning event E - immediate effects 2. The client responded to the supervisee’s attempts to engage with them, by commenting how she could remain sitting with her feelings indefinitely and this could be a reason not to take action. The supervisee reflected that their hypothesis and case formulation developed in supervision informed her focus in the counselling session. During the supervisee’s attempt to engage with them, the client described how they were focused on the supervisee’s body language and not on herself (for details see Table 3.36).
Table 3.36

Transfer of learning event E - immediate effects 2

<table>
<thead>
<tr>
<th>Supervisee perspective (4th BSR interview)</th>
<th>Client perspective (3rd BSR interview)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SVE.</strong> in my first attempt to focus in on what these triggers were and what was happening and she didn’t go with it ...</td>
<td><strong>C.</strong> ...I was noticing her hands, and she was picking at her fingers, and I was wondering ‘what is going on there’?</td>
</tr>
<tr>
<td><strong>SVE.</strong> ... it was very much influenced by... the formulation ...from supervision, which was around emotional avoidance and vulnerability.</td>
<td><strong>C.</strong> ...and that tells me that ... I’m actually tracking her, so I’m not completely focused on myself.</td>
</tr>
<tr>
<td><strong>SVE.</strong> And so trying to facilitate us focusing in on what ...the whole sitting in feelings experience was like for her and ...what she does with that ...trying to take it to... a slightly different level which we did a bit later on.</td>
<td></td>
</tr>
</tbody>
</table>

*Note. SVE= Supervisee; C = Client.*

**3.6.1.9 Transfer of learning event E - process factor 2(i).** The supervisee made a second attempt to facilitate the client’s exploration of what triggers them emotionally, by initially having the client imagine a scenario and querying what was underlying the client’s emotional triggers (see Table 3.37).
Table 3.37

Transfer of learning event E - process factor 2(i)

<table>
<thead>
<tr>
<th>6th Analogue counselling session</th>
</tr>
</thead>
<tbody>
<tr>
<td>SVE. ...but for you getting at what the trigger is (pause)... Do you do that? Or what’s that like to kind of connect with? .... what I’m hearing is somebody says something, it triggers a spiral for you of, I mean you haven’t mentioned an example, so I’m just thinking, ye know somebody says ‘oh I don’t really like blue’, when you are wearing blue, and then it’s like, ‘oh that’s about me, and then it goes on a chain, and that you catch yourself in that chain, and say no stop that, stop that. You know you’re making assumptions here or whatever. But the piece about what, what’s underneath that trigger, (pause) kind of what’s your sense...if you sat with that and figured that. I mean I suppose what I’m hearing from what you said before, is that it feels like that you just end up in a in a mire of feelings.</td>
</tr>
</tbody>
</table>

Researcher perspective

| Action. The supervisee asks questions, makes a summary and gives an example. |
| Content. The content of the intervention is around the client’s emotional triggers and their underlying feelings. |
| Style. The style of intervention is direct but circumlocutory. |
| Quality. There is a persistent and laboured quality in their delivery. |

Supervisee perspective (4th BSR interview)

| SVE. I waffled ferociously. I have ...difficulty ... in picking my words to say what I wanted to say ...that’s because I knew it was ... going to be quite challenging. |
| SVE. ...I did specifically think about something (supervisor) had said in supervision, which was ...‘ye know what, even if you start and you’re thinking, oh this isn’t coming out right... just keep going...just do it’..... |
| SVE. ...that was specifically in my head....and I was there and I was like ‘oh (supervisee) that was terrible’, and just said ‘no you’ve a point to make, maybe you’ll fumble a bit in making it, but just keep going’. |
| SVE. ... in the last one, I said it was more about attitude, this wasn’t that, I was specifically thinking about supervision, in this piece, I was ... in the middle of it, and I just remembered (supervisor) saying that. |

Note. SVE= Supervisee: C = Client
3.6.1.10 *Transfer of learning event E - immediate effects 2(i).* The client perceived that the supervisee was attempting to focus on what was triggering the client’s emotions. The client commented that they appreciated the supervisee taking an interest by posing questions, which they felt was helpful, as this allowed them to clarify their own thinking on the issue (see Table 3.38).

Table 3.38

*Transfer of learning event E - immediate effects 2(i)*

<table>
<thead>
<tr>
<th>Client perspective (3rd BSR interview)</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. I thought she was trying to get me to see a value... in, looking at the complexity, and the detail ...of the triggers, or of the feelings, or of the thought processes...</td>
</tr>
<tr>
<td>C. Ye know, all of it is helpful... it’s helpful what (supervisee) asked me, it’s helpful what I respond with, putting it out there, having a look at it... it ...clarifies it...</td>
</tr>
<tr>
<td>C. ... it’s nice to have someone take an interest ...to... understand, and to make meaning in all of that, it’s good.</td>
</tr>
</tbody>
</table>

Note. C=Client

3.6.1.11 *Transfer of learning event E - episode context 3.* The client shared with the supervisee a recent experience that triggered her emotionally, involving the client having her phone line/microphone muted during a video-conferencing online course.
Table 3.39

Transfer of learning event E- episode context 3

6th Analogue counselling session

C. ... an example is ... the tutor on ...this course that I’m doing... in the States at the moment... is triggering me ...one of the times we were on the call ...recently there was a lot of background noise ... so she muted my phone line, which meant that I could hear her but couldn’t speak....

Supervisee perspective (4th BSR interview)

SVE. ... I was sitting there, I was ...thinking ... am I going to say this or not? I knew it would be very challenging, and I knew to say it the way I said it, as... in ‘what would it be like to? what would it be like to say something in the group’?....to actually do something different

Note. SVE= Supervisee: C = Client

3.6.1.12 Transfer of learning event E - process factor 3. The supervisee empathised with client with regard to being muted out of a conversation and imagines what it might be like for the client to do something different in the future (see Table 3.40).
Table 3.40

Transfer of learning event E - process factor 3

<table>
<thead>
<tr>
<th>6th Analogue counselling session</th>
</tr>
</thead>
</table>

(T) SVE. ...Ok, I suppose what’s coming up for me and what I’m wondering is ...do
...you kind of keep yourself in there, you...say no ... this isn’t ...a helpful way to react ...it’s
not helpful to me to ... pull myself out, but ....there can be stuff going on for you ... that’s
unsaid ... I mean to me being muted out of ...a conversation ...to state the obvious, it’s
very silencing, it’s shutting you out in some way. But I’m wondering what it would be like
to say something... like... I know there’s background noise here but this is excluding me...

Researcher perspective

Action. The supervisee shares several reflections and makes a tentative suggestion.
Content. The content is around helpful and unhelpful reactions following being muted out
of a conversation and the possibility of the client doing something different in the future,
should this happen again.
Style. The supervisee’s style is open, empathic, motivational and circumlocutory.
Quality. The supervisees transfer has incorporated other learning by remaining future
focused but is laboured in its delivery.

Supervisee perspective (4th BSR interview)

SVE. I was putting something very explicit in there like what about doing something
different ...and... again that was very much informed by ...supervision and the bit of
...getting in there and doing the work instead of holding back for fear that this would be
too much or...it’ll be a mistake or it’ll upset her or it’ll annoy her...
SVE. I was thinking, ok this is our last session, and even if all this question does is plant a
seed, which is something that we talked about in supervision ...at some point in the past.
SVE. ...even if that’s all that happened, out of me asking that question, that it might give
her something to take away. That it might be useful to her at some point, or helpful, or
might prompt her to reflect differently?
SVE. that’s the future focus piece ...but it was in my head this time instead of me saying
it straight out to her.

Note. (T)SVE=Therapist/Supervisee: SVE=Supervisee : C= Client.

3.6.1.13 Transfer of learning event E - immediate effect 3. The client interpreted
the supervisee’s suggestion to ‘speak up’ the next time they are muted out in the video-
conferencing as putting her needs ahead of others. The client reflected that they had difficulty putting their needs ahead of the needs of the group and any attempt to do this would cause the client to become upset (see Table 3.41).

Table 3.41

*Transfer of learning event E - immediate effect 3*

<table>
<thead>
<tr>
<th>Client perspective (3rd BSR interview)</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. ...I know what she’s saying about...... why ...you might say something, or challenge it, ...and ...I feel like I’ve been around all the sides of that option ... and ...that works well for some people but for the most part it doesn’t work well for me. C. ...it’s... quite difficult for me to challenge somebody in that way and it’s particularly difficult for me to say that my need is more important than the needs of the group and so to do that it would have greatly.... upset me....</td>
</tr>
</tbody>
</table>

*Note. C=Client.*

**3.6.1.14 Summary of transfer of learning event E.** There were two parts to the learning event in supervision and in the first part the supervisee learnt there was a value in making mistakes/bad interventions. In the second part, the supervisee gains greater clarity of their hypothesis, that the client is vulnerable when talking about emotions and tries to avoid them. The supervisee is less anxious about making mistakes and is more relaxed going into the next counselling session. During the counselling session, on several occasions the supervisee attempted to engage the client in exploring her emotions. The client recognised the supervisee’s intentions, continued to avoid exploring her emotions and has learnt she needed a more practical form of support. Some of the previous learning events from other supervision sessions emerged more intuitively for the supervisee. These included handing control to the client and getting the client to be future focussed.
3.7 Supervisor and supervisee paired interview

3.7.1 Difference in theoretical orientations. The supervisee and supervisor had different theoretical orientations [see Appendices C and C (i)]. In the paired interview [(see Appendix F(iii) for interview schedule) they were asked how coming from different theoretical orientations impacted on their experience of working together.

SVE. ...I got quite engaged in it (supervisors orientation), but when it was the perspective we were focusing from ...in the work, I found it more, I don’t know confusing or distracting, and then kind of after the first session, then I felt we weren’t so much talking from a specific orientation, as talking about what was going on... for me.

SV. ...I knew (supervisee) was very engaged by it ...I felt trying not to colonise ...its more important to privilege (supervisee’s) theoretical model. So I think after the first session we did become a little bit more cross-theoretical...

The supervisee identified the difference in theoretical perspectives as a benefit.

SVE. you often pick a supervisor who is fairly closely matched, but actually sometimes I think that there is a risk in having somebody who’s too closely matched. Because they won’t challenge you so I think there can be a lot of benefit to having a bit of discrepancy between perspectives.

3.7.2 Scheduling of sessions. In relation to the ratio of supervision to counselling sessions and the proximity of the supervision sessions to the counselling sessions, the supervisee reflected that at times ‘standing back’ from the supervision process was difficult.

SVE. In terms of having a full hour of supervision per hour of the client work, is an intensity of supervision I’ve never had that before ...it’s very different in terms of the depth it creates about how you look at ...a piece of client work, and, ...almost, the level of scrutiny you put on it ... you’re examining it so closely, that just standing back from it ...maybe gets a little bit more difficult.
The supervisor commented that because the analogue supervision session happened the night before the analogue counselling session, this may have been an issue for the supervisee. The supervisee concurred, that leaving supervision with issues still needing to be processed, the supervisee felt less grounded the following morning in the analogue counselling session.

_SV._ I think if there had been a day between it would have allowed you time to put your own shape ...on things, and I think I recognised that quite early...I know we talked about it that we couldn’t, kind of, have too many ideas going on for the next session the next day, your head would be scrambled.

_SVE._ so at times I felt it was fine. Ye know, if I, if I came out of here (supervision venue) having stuff well processed, it was fine. Then potentially might have been helpful. Certainly wasn’t particularly harmful. But if I came out of with stuff not terribly well processed.... Then it definitely impacted on me being grounded and secure, in terms of what I was thinking of doing in the session, or what might happen in the session.

**3.7.3 Impact of the BSR interviews on the counselling process.** The supervisee described how the experience of being interviewed between the analogue counselling sessions, added an extra layer of complexity to their work with the client.

_SVE._ ...for me it added a whole extra layer, and it added to the dynamic going on between me and the client.

**3.7.4 Experience of working in analogue supervision sessions.** The supervisor described observing the supervisee develop their hypothesis over the course of the
analogue supervision sessions. The supervisor also mentioned how she engaged in her own learning during the analogue supervision sessions.

SV. ... you were adding it to your hypothesis ...building it as you went along ...you were taking the parts and kind of integrating it, and you could see that process happening.

SV. ... I learned a good bit as well....getting over the different hurdles in working........looking at how ...the research ...stuff was impacting on how we were working together...so I think it’s ... not just that it was going that way (gestures towards the supervisee). I think there was both kind of going on (gestures towards herself) ... I was taking a good bit away as well ... I was adjusting ... coming in the next week and going at it a different way, or trying a different thing...

The supervisee identified the two main pieces of work during the analogue supervision sessions was the development of her hypothesis and exploring the dynamic between herself and the client.

SVE. ...there were two big things which was exploring the whole hypothesis around what was going on for the client .... and what was happening between me and the client.

SVE. ...the process piece.. I think ...that ...is very hard to catch yourself ... it’s a lot easier to do it with somebody else

The supervisor perceived that what happened in the counselling relationship was mirroring what was happening for the client in relationships outside the counselling sessions. The supervisor’s intention was to raise the awareness of the supervisee to the mirroring and in doing so assist the supervisee feel less restricted in the counselling sessions.

SV. ...what was being constructed between you and the client, was also kind of mirroring what was happening in her own ... relationships ... that ...was impacting on you as a therapist.

SV and my job was ...to try and free you, free you, above that, and to try and un-restrict you in some way.
3.7.5 Experience of working in analogue counselling sessions. The supervisee described how they approached the counselling with the client as if they were a real client. They also commented that there were times when they experienced a conflict between treating the counselling sessions as a place to exhibit transfer of learning and a place to work with the client. The supervisee resolved this conflict by focussing on working with the client as the sessions progressed and by letting go of the feeling that they needed to transfer their learning.

SVE. ... I was certainly coming at it from the perspective of, this is a real person talking about a real issue. And in that respect this is a real therapy relationship. But then there is all this other stuff going on ... there were sessions where I was thinking about, OK how am I going to make sure I transfer learning here? ...I let go of a little bit later on. Kind of halfway through.....

SVE. ...I felt a bit ...conflicted in terms of what role was I fulfilling? Or ...who was my primary responsibility to?

The supervisee commented on the limited number of counselling sessions and felt this was a restriction. The supervisee made the observation that if she had been working with the client outside of the analogue setting she might have finished before the end of the six sessions or alternatively she would still be working with the client.

SVE. ...no matter what I wanted or what the client wanted, it was six sessions

SVE. if we had met outside of this setting, and she had come for therapy, we would have either finished an awful lot sooner than the six sessions, or we would still be working together.
3.8 Results of the Supervisory Working Alliance Inventory and Working Alliance Inventory

3.8.1 Supervisory Working Alliance Inventory. In Study 1 the supervisee and the supervisor completed the relevant forms of the Supervisory Working alliance Inventory Short Form (SWAI-SF) (Efstation, Patton & Kardash, 1990) [see Appendix K (i)] at the end of the first supervision session and at the end of the sixth supervision session. The results of the completed forms (see Table 3.42) indicated that rapport for both supervisee and supervisor increased over the course of the six sessions with little change in client focus.

Table 3.42
Study 1 SWAI short form results

<table>
<thead>
<tr>
<th></th>
<th>1st Supervision session</th>
<th>6th Supervision session</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client Focus</td>
<td>4.0</td>
<td>4.11</td>
</tr>
<tr>
<td>Rapport</td>
<td>4.85</td>
<td>5.71</td>
</tr>
<tr>
<td>Identification</td>
<td>4.14</td>
<td>5.28</td>
</tr>
<tr>
<td>Supervisee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client Focus</td>
<td>5.33</td>
<td>5.33</td>
</tr>
<tr>
<td>Rapport</td>
<td>3.16</td>
<td>5.0</td>
</tr>
</tbody>
</table>

3.8.2 Working Alliance Inventory. In Study 1 the supervisee and the client completed the relevant forms of the Working Alliance Inventory Short Form (WAI – SF) (Horvath & Greenberg, 1989; Tracey & Kokotowitz, 1989) (see Appendix K) at the end of the first supervision session and the sixth supervision session. The results of the completed forms in table 3.43 indicate a reduction in task, bond and goal for the supervisee over the six sessions. There was also a reduction in task and bond for the client over the six sessions with a slight increase in goal.
Table 3.43

*Study 1 WAI Short Form results*

<table>
<thead>
<tr>
<th></th>
<th>1st Counselling session</th>
<th>6th Counselling session</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Supervisee</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Task</td>
<td>17</td>
<td>11</td>
</tr>
<tr>
<td>Bond</td>
<td>20</td>
<td>14</td>
</tr>
<tr>
<td>Goal</td>
<td>14</td>
<td>11</td>
</tr>
<tr>
<td><strong>Client</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Task</td>
<td>21</td>
<td>16</td>
</tr>
<tr>
<td>Bond</td>
<td>25</td>
<td>19</td>
</tr>
<tr>
<td>Goal</td>
<td>15</td>
<td>16</td>
</tr>
</tbody>
</table>

**3.9 Summary of Study 1 results**

The results of Study 1 indicate that there were combinations of factors influencing the supervisee’s attempts to transfer learning from supervision into their therapy practice. In the supervision session, the supervisee had experienced a change in perspective on the client’s presenting issue, resulting in the supervisee feeling more empowered to engage with the client in the counselling session. During supervision, the supervisee reflected on and expanded their hypothesis, which informed interventions the supervisee delivered in the counselling sessions.

In supervision, the supervisor facilitated the supervisee to reframe interventions the supervisee perceived as mistakes. The supervisee also gained insight into their therapy practice and received encouragement and support from the supervisor allowing the supervisee to feel more grounded in the analogue counselling sessions. The supervisee felt less restrained and became more determined to engage with the client in analogue counselling session. The results of the WAI (Horvath & Greenberg, 1989; Tracey & Kokotowitz, 1989) and the SWAI (Efstation, Patton & Kardash, 1990) indicated that the Supervisory Working Alliance remained consistent throughout the six sessions while the Working Alliance weakened over the course of the six analogue counselling sessions.
In the interview with the supervisor and supervisee (Houssart & Evens, 2011; Wilson, Onwuegbuzie & Manning, 2016), the supervisee and the supervisor described that while each had different theoretical orientations, they both tended to work cross theoretically during the analogue supervision sessions. The supervisee experienced the ratio of one to one analogue counselling and supervision sessions as intense, resulting in a difficulty in standing back from the work with the client. The supervisee and supervisor reflected on how the short period between the analogue supervision and counselling sessions did not allow the supervisee to process some issues raised in supervision. This resulted in the supervisee feeling less grounded in the counselling sessions. Over the course of the analogue supervision and counselling sessions’ the supervisee worked on developing their hypothesis in relation to the client’s issue and exploring the dynamic between themselves and the client. During the analogue counselling sessions, while not instructed to, the supervisee occasionally experienced a conflict between a responsibility to transfer learning and meeting the needs of the client. The supervisee also commented that the time limit of six sessions restricted what was achievable in counselling and without this limit they may have continued the sessions for longer or alternatively ended them sooner.

3.10 Study 2 results

A cross-case analysis of the data in Study 2 informed by Comprehensive Process Analysis (CPA) method (Elliott, 1989) and “generic methodological practices” (Elliott & Timulak, 2005, p.154) was completed. A start list (Miles & Huberman, 1994) of domains derived from the Study 2 semi-structured interview schedule identified; context; process; effects domains. These domains reflected the CPA structure of analysis in Study 1. Placed in a temporal sequence, the context domain preceded the process domain, which preceded
the effects domain (Elliott & Timulak, 2005). Within each of these domains were main categories comprised of sub-categories, this structure is identified in table 3.44. The representative samples of sub-categories are scored out 12.

Table 3.44

<table>
<thead>
<tr>
<th>Context Domain</th>
<th>Process Domain</th>
<th>Effects Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main categories</td>
<td>Main categories</td>
<td>Main categories</td>
</tr>
<tr>
<td>Sub categories</td>
<td>Sub-categories</td>
<td>Sub-categories</td>
</tr>
</tbody>
</table>

3.10.1 Study 2 Context domain and categories. The context domain, main categories, sub-categories and samples of meaning units of transfer of learning events in Study 2 are identified in Table 3.45.

3.10.1.1 Lack of therapeutic progress. The supervisee learning event in supervision, stemmed from their experience of feeling ‘stuck’ in the counselling session. In supervision the supervisees described general negative emotions associated with feeling ‘stuck’. These experiences were categorised as lack of therapeutic progress, the first main category of the context domain. The sub-categories grouped under the lack of progress category included supervisees feeling frustrated (5/12) with themselves as well as with their client. Supervisees also felt ineffective (3/12) as therapeutic interventions with their clients had been unsuccessful. Supervisees also reported dreading (3/12) the counselling sessions with their client because of the general lack of progress. Some supervisees felt pressure and tension (3/12) in the counselling sessions, which hampered therapeutic progress. Several supervisees identified the lack of progress in the counselling
session because of their reluctance (3/12) and lack of motivation to apply learning from their supervision sessions.

3.10.1.2 Supervisee learning in supervision. The second main category in the context domain was the supervisee learning in supervision category, which involved supervisors initially providing supervisees with different perspectives (4/12) on their experience of working with the client. Supervisees who were engaged in group supervision experienced a wide variety of perspectives provided by fellow supervisees as being very useful. In the supervisee learning in supervision category, supervisees also described how they engaged in reflective observation (5/12) during supervision. This allowed some supervisees the opportunity to examine their role in maintaining a negative therapeutic dynamic with their client. Other supervisees benefited from the concrete experience (6/12) of learning a new technique or skill in supervision.

3.10.1.3 Supervisee feeling supported in supervision. The third main category in the context domain, the supervisee feeling supported in supervision category, included the sub-category of the supervisee feeling reassured (8/12) in supervision, which enhanced the confidence of some supervisees. Supervisees also felt positive when the supervisor normalised (6/12) their negative experiences with the client. Within the supervisee feeling supported category, supervisees also described feeling encouraged and empowered (4/12) in supervision, which helped supervisees process difficult emotions in supervision and counselling. Supervisees also experienced reassurance, normalisation and encouragement resulting in supervisees feeling a sense of relief (4/12) following their learning in the supervision session. The experience of relief for some supervisees resulted in them feeling more relaxed and beginning to perceive the client differently.
3.10.1.4 *Supervisee feeling motivated in supervision*. The fourth main category in the context domain was *supervisee feeling motivated in supervision*, and included supervisees *feeling excited (3/12)* about re-engaging in the counselling process with their client. Supervisees also described *goal setting (8/12)* for their next counselling session, which involved planning interventions and strategies to use with their clients.
Table 3.45

*Study 2 cross-case analysis context domain and categories*

<table>
<thead>
<tr>
<th>Domain</th>
<th>Main category</th>
<th>Sub-category</th>
<th>Sample of meaning unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of therapeutic progress</td>
<td>SVE Frustration</td>
<td>SVE9 “I went to supervision feeling very frustrated”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SVE feeling tension/pressure</td>
<td>SVE12 “I felt a lot of pressure from her (client) ‘to do’ in (counselling) sessions”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SVE feeling dread</td>
<td>SVE6 “I began in.. a way to dread the (counselling) session”</td>
<td></td>
</tr>
<tr>
<td>Context</td>
<td>SVE feeling ineffective</td>
<td>SVE12 “I’m so uptight and she’s uptight and we’re not getting anywhere”</td>
<td></td>
</tr>
<tr>
<td>Supervisee learning in supervision</td>
<td>SVE Reluctance</td>
<td>SVE3 “I was resistant to letting go of old facilitation style”</td>
<td></td>
</tr>
<tr>
<td>Reflective observation</td>
<td>SVE experience of different perspectives</td>
<td>SVE2 “It’s great to get a different perspective, and helicopter view”</td>
<td></td>
</tr>
<tr>
<td>Concrete experience</td>
<td>SVE2 “it is a trait in me that I’m not challenging enough at times”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervisee feeling supported in supervision</td>
<td>SVE Reassured</td>
<td>SVE8 “there is something about being told, ‘you’re ok with it”</td>
<td></td>
</tr>
<tr>
<td>Normalisation</td>
<td>SVE1 “I did make a mistake, but it’s almost not a waste when I can use it”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervisee feeling motivated in supervision</td>
<td>SVE feeling encouraged &amp; empowered</td>
<td>SVE4 “the supervision was encouraging me to try and let go”</td>
<td></td>
</tr>
<tr>
<td>SVE Relieved</td>
<td>SVE9 “I felt this terrible relief, it was ridiculously huge”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SVE feeling excited</td>
<td>SVE1 “I came out of the session really excited to see him (client)”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SVE goal setting</td>
<td>SVE8 “my goal is to ...support ...it isn’t to rescue”.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note.* SVE = Supervisee
3.10.2 Study 2 Process domain and categories. Table 3.46 presents the process domain, main categories, sub-categories and sample of meaning units. Having returned to the counselling session following their positive learning experiences and renewed motivation, supervisees described having a different perception and experience of the client and the counselling process.

3.10.2.1 Supervisee reappraisal of work with client. The first main category in the process domain is supervisee reappraisal of work with client and denotes how some supervisees perceived the client differently (3/12) in the counselling session following learning events in supervision. In this sub-category, two supervisees assumed that the client had already had an insight since their last counselling session, which resulted in the supervisees having a different perception of the client. Another supervisee speculated that because they had a positive experience in supervision, the client became aware of this, possibly through the supervisees body language. As a consequence the client became more relaxed and consequently the supervisee perceived the client more positively. In the sub-category finding a fit (3/12), supervisees identified other clients in other counselling sessions which were a good match for the supervisee’s transfer of learning from supervision.

3.10.2.2 Supervisee active experimentation in work with client. The second main category in the process domain supervisee active experimentation in work with client contained the sub-category of the supervisee feeling grounded when transferring their learning (5/12) into counselling sessions with clients. In the sub-category application (5/12), supervisees described directly applying their learning from supervision into their counselling session. This involved some supervisees explicitly raising an issue or
applying a strategy learnt in supervision. Some supervisees described attempts to apply learning from supervision requiring improvisation (5/12). This required supervisees tailoring interventions planned in supervision, to meet the needs of the client in the counselling session.

Table 3.46

*Study 2 cross-case analysis of process domain and categories*

<table>
<thead>
<tr>
<th>Domain</th>
<th>Main categories</th>
<th>Sub-categories</th>
<th>Sample of meaning units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Process</td>
<td>Supervisee reappraisal of work with client</td>
<td>SVE Perceiving client differently</td>
<td>SVE9 “and it’s almost like there was a shift from his position as well...he was much more relaxed...he wasn’t so defensive”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SVE Finding a fit in practice</td>
<td>SVE7 “some clients it’s more difficult to go with it, this client was an ideal candidate”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SVE Feeling grounded</td>
<td>SVE6 “I found it easier to sit there”</td>
</tr>
<tr>
<td></td>
<td>Supervisee active experimentation in work with client</td>
<td>Application</td>
<td>SVE2 “so I stood up and I said if that was me this is what I would do, and started (role playing) getting annoyed with my therapist”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Improvisation</td>
<td>SVE6 “the transfer to the session was different to what the supervisor suggested ...cos he (client) wasn’t ready ...I had to meet him where he was”</td>
</tr>
</tbody>
</table>

*Note.* SVE=Supervisee

3.10.3 Study 2 Effects domain and categories. The supervisee transfer of learning had an effect on various aspects of the counselling process, including the clients
learning, the counselling sessions and the supervisee/therapist practice. Table 3.47 presents the main categories and sub-categories of the effects domain.

3.10.3.1 **Positive impact on the client.** In this category, some supervisees perceived that the transfer of learning resulted in *clients’ awareness raised* (7/12) of pertinent issues in the counselling session. Supervisees also reported that *client insight* (7/12) into issues identified in the counselling session, impacted on other relationships outside of counselling and in other areas of the client’s lives.

3.10.3.2 **Positive impact on counselling.** Supervisees reported how transfer of learning *impacted on the direction of the session* (8/12) and on subsequent counselling sessions with the client. Some supervisees also reported that learning transferred into a particular counselling sessions had resulted in a positive *impact on their practice* (5/12).

Table 3.47

*Study 2 cross-case analysis effects domain and categories*

<table>
<thead>
<tr>
<th>Domain</th>
<th>Main Categories</th>
<th>Sub-categories</th>
<th>Sample of meaning units</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Positive impact on client</td>
<td>Client awareness raised</td>
<td><em>SVE1 “he goes ...yeah well I was a bit frustrated alright”.</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Client insight</td>
<td><em>SVE9 ‘he was ‘oh gosh ...that’s actually spot on’, because I was loosened up and he was loosened up ...we were able to find the really important pieces that were underlying the problems”.</em></td>
</tr>
<tr>
<td></td>
<td>Positive impact on counselling</td>
<td>Impact on direction of the session</td>
<td><em>SVE3 “it transformed subsequent sessions”.</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Impact on practice</td>
<td><em>SVE6 “I actually thought this is really novel and it got me thinking that maybe I can use this for other clients”.</em></td>
</tr>
</tbody>
</table>

*Note. SVE = Supervisee*
3.11 Summary of Study 2 results

The results of Study 2 identified how supervisee transfer of learning events followed a sequence. The sequence of events began with supervisees experiencing a lack of therapeutic progress in the counselling session with their client which the supervisees bring to supervision. Facilitated by the supervisor in supervision the supervisees experience was normalised, resulting in the supervisee feeling reassured and relieved. This change in attitude along with the acquisition of knowledge and the opportunity to practice a skill in supervision resulted in supervisees feeling more motivated to re-engage in their work with clients.

Upon returning to the counselling setting and before introducing learning from supervision, some supervisees perceived their clients as already having made progress. Other supervisees described the importance of finding a fit when applying their learning with their clients. Supervisees also reported feeling more balanced and grounded during the counselling session following their learning in supervision. The application of supervisee learning depended on the receptivity of the client, the context of counselling and at times required supervisees to improvise their interventions.

Supervisees perceived a positive impact of transfer of learning was to raise the client’s awareness of issues. The client learned something about themselves as a result of an insight and the client then made connections with other events outside of the counselling setting. Supervisee transfer of learning affected the direction of the session and had a positive impact on the counselling sessions. Some supervisees reported integrating the transfer of learning into their therapy practice.
Chapter Four: Discussion

4.1 Introduction

The key factors of supervisee transfer of learning in Study 1 are identified using the findings from the transfer of learning events A to E. The scores of the Working Alliance Inventory (WAI) (Horvath & Greenberg, 1989; Tracey & Kokotowitz, 1989), Supervisory Working Alliance Inventory (SWAI) (Efstation, Patton & Kardash, 1990) and relevant findings from an interview involving both the supervisee and supervisor (Houssart & Evans, 2011), are also used to identify how the supervisee transfers learning into their therapy practice.

In Section 4.3 the discussion examines the main findings of Study 2 in relation to supervisee transfer of learning. To build a conceptual bridge between the two studies (Bordin, 1965, 1983) the common themes in Study 1 and Study 2 are identified. Research implications for supervisees, supervisors, training providers and future research are proposed. This is followed by a discussion on the methodological strengths and limitations of the research, an outline of my reflexive research journey and conclusions of the research study.

4.2 Study 1

4.2.1 Summary of findings.

Supervisee learning in the analogue supervision sessions is an integral part of supervisee’s transfer of learning. This supervisee learning initially stems from the supervisee’s experiences in the analogue counselling sessions. Learning for the supervisee in supervision involves the interplay of supervisee’s thoughts, feelings, actions and motivations, indicating that supervisee learning in supervision can be conceptualised as a
process (Jonassen, 1991). The strength and quality of the supervisory working alliance is a key factor in the facilitation of the supervisee’s learning in supervision (Johnston & Milne, 2012). The supervisee transfer of learning into the analogue counselling sessions can also be conceptualised as a process which involves the interaction of the following factors; the timing of supervision; the supervisee’s level of motivation to transfer learning; the strength of the working alliance in therapy; the perceived possibilities for transfer in the counselling session; the supervisee’s ability to generalise learning from supervision into counselling; the supervisee’s ability to improvise their learning during the counselling sessions.

4.2.2 Learning in supervision.

4.2.2.1 Learning events in supervision. As indicated, supervisee learning in supervision arose from the supervisee experiences in counselling. In supervision the supervisee’s learning of knowledge, skills and attitudes involved the ‘interplay’ of the supervisee’s thoughts, feelings and actions. This interplay of various elements is reflected in various theoretical frameworks which include the experiential learning cycle (Kolb, 1984), which is endorsed in Milne et al.’s (2008) ‘best evidence synthesis’ (BES) model of supervision. In the experiential learning cycle the various elements involved in the interplay are identified as; concrete experience; reflective observation; abstract conceptualisation and active experimentation. In Lazarus’s (1991) cognitive-motivational-relational theory of emotion, this interplay is reflected in the cognitive appraisal of an event which influences an emotional response. The interplay between thinking, feeling and action is also highlighted in Tiemann and Markle’s (1973, 1990) three-dimensional model of learning, where affective learning happens simultaneously with cognitive and psychomotor learning. Straka (2009) suggests that “information,
action, motivation and emotion come into being only by interplay, generating one another” (p. 134).

Evidence of the interplay of supervisee thoughts, feelings and actions is found in the learning event in the second analogue supervision session, which began when the supervisee reflected on a different perspective on the client’s presenting issue. This cognitive reappraisal of the client’s issue expanded the supervisee’s hypothesis, a form of abstract conceptualisation (Kolb, 1984), resulting in the supervisee feeling more empowered. Empowerment is a process which “assists individuals to gain mastery over their affairs” (Rappaport, 1987, p.122) and facilitates intrinsic motivation (Gagné, Senecal & Koestner, 1997). Part of this particular learning event involved the supervisee deciding to intentionally work from their expanded hypothesis in the next analogue counselling session. This is an example of goal-setting which is part of the supervisory process (Bambling et al., 2006; Milne et al., 2003; Milne, 2007; Milne et al., 2008; Schoenwald, Sheidow & Chapman, 2009; Triantafillou, 1997) and a motivational mechanism which mediates transfer (Pugh & Bergin, 2006; Wexley & Baldwin, 1986).

The interplay of supervisee thoughts, feelings and actions is again in evidence in the learning event in the third analogue supervision session when the supervisee presents as feeling tentative and uncomfortable which stems from their experience in the previous counselling session. The supervisor suggests a reason the supervisee was feeling tentative was that the client was attempting to control the direction of the counselling session. The supervisee reflects on this different perspective, further develops their hypothesis, and feels more relaxed. The supervisee’s experience could be interpreted as a “cathartic release” (Kadushin & Harkness, 2014, p.192) which helps the supervisee set the goal of regaining confidence in their therapeutic approach. The supervisee also sets themselves a goal of using their awareness of handing control of the session to the client. During the
learning event the supervisor also suggests the supervisee is attentive to the client’s attempts at controlling the direction of the session as an opportunity to hand control to the client. These opportunities could be interpreted as utility perceptions, situational cues or affordances (Gibson, 1977, 1979; Tessmer & Richey, 1997) which are all possibilities for action or active experimentation (Kolb, 1984; Kolb & Kolb, 2005) in the counselling environment.

Similarly, during the supervisee’s learning event in the fourth analogue supervision session, the supervisee presents feeling under pressure to make progress with the client. The supervisor suggests that the client is more of a browser or visitor rather than a customer for therapy (Berg & Miller, 1992). As a result, the supervisor suggests the supervisee facilitates the client to focus on future counselling. Following this observation and suggestion the supervisee described feeling relieved (Lazarus, 1991; Mager, 1997; Straka, 2009; Tiemann & Markle, 1973) and is motivated to have the client become more future-focused.

In the learning event in the fifth analogue supervision session, the supervisee described how they made a mistake in the previous analogue counselling session. The supervisor reframed the supervisee mistakes in the counselling session as being useful in eliciting something unexpected from the client. This different perspective on mistakes results in supervisee feeling excited and in their BSR interview they comment that this different perspective could transform how they work in therapy in general. This change in perspective has increased the supervisee’s motivation to engage more therapeutically with the client. The supervisee also reported feeling more grounded going into the next counselling session. This is another example of the interplay of thoughts, feelings and actions during supervisee learning (Kolb, 1984).
One means of interpreting the supervisee redefinition of mistakes is in terms of transformative learning theory (Mezirow, 1991). Informed by this theory, mistakes made in the analogue counselling session can initially be viewed as “disorienting dilemmas” (Mezirow, 1991, p. 13). A different perspective is offered by the supervisor and adopted by the supervisee whose perspective on their mistake/disorienting dilemma is transformed (Mezirow, 1991). As a result of this new perspective the supervisee has more confidence in their therapeutic ability. The supervisee is now planning to be more spontaneous in the next counselling session and less afraid of making mistakes.

4.2.2.2 Supervisory working alliance. Over the course of the supervision sessions, the supervisory working alliance gained in strength and played a key role in facilitating supervisee learning in supervision (Johnston & Milne, 2012). This was in part due to the supervisor and supervisee’s attainment of various supervisory goals associated with the supervisory alliance (Bordin, 1983). These goals included “enlarging one’s understanding of the client” (Bordin, 1983, p. 37) which was achieved through the steady expansion of supervisee’s hypothesis on the client’s presenting issue. Another supervisory goal “enlarging one’s awareness of process issues” (p.37), came about when the supervisee became aware that the client was potentially controlling the direction of the sessions. An example of the supervision goal of “deepening one’s understanding of concepts and theory” (Bordin, 1983, p.37), involves the supervisee differentiating between a client who is a visitor, browser or customer (Berg & Miller, 1992).

Tasks associated with the supervisory working alliance were also in evidence when the supervisor gives the supervisee feedback and offers “response alternatives” with the aim of “expanding the supervisee’s repertoire” (Bordin, 1983, p. 38). These response alternatives included suggesting the supervisee use the power dynamic in the therapeutic
relationship by handing control to the client in the third analogue supervision session. Another alternative response offered to the supervisee was in the fourth supervision session, when the supervisor suggested the supervisee encouraged the client to focus on potential future counselling.

The bond, which is the third element of Bordin’s supervisory working alliance, pertains to the supervisor and supervisee trusting, respecting, liking and caring for one another (Bordin, 1983). A strong bond was evident in the supervisee and supervisor’s positive interactions during the analogue supervision sessions and was supported by the scores for the SWAI (Estation, Patton, & Kardash, 1990), which indicated that the supervisory working alliance improved over the course of the supervision sessions (see Table 3.41).

A supervision contract (see Appendix L) was also established between the supervisor and supervisee in Study 1, which can strengthen the supervisory working alliance by setting goals in supervision and naming supervisee and supervisor expectations for supervision (Milne, 2007; Norcross & Halgin, 1997). Supervision contracts, also referred to as learning agreements (Creaner, 2014), may have contributed to the facilitation of the various positive learning experiences for the supervisee in the analogue supervision sessions.

4.2.3 Factors influencing supervisee transfer of learning.

4.2.3.1 Timing of supervision. In the paired interview with the supervisee and supervisor (Houssart & Evens, 2011), the supervisee indicated there were occasions when she felt that not enough time had elapsed between the analogue supervision and counselling sessions to allow her to process and integrate some of her learning from supervision. Not having time to integrate and process learning in supervision could have
contributed to the supervisee’s lack of success in transferring techniques in transfer of learning event C and D. In these two examples the factual or conceptual knowledge of handing control to the client and being future focused was acquired relatively suddenly (Ryle, 1949). However, to use these techniques required procedural knowledge or know-how, which is acquired more gradually (Anderson et al., 2001; Eraut, 2000; Ryle, 1949). The supervisee also described feeling less grounded and more anxious in the supervision session which preceded the transfer of learning event D and anxiety can negatively impact transfer of learning (Brand, Reimer & Opwis, 2007; Tohill & Holyoak, 2000).

In transfer of learning event D handing control of the direction of the session to the client and having the client become more future-focused in transfer of learning event E, is delivered more intuitively by the supervisee. This is an indication that the supervisee had possibly acquired procedural knowledge of these interventions over the duration of the sessions. In their original attempts to transfer learning the supervisee might also have focused more on performance-approach goals and not mastery-approach goals. Performance-approach goals are less reliable for the transfer of conceptual learning in comparison to mastery-approach goals (Belenky & Nokes, 2012). In this current research study, there is some evidence supporting the claim, that supervision sessions a day before the counselling session have a greater focus on conceptual material taught by the supervisor (Couchon & Bernard, 1984)

4.2.3.2 Supervisee motivation. There are several examples of the supervisee’s motivation to transfer their learning from supervision into the counselling sessions. During the transfer of learning event C the supervisee’s motivation is in evidence in her perseverance (Pugh & Bergin, 2006) to hand control of the session to the client. In transfer of learning event E, supervisee motivation is again in evidence when she persists
(Pugh & Bergin, 2006) with several attempts to engage the client in the therapeutic process. Over the course of the supervision and counselling sessions the supervisee’s disposition (Bereiter, 1997), in general, was towards transferring their learning. This is a reflection of her stage of development, (i.e. beginner/intermediate) which is associated with high levels of motivation (Stoltenberg & McNeill, 1997).

4.2.3.3 Working alliance in the therapeutic relationship. A major factor influencing the supervisee’s lack of success in transfer of learning into the counselling context, in terms of the classic definition of transfer (Perkins & Salomon, 2012), may have been due to the weakness of the therapeutic working alliance with the client. As mentioned, the therapeutic working alliance is made up of the bond, task and goals (Bordin, 1979, 1983) and the impact each of these elements had on the supervisee’s attempts to transfer are discussed in the next sections.

4.2.3.3.1 Bond. Early in the third analogue counselling session, the client described experiencing a lack of trust following the supervisee’s self-disclosure that the supervisee may have been known to the client in another context. Subsequently, the client questioned whether they could discuss their feelings in the counselling sessions and this appeared to have a negative impact on the bond in the therapeutic working alliance (Bordin, 1983). Following the fourth analogue counselling session in her BSR interview, the supervisee described feeling criticised, undermined, professionally questioned by the client, which resulted in the supervisee becoming defensive and this could also have negatively impacted the bond in the working alliance. In her BSR interview, the client reported feeling irritated and put under pressure by the supervisee, this is another indication the bond in the working alliance was weakened. In their respective BSR
interviews following the fourth analogue counselling session, both the supervisee and client also described feeling disconnected from one another. These are indicators that there was a weakness in the bond and the mutual feeling of being disconnected could be considered the beginning of a rupture in the therapeutic working alliance (Safran, 1993).

4.2.3.3 2. Goals. The lack of success of supervisee transfer of learning, in terms of the classic definition of transfer (Perkins & Salomon, 2012), could also be due to supervisee and client’s lack of mutual agreement on therapeutic goals. The lack of agreement on goals is in evidence in transfer of learning event A, when the client indicated in their BSR interview that their goal was to avoid talking about how her needs are not prioritised. Conversely, in her BSR interview the supervisee described her goal was to explore this issue, resulting in a mismatch and lack of mutual agreement on therapy goals. Similarly, in the transfer of learning event C in the fourth analogue counselling session, there are several indicators that the client and supervisee lacked mutual agreement on therapy goals. Initially, the comments made by the client regarding the usefulness of sitting with uncomfortable feelings indicates the client is reluctant to engage in the counselling process and highlights the importance of factors such as client motivation and client ‘readiness’ for counselling. This was in direct contrast with the supervisee whose goal is to engage therapeutically with the client. During transfer of learning event D in the fifth analogue counselling session, the client stated they had no particular goals for therapy and described how they would rather stay safe than take risks in the counselling sessions. The supervisee rather than acknowledging this, suggested a goal to the client of focusing on future counselling. In the BSR interview that followed, the supervisee commented that during this intervention they felt anxious and anxiety can
have a negative impact on an individual’s ability to transfer learning (Brand, Reimer & Opwis, 2007; Tohill & Holyoak, 2000).

4.2.3.3 Tasks. A task in the analogue counselling session informed by a goal of supervision was the handing of control back to client in transfer of learning event C. Possibly due to the weakness of the bond, absence of mutually agreed therapy goals and lack of procedural knowledge, this task was delivered in a dismissive and challenging manner by the supervisee and consequently further weakened the bond. The task linked to the supervisory goal of being future focused in the transfer of learning event D was not linked to any mutually agreed goal in counselling and was also experienced as a challenge by the client. The supervisee’s poor enactment of this task may have also weakened the bond. The lack of a strong therapeutic working alliance is reflected in the client’s comment in their BSR interview that they felt lack of attunement with the supervisee during the transfer of learning event D. Scores from the WAI (Horvath & Greenberg, 1989; Tracey & Kokotowitz, 1989) support the assumption that the therapeutic working alliance weakened over the course of the six sessions (see Table 3.42).

4.2.3.4 Possibilities for transfer in the counselling setting. Other factors influencing supervisee transfer of learning include supervisee’s perception of possibilities for transfer in the counselling sessions. These possibilities can be interpreted as perceptual cues (Simpson, 1972); situational cues and utility perceptions (Tessmer & Richey, 1997); affordances and constraints (i.e. the latent possibilities for action in the environment/counselling context) (Gibson, 1979; Greeno, 1994). An example of a cue, utility perception or affordance for the supervisee to transfer her learning is found in transfer of learning event A in the third analogue counselling session. During this session,
the supervisee attempted to introduce their expanded hypothesis that the client played a role in maintaining the dynamic of not getting her needs met. This was done only after the client commented that they sometimes put the needs of others ahead of her own. The supervisee associated this comment with her expanded hypothesis. It could also be conceived that the client’s comment had created environmental favourability (Noe, 1986; Tessmer & Richey, 1997) for the introduction of the supervisee’s expanded hypothesis.

In the fourth analogue counselling session transfer of learning event B, following the supervisor’s suggestion that the supervisee attend to when the client might be controlling the direction of the session, the supervisee-participant reported feeling a tension in their stomach. The supervisee interpreted this feeling of tension as the client’s attempt at controlling the direction of the session. This could be conceived as a cue (Simpson, 1972; Tessmer & Richey, 1997) or affordance (Gibson, 1977) by the supervisee to activate their plan to become more engaged therapeutically with the client. It could be argued that a general constraint (Gibson, 1979; Greeno, 1994) and lack of environmental favourability (Noe, 1986; Tessmer & Richey, 1997) for the supervisee to transfer their learning, was the weakness of the therapeutic working alliance (Bordin, 1979, 1983).

4.2.3.5 Supervisee ability to generalise learning. As a means of transferring learning, the supervisee generalised their hypothesis of the client’s presenting issue from the context of supervision into the counselling context. An example of this generalising is in the transfer of learning event A, when the supervisee described reflecting on the different perspective of the client’s presenting issue. The supervisee generalising her hypothesis could also be interpreted as high-road transfer, which involves an individual’s deliberate reflective processing in the transfer context (Perkins & Salomon, 2012).
Similarly, during transfer of learning event B the supervisee’s generalisation of her hypothesis is also apparent when she interprets her feelings of tension as evidence that the client is attempting to control the session. As well as a cue or affordance (Gibson, 1977; Simpson, 1972; Tessmer & Richey, 1997) the feeling of tension could also be interpreted as a helpful link (Perkins & Salomon, 2012) to the supervisee’s hypothesis which was developed in supervision and now generalised into the counselling session. Furthermore, during the supervisee’s learning event in the fifth analogue supervision session, they described setting a goal of being less restrained and less anxious in the next analogue counselling session. Subsequently, in transfer of learning event E, the supervisee describes feeling more engaged and less restrained. This is an indication that the supervisee, having transitioned across the boundary between supervision and counselling, has generalised her attitude of being more engaged and less restrained. The consequential impact of the supervisee’s generalised attitude in counselling is that the client appreciates the supervisee taking an interest and finds the supervisee’s attempts to clarify her issues helpful (Beach, 1999).

**4.2.3.6 Supervisee ability to improvise learning.** During several transfer of learning events in the analogue counselling sessions the supervisee was required to improvise their learning. The practice of improvisation is linked to supervisee reflecting-in-action and ‘thinking on their feet’ (Schön, 1983) and is associated with active experimentation (Kolb, 1984). An example of supervisee improvisation of learning is in transfer of learning event B in the fourth analogue counselling session. In their BSR interview on event B, the supervisee described that having reflected-in-action to have more trust in her abilities she decided to ‘take the brakes off in the moment’ just as she engaged more therapeutically with the client.
Another example of supervisee improvisation is found in the transfer of learning event D in the fifth analogue counselling session when the supervisee realises their attempt to have the client focus on future counselling is incongruent with the client’s goals. In that moment the supervisee spontaneously ‘let’s go’ (Bransford & Schwartz, 1999) of trying to be future focused and ‘meets the client where they are at’. In the subsequent fifth analogue supervision session, the supervisee makes the decision to be more spontaneous in the next analogue counselling session and spontaneity is associated with therapist improvisation in counselling (Farley, 2016). During the sixth analogue counselling session in transfer of learning event E supervisee spontaneity and improvisation are again in evidence, when the supervisee creates an imaginary scenario to help the client identify what is underlying the client’s emotional triggers. In their BSR interview the supervisee described that during this part of the transfer of learning event E, while they had difficulty picking their words they recalled the supervisor’s advice to ‘keep going even if you fumble’. This is an indication that the supervisee was reflecting-in-action which is associated with improvisation (Schön, 1983). Improvisation is also identified as a meta-counselling skill, with the potential of fostering attunement to the client (Farley, 2016,). The supervisee improvisation during transfer of learning event D could be interpreted as an attempt at fostering attunement with the client from whom the supervisee felt disconnected. Their attempts at reconnecting and fostering attunement with the client could be conceived as an attempt to repair a rupture in the therapeutic working alliance (Safran, 1993).

4.2.4 Overview of findings. Supervisee learning in supervision stems from supervisee experiences in the counselling sessions which are reflected on and transformed in the supervision session (Kolb, 1984). A strong supervisory working alliance is an
essential element in facilitating supervisee learning in supervision (Bordin, 1983; Efstation, Patton, & Kardash, 1990; Johnston & Milne, 2012; Patton & Kivlighan, 1997).

The factors influencing supervisee transfer of learning in these counselling sessions include the timing of the supervision sessions and supervisee motivation to transfer their learning. Other factors informing supervisee transfer of learning include the strength of the therapeutic working alliance and the possibilities for transfer in the counselling sessions. The supervisee’s ability to generalise their learning and improvise their learning in counselling also play a role in supervisee transfer of learning.

While the supervisee learning process in supervision is more explicit, intentional and deliberate, the supervisee is also involved in a learning process in the counselling sessions which is improvised, implicit, accidental and incidental (Eraut, 2000; Schön, 1991; Reber, 1993) (Schön, 1991; Straka, 2009). The supervisee is transferring learning from supervision into counselling and is also transferring improvised learning from counselling into supervision. The transfer of supervisee learning from counselling into supervision again seems to be influenced by the supervisee’s motivation, generalisation of thoughts and feelings and in this instance, the supervisory working alliance (Bereiter, 1997; Patton & Kivlighan, 1997; Perkins & Salomon, 2012; Stoltenberg & McNeill, 1997). In both the supervision and counselling settings the supervisee learning process involves the construction, reorganisation and transformation of learning (Hager & Hodkinson, 2009; Lobato & Siebert, 2002; Lobato, 2006; Perkins & Salomon, 2012; Robertson, 2001)

4.3 Study 2

4.3.1 Summary of findings. Learning for supervisees in supervision in Study 2 stems from the supervisees experiencing a lack of therapeutic progress in the counselling
session with their clients. Because of this lack of progress, supervisees are feeling frustrated, under pressure, ineffective. These negative emotions have been generalised from counselling sessions into the supervision session (Beach, 1999). Supervisee learning in supervision involves supervisees experiencing different perspectives, engaging in reflective observation, abstract conceptualisation and concrete experiences of techniques (Kolb, 1984). In supervision, supervisees also experience feeling supported, encouraged and relieved. Supervisees also describe feeling motivated, engaging in goal-setting in supervision and excited about returning to the counselling setting. These experiences reflect the interplay of thoughts, feelings and actions in the supervisees learning of knowledge, skills and attitude (Anderson et al., 2001; Kolb, 1984; Krathwohl, Bloom, & Masia, 1964; Lazarus, 1991; Simpson, 1972). On their return to working with their clients, supervisees perceive their clients differently and engage in assessing clients’ receptiveness to supervisee transfer of learning. In the counselling sessions supervisees reported feeling grounded, and engage in active experimentation (Kolb, 1984) and improvisation of their learning in the session (Schön, 1991). Supervisees also perceived that their transfer of learning had a positive impact on the client. This involved raising the client’s awareness of issues in counselling and clients learning about themselves and experiencing insights (Hubble, Duncan, Miller, & Wampold, 2010; Rogers, 1983; Rose, Lowenthal & Greenwood, 2005). The supervisees also perceived that their transfer of learning had a positive impact on the direction of the counselling session and supervisees counselling practice in general.

4.3.2 Learning in supervision. Participants initially presented in supervision feeling uncertain, frustrated and ineffective due to the lack of therapeutic progress in counselling. This is followed by a learning experience resulting in supervisees feeling
relieved, excited and motivated. The change in the supervisees attitude during the learning event in supervision is reflected in Worthen and McNeill’s (1996) outcomes of good supervision phase, where supervisees feel excited and positively anticipate “re-engaging in the struggle with the client” (p. 28). The acquisition of different perspectives by participants in Study 2 (Worthen & McNeill, 1996) could be the result of supervisee reflective observation and abstract conceptualisations in supervision (Kolb, 1984, 1993). The supervisee's experience of relief indicates a reduction in anxiety and consequently a potential increased capacity to engage in more global cognitive processing of issues they presented in supervision (McConnell & Eva, 2012).

In Study 2, some supervisees’ concrete experience of using techniques involved the rehearsal of these techniques in supervision. This increased supervisees’ confidence and motivation to actively experiment with these techniques in the counselling sessions (Kolb, 1984, 1993; Kolb & Kolb, 2005; Lazarus, 1991). Supervisee learning events in supervision could also be understood as catalytic experiences designed to promote change in supervision and to get things moving for the supervisee (Loganbil, Hardy & Delworth, 1982). During the learning events, supervisees also reported feeling encouraged by their supervisor, and encouragement of supervisees fosters effective learning (Watkins & Scaturo, 2013). Encouragement is also a component of Worthen and McNeill’s (1996) good supervisory experience phase allowing supervisees to “explore and experiment” in supervision and counselling (p.29). In providing encouragement and reassurance to supervisees, the supervisors are also providing an opportunity for “cathartic release” which frees up the supervisee to trust their therapeutic abilities in the counselling session (Kadushin & Harkness, 2014, p.192).

Towards the end of their learning events in supervision, many supervisees perceive their learning as relevant and useful for their practice (Axtell, Maitlis & Yearta,
1997; Knowles, 1984; Tough, 1979) and engage in goal-setting, identified as an important process in supervision (Bambling et al., 2006; Milne et al., 2003; Milne, 2007; Milne et al., 2008; Schoenwald, Sheidow & Chapman, 2009; Triantafillou, 1997) and the transfer of learning (Pugh & Bergin, 2006; Wexley & Baldwin, 1986). The supervisees participating in group supervision (i.e., SVE 1, SVE 3, SVE 4, SVE 5 and SVE 12) identified how both the supervisor and fellow supervisees facilitated their learning.

Supervisees’ description of learning events in supervision indicate that many goals of the supervisory working alliance (Bordin, 1983) were achieved including: “mastery of specific skills; enlarging one’s understanding of the client; enlarging one’s awareness of process issues; increasing awareness of self and impact on process; overcoming personal and intellectual obstacles toward learning and mastery; deepening one’s understanding of concepts and theory” (Bordin, 1983 p. 37). Supervisees also mentioned liking and trusting their supervisors indicating a strong bond with their supervisors. The supervisees also commented on how they engaged with their supervisors in various tasks in supervision. All of the elements of goal, bond and task combined, indicate that many supervisees in Study 2 had good supervisory working alliances, which have a positive impact on supervisee learning (Bordin, 1983; Efstation, Patton, & Kardash, 1990; Johnston & Milne, 2012; Patton & Kivlighan, 1997).

4.3.3 Transferring learning into counselling. Transitioning back into the counselling session following positive learning events in supervision, some supervisees reappraised their clients and perceived them differently (Lazarus, 1991). This reappraisal of the client could be understood as a consequence of the supervisee generalising their different perception of the client, client’s issues and supervisee’s positive feelings towards the client (Beach, 1999). Other supervisees described how they assessed the
client’s receptivity to transfer of learning from supervision, suggesting supervisees were assessing the environmental favourability for their transfer of learning (Noe, 1986). Supervisees may also have been searching for affordances, perceptual cues or utility perceptions in the counselling environment to help facilitate their transfer of learning in counselling sessions (Gibson, 1977; Simpson, 1972; Tessmer & Richey, 1997). Supervisees mentioned deciding to transfer learning to their clients with whom they worked well and who were open to different approaches. These are indications that supervisees had a good working alliance with these clients, which helped facilitate supervisee transfer of learning.

Being in the counselling session with a different perception of the client and their issues, it could be conceived that supervisees were engaged in a form of generalisation and “high-road transfer” (Perkins & Salomon, 1992, p. 7). In some cases, the direct application of transfer of a learning event from supervision was attempted. Supervisee transfer of learning also required improvisation (Schön, 1991), involving supervisees reflecting-in-action (Schön, 1991) and adapting learning from supervision into the context of the counselling session. Having transferred their learning into the counselling session, supervisees perceived a positive impact on the client, which included the client learning about themselves, developing insights into their issues and clients becoming aware of how these issues impacted other areas in their lives (Hubble, Duncan, Miller, & Wampold, 2010; Rogers, 1983; Rose, Lowenthal, & Greenwood, 2005).

4.4 Summary of key common themes in Study 1 and Study 2

4.4.1 Supervisee learning in Study 1 and Study 2. Supervisee learning in supervision stems from their experiences in the counselling sessions which are generalised into supervision and include supervisees feeling under pressure in the
counselling setting. In supervision the supervisor offers different perspectives (Bransford & Schwartz, 1999) on issues in the counselling sessions on which the supervisee reflects, indicating that supervisees in both studies are engaged in the experiential learning cycle (Kolb, 1984, 1993). The supervisor also normalises the supervisee’s experiences in counselling, resulting in the supervisee feeling supported, relieved and empowered in supervision. Feelings of empowerment facilitate intrinsic motivation which is helpful for the transfer of learning (Gagné, Senecal & Koestner, 1997; Rappaport, 1987). These positive learning events in supervision are facilitated through good supervisory working alliances, a key factor in the facilitation of supervisee learning (Bordin, 1983; Efstation, Patton & Kardash, 1990; Johnston & Milne, 2012; Patton & Kivlighan, 1997). During these learning events in supervision, supervisees engage in goal-setting and have the motivation and disposition to transfer their learning into counselling (Bambling et al., 2006; Milne et al., 2003; Pugh & Bergin, 2006). The supervisees also described changing from feeling tentative to being excited about returning to work with the client (Worthen & McNeill, 1996) indicating that supervisees experienced transformational learning (Mezirow, 1991)

4.4.2 Supervisee transfer of learning in Study 1 and Study 2. During the counselling sessions supervisees identified opportunities and assessed environmental favourability (Noe, 1986; Tessmer & Richey, 1997) in the counselling sessions, when generalising their learning from supervision (Gibson, 1979; Greeno, 1994; Simpson, 1972; Tessmer & Richey, 1997). Supervisees described feeling more grounded during the counselling session and engaging in active experimentation of learning from supervision (Kolb, 1984). This active experimentation involved supervisees’ reflecting-in-action and improvising their learning in the counselling sessions (Kolb, 1984). Supervisees in both
4.4.3 Overview of common themes. Within this section similarities in the learning and transfer of learning processes of supervisees in Study 1 and Study 2 were identified. This is an indication that some of the supervisee’s learning and transfer processes in the analogue setting corresponded with supervisee’s actual experience of learning and transfer of learning in clinical settings.

4.5 Implications and recommendations of current research study

4.5.1 Implications and recommendations for supervisors. The issues presented by supervisees in supervision were issues they were struggling with in counselling. In order to be comfortable presenting these issues in supervision and to learn from them requires a strong supervisory working alliance. As such, supervisors need to focus on establishing and maintaining good supervisory working alliances with their supervisees in order to facilitate supervisee learning and transfer (Bordin, 1983; Efstation, Patton, & Kardash, 1990; Johnston & Milne, 2012; Patton & Kivlighan, 1997). To support the establishment and maintenance of good supervisory working alliances, the establishment of and adherence to a supervision contract is recommended (Creaner, 2014). Supervisors also need to be aware that learning in supervision, which is transferred into therapy practice involves the interplay of supervisee thoughts, feelings, actions and motivations in the acquisition of skills, knowledge and attitudes (Anderson et al., 2001; Bloom, 1956; Krathwohl, Bloom, & Masia, 1964; Simpson, 1972). Supervisors therefore could be attentive to how their supervisees engage in this process in supervision and to guide
supervisees through this process as a precursor to transferring their learning. To do this, it is recommended that supervisors become familiar with a theoretical framework such as Kolb’s (1984) experiential learning cycle when facilitating supervisee learning in supervision. It is recommended that supervisors also engage the supervisee in goal-setting (Bambling et al., 2006; Milne et al., 2003; Milne, 2007; Milne et al., 2008; Schoenwald, Sheidow & Chapman, 2009; Triantafillou, 1997) and planning which will assist supervisees transfer their learning into therapy practice. Supervisors might also identify the importance of supervisees improvising their learning from supervision and recommend supervisees engage in reflecting-in-action during counselling sessions to meet the needs of their client in the moment (Farley, 2016). In supervision, supervisors might also facilitate supervisees’ reflection on their learning from improvisations in the counselling context. Supervisors could also raise supervisees’ awareness of the reciprocal nature of the relationship between supervision and counselling, and how each context informs the other (Engle, 2006).

The implications of the current research suggest that supervisors also need to identify for supervisees, the importance of good supervisory working alliances and how they facilitate supervisee learning in supervision. The importance of good therapeutic working alliances also needs to be identified for supervisees, which will help them to successfully transfer their learning into therapy practice. Supervisors could also encourage supervisees to be aware of perceptual and situational cues, utility perceptions, affordances and constraints and the environmental favourability of the counselling setting for the transfer of their learning (Gibson, 1979; Greeno, 1994; Noe, 1986; Simpson, 1972; Tessmer & Richey, 1997). Supervisors might indicate that supervisees need to allow time for acquiring procedural knowledge of techniques learnt in supervision.
4.5.2 Implications and recommendations for supervisees in practice. For supervisees to transfer their learning into therapy practice, supervisees need to remain motivated and be able to generalise their hypotheses and case conceptualisations from supervision into the counselling session. This can be done through the practice of reflecting-in-action (Schön, 1983). When transferring learning from supervision into the counselling session, the supervisee needs to consider the strength and quality of the therapeutic working alliance as it plays a key role in supervisee transfer of learning. Supervisees need to focus on all parts of the working alliance. This includes attending to and being motivated by their mutually agreed therapy goals with the client. The supervisee also needs to attend to the bond between themselves and the client before attempting any transfer tasks from supervision. Supervisees might also be aware of the difference between factual or conceptual knowledge of a technique, (i.e., knowing what) and procedural knowledge of a technique, (i.e., knowing how) (Anderson et al., 2001; Ryle, 1949). In other words, a technique or skill learnt in supervision will take time to master in the counselling setting. It is recommended that supervisees be prepared to make mistakes in the pursuit of mastering techniques (Worthen & McNeill, 1996).

For supervisees to transfer their learning from supervision into therapy practice they also need to be prepared to adapt and improvise or suspend transfer of learning from supervision when the transfer of learning is not meeting the goals of the client (Schön, 1983). To assist in deciding if, when, where and how to transfer their learning into the counselling session, supervisees could engage their internal supervisor (Casement, 1985). Supervisees also need to recognise they can learn during counselling sessions and clients can contribute to supervisee learning. This learning can then be transferred to supervision, reorganised and transformed and consequently inform the supervisee’s work with the client.
4.5.3 Implications and recommendations for theory, training and future research in supervision. Adult education and learning theory, which has informed the development of theory in supervision (Milne, et al., 2008; Hawkins & Shohet, 2012; Watkins & Scaturo, 2013), can also inform the development of theory on transfer of learning in supervision (Kolb, 1984; Lazarus, 1991; Lombardo, Milne, & Proctor, 2009; Milne, et al., 2008). The different perspectives on the transfer of learning (i.e., classic versus alternative) (see Lobato, 2006) can inform the development of a common language around learning and the transfer of learning in supervision (Watkins & Scaturo, 2013). Supervision theory can also be informed by the concept that transfer of learning in supervision is a dynamic process which encompasses supervisee learning in supervision and supervisee learning in counselling (Schön, 1983).

Supervision training providers could benefit from including adult education theory in supervision training courses (Borders, 2010; Borders et al., 1991) (e.g., Kolb’s Experiential Learning Theory, 1984, 1993). Training providers could also highlight the importance of establishing and maintaining the supervisory working alliance for supervisee learning and subsequent transfer. It is recommended that training for supervisors would focus on the importance of contracting and establishing the supervisory working alliance. Within this contracting phase training providers might highlight how the goals of supervision benefit from being informed by the client’s goals in therapy (Guest & Beutler, 1988). It is recommended that training providers identify that supervisee learning in supervision is carried out, not only for the supervisee, but to some extent, on behalf of the client.

Training providers could also highlight the importance of supervisors’ developing the competency to facilitate supervisee transfer of learning into counselling (Roth &
Pilling, 2007). In the training of supervisors on transfer, the importance of the timing of supervision (Couchon & Bernard, 1984), the concepts of generalisation, motivation in terms of goal-setting and the concept of improvisation need to be highlighted (Perkins & Salomon, 2012; Pugh & Bergin, 2006; Schön, 1983, 1991). Supervisors in training might also reflect on how the factors which influence supervisee transfer of learning could also inform the supervisor’s own transfer of training into supervision practice.

Supervision research in the future could explore how goal-setting in supervision, when informed by the client’s therapeutic goals, might help the client attain their therapeutic goals. It would also be of interest to explore how supervisee learning and transfer of learning from supervision helps facilitate the client’s learning process in counselling, especially considering that the counselling process can be understood as a form of learning for the client (Hubble, Duncan, Miller, & Wampold, 2010; Rogers, 1983; Rose, Lowenthal, & Greenwood, 2005). Future research could focus on the client’s experiences of gaining insights following supervisee transfer of learning from supervision and might explore if, how and when client insights are generalised beyond the counselling setting.

In replicating this research in future, it would be of interest to use a clinical supervisory triad as a comparison to the analogue supervisory triad. Research on the transfer of learning in clinical supervision might also examine how the use of video and audio recordings of counselling sessions (Bambling et al., 2006; Watkins, 2011; Worthen & Lambert, 2007) could be used to formally evaluate outcomes for both supervisees and their clients and to monitor supervisee transfer of learning.
4.6 Strengths and limitations of the research study

As indicated, clinical supervision is an emerging discipline and the intention of using a discovery-oriented approach in this research project was to help develop a foundation for research in supervision (Creaner, 2014; Holloway & Carroll, 1996; McLeod, 2001; Wertz, 2005). In the design of the research project, using an actor-oriented approach it was possible to identify the supervisee’s experience of transfer and not privilege the observer’s perspective which can underestimate generalisation of learning (Lobato, 2012). The analogue case-study approach in the research design allowed for the examination of transfer of learning within the context of counselling and supervision using multiple sources of evidence (Robson, 2002). The phenomenological approach taken in this research design reduced individual supervisee’s experience of transferring learning into a description of the universal essence of transfer of learning for supervisees (Creswell, 2013). The use of an analogue case study was also congruent with the research topic of transfer, as transfer can be understood as a form of analogical or case-based reasoning, where a familiar situation (i.e. analogue supervisory triad), is used to understand another situation (i.e. clinical supervisory triad) (Gentner, Loewenstein, & Thompson, 2003).

Conversely, a limitation of the research study was the use of an analogue case study, which raises issues with regard to the generalisability of the findings to a clinical case study (Heppner, Wampold & Kivlinghan, 2008). Another limitation of Study 1 involved the use of the BSR method, which required the participants to take up the role of observer or evaluator as opposed to the experiential role they had during the session. This change from one role and perspective to another may have resulted in the participants having different judgements or feelings about what happened in the sessions (Hill et al., 1994). While the supervisor and client were interviewed blind to supervisee identified learning and transfer of learning events respectively, the discovery of supervisee choice of
learning and transfer of learning events my have also impacted on the judgements and feelings of the supervisor and client during the subsequent supervision and counselling session. Suffice to say both supervisor and client may have taken up the role of observer or evaluator rather than an experiential role during the sessions. In Study 1, as a research participant, the supervisee may have felt potential pressure to transfer learning due to their allegiance to the research project. That is, given that the supervisee knew what the purpose of the study was, they may have felt obliged to attempt to transfer their learning more so than if they were involved in real life clinical case study. Evidence of this potential allegiance is found in the paired interview (Houssart & Evens, 2011; Wilson, Onwuegubuzie & Manning, 2016) between the supervisee and supervisor when the supervisee indicated there were times they felt a responsibility to transfer their learning into the counselling sessions.

In the qualitative semi-structured interviews in Study 2, there is difficulty verifying self-reported data and this type of data collection has several biases (Creswell, 2013). These biases include participants selective memory of what actually happened during their learning in supervision and the subsequent transfer of this learning into the counselling sessions. Research participants in Study 2 may also have attributed their learning and transfer of learning to other learning events in supervision or to experiences in their training. Supervisee participants may also have had a biased perception about the positive impact their transfer of learning had on their clients and their therapy practice.

4.7 Reflexive journey

Being in full time employment, as a practitioner of supervision, there were times during this research project when I found being in the role of the researcher challenging (Jones, & Mehr, 2007). This became obvious in my analysis of Study 1 when I became
clinically curious around the client’s presenting issue and the interventions of the supervisee. As a part-time student and father of three small children, scheduling work on this research project also proved challenging and involved a great deal of planning and organisation. There were moments during my research journey when it was important to put the research to one side. I found exercise, particularly running and swimming, extremely beneficial for my own self-care and also a means of reflection and of organising my thoughts on this research project. While the time I spent in college was limited due to my work and family commitments, meeting with my research supervisors in college was productive. In having two supervisors, I had the benefit of receiving two different perspectives which consequently enhanced my confidence in developing my own perspective on the research.

Over the course of the research project I have integrated my learning from the project into my work with the staff and students of the schools and centres of education where I provide a psychological service. This involved highlighting the importance of staff and student working alliances and relationships, for learning and the transfer of learning. I have come to appreciate that the actual task of transferring learning is only one component of transfer and that to transfer learning requires the development of alliances in supervision and counselling which is also a complex process. My role as a senior psychologist in an educational setting is reflected in my literature review which references research from the fields of learning, education and training. During the research I also recognised how the role of researcher can inform my role as practitioner and vice versa. An example of this involved my becoming aware of theories and practices during interviews with participants which I then applied in my practice in supervision. My approach to research was also informed by the pragmatism which informs my practice. I came to understand how this thesis was developed from the movement back
and forth between the literature, method, results and discussion. I reflected how this iterative process or interplay was mirroring the experiences of the supervisee in Study 1. In Study 1 the supervisee was also moving back and forth between supervision and counselling and in and out of their roles as supervisee and therapist, which was informing their learning and transfer of learning in both settings.

At the beginning of this research journey I understood transfer of learning from the classic or common-sense perspective and was not considering transfer from an alternative perspective. The preliminary findings of Study 1, which I presented at the PSI conference in 2014, did not reveal evidence of transfer of learning in terms of the classic definition of transfer (Perkins & Salomon, 2012). At the time I experienced what could be understood as a disorienting dilemma (Mezirow, 1991) which resulted in a shift in my focus to alternative perspectives on transfer (Hager & Hodkinson, 2009).

Because of the difficulty recruiting participants for Study 1, there were times when I felt I would have to redesign the study and forgo my supervisory triad. However, similar to the supervisee in Study 1 and possibly because of being at an early stage of development as a researcher, I had a high level of motivation and I persisted and persevered. I was particularly motivated to include the voice of the client in the research as supervision of supervisees is carried out on the client’s behalf. Since beginning this research journey, I have actively participated in other research projects and act as an advocate for researchers from the Doctorate in Educational Psychology in UCD and encourage research projects in my place of work.

As an adult learner with an inherent curiosity, I have regularly returned to education, the first time was to twice repeat my leaving certificate before going on to complete an undergraduate degree in psychology. Several years passed before I returned to education to complete a diploma in counselling and following this a masters degree in
Counselling Psychology. Six years passed and I returned to complete a postgraduate diploma in clinical supervision and two years later I began this research journey which has taken over six years to complete. Each time I returned to education I was ready and motivated to continue learning (Knowles, 1984). I have a long held belief in the utility of learning and the topic of transfer in this research project is a reflection of this. I recently had an opportunity to share findings of my research during a training day I provided for supervisors in UCD and this has helped me own my authority on the subject of transfer of learning in supervision. My research journey has also brought me back to my original motivation for attending college as an undergraduate student, which was to study philosophy. I have been reminded again of how much philosophy informs our approaches to research, practice and our understanding of learning and transfer.

4.8 Conclusion

In supervision a task and goal of the supervisor is to encourage and facilitate the supervisee’s learning (Creaner, 2014) and the establishment and maintenance of good supervisory working alliances is essential in supporting and facilitating supervisee learning (Bordin, 1983; Efstation, Patton & Kardash, 1990; Patton & Kivlighan, 1997). The supervisee’s learning in supervision is linked to their learning experiences in counselling and both the supervision and counselling settings can be conceived as sites for invention and innovation of supervisee learning. Learning for supervisees in supervision is explicit and intentional (Eraut, 2000; Reber, 1993) and is constructed, reorganised and transformed in a co-creative process with the supervisor (Anderson et al., 2001; Hager & Hodkinson, 2009; Lobato & Siebert, 2002; Lobato, 2006; Perkins & Salomon, 2012; Simpson, 1972; Robertson, 2001).
A conceptual framework (Robson, 2002) of the transfer of this learning into therapy practice involves the interplay of various factors (Kolb, 1984, 1993; Kolb & Kolb, 2005) and includes the timing of supervision and the supervisee acquisition of factual as well as procedural knowledge (Anderson et al., 2001). Another factor is supervisee motivation to transfer their learning and the awareness of the importance of establishing and maintaining the therapeutic working alliance with the client (Bordin, 1979). A good working alliance is a factor that creates environmental favourability for optimal transfer of learning (Noe, 1986). Supervisees need to be able to perceive opportunities to transfer their learning into the counselling context (Gibson, 1977, 1979; Tessmer & Richey, 1997) and be able to generalise as well as improvise their learning in counselling sessions (Perkins & Salomon, 1992, 2012; Schön, 1983, 1991).

The transfer of supervisee learning also initiates learning for the supervisee in counselling. This supervisee learning in counselling can be conceived as improvised, implicit, accidental and incidental (Eraut, 2000; Schön, 1991; Reber, 1993). Supervisee learning in counselling emerges from another co-creative process (Anderson et al., 2001) involving the supervisee and the client, which can also be considered as a construction, reorganisation and transformation of learning (Hager & Hodkinson, 2009; Lobato & Siebert, 2002; Lobato, 2006; Perkins & Salomon, 2012; Robertson, 2001). This supervisee learning is then transferred back into counselling and is influenced by factors such as supervisee motivation; the supervisory working alliance; supervisee ability to generalise and improvise learning in supervision. The supervisee learning and transfer process in supervision and counselling can be imagined as a multi-directional continuous loop linking supervision and counselling in a reciprocal relationship (Beach, 1999). In terms of the debate in the literature on transfer of learning (Alexander & Murphy, 1999; Perkins & Salomon, 2012), this current research study supports the claim that transfer of
learning in clinical supervision is a dynamic process, rather than a simple pattern of learn-it-here and apply-it-there (Perkins & Salomon, 2012).

Conceptualising supervisee transfer of learning in supervision as a dynamic process, all members of the supervisory triad (i.e., supervisor, supervisee and client) influence the supervisee’s learning and transfer. Taking this perspective, the client is contributing to supervisee learning in counselling and supervision and consequently the transfer of supervisee learning from supervision. This contribution has a consequential impact on the client’s own learning in counselling, which is recognised as a positive outcome of the counselling process for the client (Hubble, Duncan, Miller, & Wampold, 2010; Rogers, 1983; Rose, Lowenthal, & Greenwood, 2005). It is possible to conceive a motivated client can perceive possibilities for the transfer of their own learning from counselling beyond the boundaries of the counselling setting.
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Appendices

Appendix A

Study 1 Supervisee-Participant Letter of Invitation

Title of Study: *Supervisee transfer of learning: an analogue study.*

18th January 2013

My name is Stephen O’Neill and I am a clinical supervisor currently undertaking a research doctorate in the School of Psychology in Trinity College Dublin. My principal research supervisor is Dr. Mary Creaner and my co-supervisor is Dr. Laco Timulak. I am writing to you to invite you to consider being a participant in this research study. My research interest is in the supervisee’s transfer of learning process from clinical supervision into therapy practice. I have enclosed an information sheet (see below), which will explain the study in more detail.

This is an analogue study, which will involve replicating under controlled conditions a situation that is analogous to real counselling and clinical supervision sessions. This study is being carried out to establish a baseline for a larger study. It will require the participation of a clinical supervisor, supervisee and ‘client’ who will make up a supervisory triad. This letter is an invitation to you to participate in the study in the role of the supervisee.

In the role of supervisee I will be seeking your consent to video-record 6 to 8 analogue counselling sessions with a ‘client’-participant. In these sessions you will be required to work with the ‘client’-participant in a therapeutic capacity on their presented analogous counselling issues e.g. personal growth and development; interpersonal
conflict; negotiating a life-event. You will also be asked to engage in 6 to 8 video-recorded analogue clinical supervision sessions with a clinical supervisor-participant. In these analogue clinical supervision sessions you will be asked to work with the clinical supervisor-participant on issues you have presented from your analogue counselling sessions.

You will also be asked to complete several short questionnaires following these analogue counselling and clinical supervision sessions. You will also be asked to participate in a video-recorded semi-structured interview with myself using segments of the video-recorded analogue clinical supervision and counselling sessions as a means of tape-assisted recall. Participation is voluntary and you may withdraw from the study at any stage without prejudice. I should be very grateful if you would consider being part of the study. If you choose to participate, please contact me either at my email address below or on the mobile number listed. If you choose not to participate I thank you for taking the time to read this letter.

Yours sincerely,

Appendix A (i)

Clinical Supervisor-Participant Letter of Invitation

**Title of Study:** Supervisee transfer of learning; an analogue study.

18\textsuperscript{th} January 2013

My name is Stephen O’ Neill and I am a clinical supervisor currently undertaking a research doctorate in the School of Psychology in Trinity College Dublin. My principal research supervisor is Dr. Mary Creane and co-supervisor is Dr. Laco Timulak. I am writing to you to invite you to consider being a participant in this research study. My research interest is in the supervisee’s transfer of learning process from clinical supervision into therapy practice. I have enclosed an information sheet (see below) which will explain the study in more detail.

This is an analogue study, which will involve the replicating under controlled conditions a situation that is analogous to real counselling and clinical supervision sessions. This study is being carried to establish a baseline for a larger study. It will require the participation of a clinical supervisor, supervisee and ‘client’ who will make up a supervisory triad. I am recruiting other participants to act in the role of supervisee and ‘client’. This letter is an invitation to you to participate in the study in the role of clinical supervisor.

If you agree to take part in the study it will involve video-recording 6 to 8 analogue clinical supervision sessions with the supervisee-participant. In these sessions you will be required to work with the supervisee-participant in a supervisory capacity on issues they will present from their analogue counselling sessions. You will also be asked to complete several short questionnaires following your first and last clinical supervision sessions.

Following this you will also be asked to participate in a video-recorded semi-structured interview with myself using segments of video-recorded analogue clinical
supervision sessions as a means of tape-assisted recall. Participation is voluntary and you may withdraw from the study at any stage without prejudice. I should be very grateful if you would consider being part of the study. If you choose to participate, please contact me either at my email address below or on the mobile number listed. If you choose not to participate I thank you for taking the time to read this letter.

Yours sincerely,

Appendix A (ii)

‘Client’-participant Letter of Invitation

Title of Study: *Supervisee transfer of learning; an analogue study.*

18th January 2013

My name is Stephen O’ Neill and I am a clinical supervisor currently undertaking a research doctorate in the School of Psychology in Trinity College Dublin. My principal research supervisor is Dr. Mary Creaner and co-supervisor is Dr. Laco Timulak. I am writing to you to invite you to consider being a participant in this research study. My research interest is in the supervisee’s transfer of learning process from clinical supervision into therapy practice. I have attached an information sheet (see below), which will explain the study in more detail.

This is an analogue study, which will involve the replicating under controlled conditions a situation that is analogous to real counselling and clinical supervision sessions. This study is being carried out to establish a baseline for a larger study. It will require the participation of a clinical supervisor, supervisee and ‘client’ who will make up a supervisory triad. This letter is an invitation to you to participate in the study in the role of the ‘client’.

In the role of ‘client’ I will be seeking your consent to video-record 6-8 analogue counselling sessions with the supervisee-participant. They will work with you in a therapeutic capacity on situations, issues/impasses you will present which are analogous to ones you have experienced e.g. interpersonal conflict in personal and/or work relationships; issues around personal growth and development; negotiating life-events. You will also be asked to complete several short questionnaires following your first and last counselling session.

You will then be asked to participate in a video-recorded semi-structured interview using a segment of a video-recorded counselling session as a means of tape-
assisted recall. Participation is voluntary and you may withdraw from the study at any stage without prejudice. I should be very grateful if you would consider being part of the study. If you choose to participate, please contact me either at my email address below or on the mobile number listed. If you choose not to participate I thank you for taking the time to read this letter

Yours sincerely,


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Appendix A (iii)

Study 1 Email seeking expressions of interest from supervisees/clients.

Subject; Study on supervisee transfer of learning from clinical supervision into therapy practice.

Dear Sir/Madam

I am emailing you seeking expressions of interest regarding participation in a research study exploring the supervisee’s transfer of learning process from clinical supervision into therapy practice.

This is an analogue study and I am hoping to recruit participants in the role of supervisee or client.

Please reply to me directly by email or phone if you wish to participate in this study. I do not have access to any contact details as this email has been forwarded by the Course Administrator. Once you have made contact I will then forward you a formal invitation, information sheet and other documents for your role in the study.

Yours sincerely

Stephen O Neill

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Study 1 Email seeking expressions of interest from supervisors.

Subject: Study on supervisee transfer of learning from clinical supervision into therapy practice.

Dear Sir/Madam

I am emailing you seeking expressions of interest regarding participation in a research study exploring the supervisee’s transfer of learning process from clinical supervision into therapy practice.

This is an analogue study and I am hoping to recruit participants in the role of supervisor.

Please reply to me directly by email or phone if you wish to participate in this study. I do not have access to any contact details as this email has been forwarded by the Course Administrator. Once you have made contact I will then forward you a formal invitation, information sheet and other documents for your role in the study.

Yours sincerely

Stephen O Neill

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Appendix A (v)

Study 2 Email seeking expressions of interest

Subject: Study on supervisee transfer of learning from clinical supervision into therapy practice.

Dear Sir/Madam

I am emailing you seeking expressions of interest regarding participation in a research study exploring the supervisee’s transfer of learning process from clinical supervision into therapy practice. Please find attached a formal letter of invitation; an information sheet; an informed consent form; a debriefing form.

Please reply to me directly by email or phone if you wish to participate in this study. I do not have access to any contact details as this email has been forwarded by the Course Administrator.

Yours sincerely

Stephen O Neill

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Appendix A (vi)

Study 2 Participant Letter of Invitation

Title of Study: *Supervisee transfer of learning; Study 2.*

2nd March 2015

Dear Sir/Madam,

My name is Stephen O’Neill and I am a clinical supervisor currently undertaking a research doctorate in the School of Psychology in Trinity College Dublin. My research supervisors are Dr. Mary Creaner and Dr. Laco Timulak. I am writing to you to invite you to consider being a participant in this research study. My research interest is in the supervisees’ transfer of learning process from clinical supervision into therapy practice. I have enclosed an information sheet, which will explain the study in more detail.

You will be asked to participate in audio-recorded semi-structured interview and also be asked to complete a short demographic questionnaire. Participation is voluntary and you may withdraw from the study up until the end of March 2016 without prejudice. I should be very grateful if you would consider being part of the study. If you choose to participate, please contact me either at my email address below or on the mobile number listed. If you choose not to participate I thank you for taking the time to read this letter.

Yours sincerely,

____________________________


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Appendix B

Study 1 Supervisee-Participant Information Sheet

Title of Study:

Supervisee transfer of learning; an analogue study.

My name is Stephen O’ Neill and I am a clinical supervisor currently undertaking a PhD research doctorate in the School of Psychology in Trinity College Dublin. My research supervisor is Dr. Mary Creaner and co-supervisor is Dr. Laco Timulak. Before you decide whether to take part in the study it is important that you understand what the research is for and what you will be asked to do. Please take time to read the following information and discuss it with others if you wish.

Aim of Research

The aim of this analogue case study is to identify essential elements and central factors involved in the supervisees’ transfer of learning process from clinical supervision into therapy practice. As an analogue study it will involve the replicating under controlled conditions a situation that is analogous to real counselling and clinical supervision sessions. This study is being carried out to establish a baseline for a larger study. From the results of these studies it is hoped to enhance the practice of clinical supervision and therapy and go towards the development of a foundation of research on the transfer of learning from clinical supervision into therapy practice.

Research Procedure

- As the supervisee-participant you will be asked to engage in 6 to 8 analogue counselling sessions with a ‘client’-participant. These sessions will each be approximately 60 minutes in length and there will be approximately one session per week. In these sessions you will be required to work with the ‘client’-participant in a therapeutic capacity on issues they have presented e.g. personal growth and development; interpersonal conflict; negotiating a life-event. To do this you will need to consider your model of counselling and your therapeutic orientation in responding to the therapeutic needs of the ‘client’-participant.

- You will also be asked to participate in 6 to 8 analogue clinical supervision sessions with a clinical supervisor-participant. These sessions will each be
approximately 60 minutes in length and there will be approximately one session per week. In these sessions you will be required to work with the clinical supervisor-participant on issues you will have presented from your analogue counselling sessions with the ‘client’-participant. All of these sessions will be video-recorded and will take place in a suitable room within the School of Psychology in TCD or at another agreed suitable location.

- After the first and last analogue counselling session you will be asked to complete the therapists’ form of the ‘Working Alliance Inventory’ (WAI). After the first and last analogue clinical supervision sessions, you will also be asked to complete the supervisee form of the ‘Supervisory Working Alliance Inventory’ (SWAI). The completion of these forms should take approximately 10 to 15 minutes.

- After each of the analogue counselling sessions you will be asked to complete a questionnaire on the ‘transfer of clinical supervision learning’. On part A of this form you will be asked to identify a counselling session and the segment in it where you experienced the transfer of learning from a clinical supervision session. In part B of the questionnaire you will be asked to identify the segment in the clinical supervision session where you experienced the learning you had transferred into counselling. The completion of these forms should take approximately 10 to 15 minutes.

- Following the completion of all sessions and questionnaires, one semi-structured interview using tape-assisted recall will be scheduled to take place with myself.

- At the beginning of this interview informed by the data from part A of the questionnaire ‘transfer of clinical supervision learning’, you will be asked to locate the beginning and ending of the segment on the video-recording of the counselling session where you experienced your transferring of learning from clinical supervision.

- This segment will then be played back and you will be asked a series of questions e.g. what was the learning you transferred from clinical supervision; how you experienced this transfer of learning; how this transfer of learning might have changed things for your ‘client’?

- In the next part of the interview informed by the results of part B of the questionnaire you will be asked to locate the beginning and ending of the segment on the video-recording of the clinical supervision session where you experienced the learning you had transferred into counselling.

- This segment will then be played back and you will be asked a series of questions e.g. your experience of learning in clinical supervision; how you may have planned to transfer this learning into your therapeutic practice?
• This interview will take place in a suitable room within the School of Psychology in TCD or at another agreed suitable location. The interview will last approximately 60 to 90 minutes and will be video-recorded and subsequently transcribed by the researcher.

• A break will be offered during the interview and you are free to take breaks at your convenience.

• On completion of the interview the participant and researcher will engage in a debriefing process using the debriefing form.

• Before any data collection begins you will be required to engage in the process of consent giving and upon satisfactory completion of this process, you will sign an informed consent form.

• It is estimated that the completion of all the analogue counselling and clinical supervision sessions, including the completion of questionnaires and the semi-structured interviews will take approximately 20 weeks.

The semi-structured interview will also be video-taped and then transcribed. The transcriptions and the recordings of the interviews, the recordings of the analogue clinical supervision and counselling sessions and also the results of the questionnaires, will then be stored in a locked secure place at all times and electronic data will be password protected. In line with Trinity College’s data retention policy, transcripts will be stored for a minimum of 10 years.

Participants are completely free to withdraw from the study at any time without prejudice. Participants will be free to decline to answer any question in the interview should they wish to do so. At the end of the interview they may request that their interview not be used in the study. They may also request that the results of the questionnaires be excluded from the study. In accordance with the Freedom of Information Act, participants have the right to request a transcript of their interview and results of their questionnaire. Participants may also request an electronic copy of the study’s findings. Data of this analogue study will inform a larger study which in turn may inform workshops, conference presentations and/or journal publications and also inform future research projects. This study has been reviewed and approved by the School of Psychology Research Ethics Committee Trinity College Dublin. A €60 ‘One-4-All’ gift voucher will be offered to you as a token of appreciation.
All names will be coded and any identifying information will remain anonymous and strictly confidential within the limits of PSI *Code of Ethics*. A disclosure of information to an appropriate third party may be made where it is deemed necessary, to protect the interests of the participant, to protect the interests of society, and to safeguard the welfare of another individual e.g. a child protection issue.

During the study the researcher will be available to answer any questions participants have about the research. If you wish to participate or require any further information please contact myself by email or by telephone, the details of which are below.

Thanking you in anticipation,

Yours sincerely,

Stephen O’ Neill
Appendix B (i)

Study 1 Clinical Supervisor-Participant Information Sheet

Title of Study:
Supervisee transfer of learning; an analogue study

My name is Stephen O’ Neill and I am a clinical supervisor currently undertaking a PhD research doctorate in the School of Psychology in Trinity College Dublin. My principal research supervisor is Dr. Mary Creaner and Co-supervisor is Dr. Laco Timulak. Before you decide whether to take part in the study it is important that you understand what the research is for and what you will be asked to do. Please take time to read the following information and discuss it with others if you wish.

Aim of Research

The aim of this analogue case study is to identify essential elements and central factors involved in the supervisees’ transfer of learning process from clinical supervision into therapy practice. As an analogue study it will involve the replicating under controlled conditions a situation that is analogous to real counselling and clinical supervision sessions. This study is being carried out to establish a baseline for a larger study. From these studies it is hoped to enhance the practice of clinical supervision and therapy and go towards the development of a foundation for the research on the transfer of learning from clinical supervision into therapy practice.

Research Procedure

- As the clinical supervisor-participant you will be asked to participate in 6 to 8 analogue supervision sessions with a supervisee-participant which will be video-recorded. These sessions will each be approximately 60 minutes in length and there will be approximately one session per fortnight. In these sessions you will be required to work with the supervisee-participant in a supervisory capacity on issues they have presented from their analogue counselling sessions. To do this you will be required to contract with the supervisee-participant for the duration of this number of sessions. While working in these analogue clinical supervision sessions you will be asked to consider your model of supervision and the tasks of supervision in responding to the supervisory needs of the supervisee-participant.
These sessions will take place in a suitable room within the School of Psychology in TCD or at another agreed suitable location.

- After the completion of the first and last clinical supervision sessions, you will be asked to complete the supervisory form of the ‘Supervisory Working Alliance Inventory’ (SWAI). The completion of this form should take approximately 10 to 15 minutes.

- Following the completion of all sessions and questionnaires, one semi-structured interview using tape-assisted recall will be scheduled to take place with myself.

- The focus of this interview will be on a segment in a video-recorded clinical supervision session selected by the supervisee. This segment will have been chosen by the supervisee as their experience of learning in clinical supervision that they subsequently transferred into a counselling session.

- The segment will be played back and you will be asked a series of questions about your experience of this segment of the session and how you perceived your supervisee.

- This interview will take place in a suitable room within the School of Psychology in TCD or at another agreed suitable venue. The interview will last approximately 60 to 90 minutes and will be video-recorded and subsequently transcribed by the researcher.

- A break will be offered during the interview and participants are free to take breaks at their convenience.

- On completion of the interview the participant and researcher will engage in a debriefing process using the debriefing form.

- Before any data collection begins you will be required to engage in the process of consent giving and upon satisfactory completion of this process, you will sign an informed consent form.

- It is estimated that the completion of all the analogue clinical supervision sessions, including the completion of questionnaires and the semi-structured interviews will take approximately 20 weeks.

This semi-structured interview will also be video-taped and then transcribed. The transcriptions and the recordings of the interviews, the recordings of the analogue clinical supervision sessions and also the results of the questionnaires, will then be stored in a
locked secure place at all times and electronic data will be password protected. In line with Trinity College’s data retention policy, transcripts will be stored for a minimum of 10 years.

Participants are completely free to withdraw from the study at any time without prejudice. Participants will be free to decline to answer any question in the interview should they wish to do so. At the end of the interview they may request that their interview not be used in the study. They may also request that the results of the questionnaires be excluded from the study. In accordance with the Freedom of Information Act, participants have the right to request a transcript of their interview and results of their questionnaire. Participants may also request an electronic copy of the study’s findings. Data of this analogue study will inform a larger study which in turn may inform workshops, conference presentations and/or journal publications and also inform future research projects. This study has been reviewed and approved by the School of Psychology Research Ethics Committee Trinity College Dublin. A €40 ‘One-4-All’ gift voucher will be offered to you as a token of appreciation.

All names will be coded and any identifying information will remain anonymous and strictly confidential within the limits of PSI Code of Ethics. A disclosure of information to an appropriate third party may be made where it is deemed necessary, to protect the interests of the participant, to protect the interests of society, and to safeguard the welfare of another individual e.g. a child protection issue.

During the study the researcher will be available to answer any questions participants have about the research. If you wish to participate or require any further information please contact myself by email or by telephone, the details of which are below.

Thanking you in anticipation,

Yours sincerely,

Stephen O’ Neill

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Appendix B (ii)

Study 1 Client-Participant Information Sheet

**Title of Study:**

Supervisee transfer of learning; an analogue study

My name is Stephen O’ Neill and I am a clinical supervisor currently undertaking a PhD research doctorate in the School of Psychology in Trinity College Dublin. My principal research supervisor is Dr. Mary Creaner and Co-supervisor is Dr. Laco Timulak. Before you decide whether to take part in the study it is important that you understand what the research is for and what you will be asked to do. Please take time to read the following information and discuss it with others if you wish.

**Aim of Research**

The aim of this analogue case study is to identify essential elements and central factors involved in the supervisees’ transfer of learning process from clinical supervision into therapy practice. As an analogue study it will involve the replicating under controlled conditions a situation that is analogous to real counselling and clinical supervision sessions. This study is being carried out to establish a baseline for a larger study. From these studies it is hoped to enhance the practice of clinical supervision and therapy and go towards the development of a foundation of research on the transfer of learning from clinical supervision into therapy practice.

**Research Procedure**

- As the ‘client'-participant you will be asked to participate in 6 to 8 analogue video-recorded counselling sessions with the supervisee-participant. These sessions will each be approximately 60 minutes in length and there will be approximately one session per fortnight. These sessions will take place in a suitable room within the School of Psychology in TCD or at another agreed suitable location.
• In these counselling sessions in the role of the ‘client’-participant you will be required to present situations, issues/impasses that are analogous to ones you have experienced e.g. interpersonal conflict in personal and/or work relationships; issues around personal growth and development; negotiating life-events.

• After the completion of the first and last counselling sessions, you will also be asked to complete the client form of the ‘Working Alliance Inventory’ (WAI). The completion of this form should take approximately 10 to 15 minutes.

• Following the completion of all sessions and questionnaires, one semi-structured interview using tape-assisted recall will be scheduled to take place with myself.

• The focus of this interview will be on a segment in a video-recorded counselling session selected by the supervisee. This segment has been chosen by the supervisee as their experience of transferring learning from clinical supervision into your counselling session.

• The segment will be played back and you will be asked a series of questions about your experience of this segment of the session; how you perceived the supervisee-participant and the impact this segment of the session had on you.

• This interview will take place in a suitable room within the School of Psychology in TCD or at another agreed suitable location. The interview will last approximately 60 to 90 minutes and will be video-recorded and subsequently transcribed by the researcher.

• A break will be offered during the interview and participants are free to take breaks at their convenience.

• On completion of the interview the participant and researcher will engage in a debriefing process using the debriefing form.

• Before any data collection begins you will be required to engage in the process of consent giving and upon satisfactory completion of this process, we will sign an informed consent form.

• It is estimated that the completion of all the analogue counselling sessions, including the completion of questionnaires and the semi-structured interviews will take approximately 20 weeks.
The semi-structured interview will also be video-taped and then transcribed. The transcriptions and the recordings of the interviews, the recordings of the analogue counselling sessions and also the results of the questionnaires, will then be stored in a locked secure place at all times and electronic data will be password protected. In line with Trinity College’s data retention policy, transcripts will be stored for a minimum of 10 years.

Participants are completely free to withdraw from the study any time without prejudice. Participants will be free to decline to answer any question in the interview should they wish to do so. At the end of the interview they may request that their interview not be used in the study. They may also request that the results of the questionnaires be excluded from the study. In accordance with the Freedom of Information Act, participants have the right to request a transcript of their interview and results of their questionnaire. Participants may also request an electronic copy of the study’s findings. Data of this analogue study will inform a larger study which in turn may inform workshops, conference presentations and/or journal publications and also inform future research projects. This study has been reviewed and approved by the School of Psychology Research Ethics Committee Trinity College Dublin. A €40 ‘One-4-All’ gift voucher will be offered to you as a token of appreciation.

All names will be coded and any identifying information will remain anonymous and strictly confidential within the limits of PSI Code of Ethics. A disclosure of information to an appropriate third party may be made where it is deemed necessary, to protect the interests of the participant, to protect the interests of society and to safeguard the welfare of another individual e.g. a child protection issue.

During the study the researcher will be available to answer any questions participants have about the research. If you wish to participate or require any further information please contact myself by email or by telephone, the details of which are below.

Thanking you in anticipation,

Yours sincerely,

Stephen O Neill

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Appendix B (iii)

Study 2 Participant Information Sheet

Title of Study:

Supervisee transfer of learning; Study 2.

My name is Stephen O’ Neill and I am a clinical supervisor currently undertaking a PhD research doctorate in the School of Psychology in Trinity College Dublin. My research supervisors are Dr. Mary Creaner and Dr. Laco Timulak. Before you decide whether to take part in the study it is important that you understand what the research is for and what you will be asked to do. Please take time to read the following information and discuss it with others if you wish.

Aim of Research

The aim of this study is to identify essential elements and central factors involved in the supervisees’ transfer of learning process from clinical supervision into therapy practice. From the results of these studies it is hoped to enhance the practice of clinical supervision and develop the research in the area of transfer of learning from clinical supervision into therapy practice.

Research Procedure

- As a participant you will be asked to complete a short demographic questionnaire which will take approximately 10 to 15 minutes. You will also be asked to participate in a semi-structured interview which will last approximately 60 to 90 minutes which will be audio-recorded. Please find the interview schedule attached. The interview will take place in a suitable room within the School of Psychology in Trinity College Dublin or at another agreed suitable venue.
- The focus of these interviews will be on your experience of a specific learning event in a recent supervision session and you then subsequently transferred this learning into a counselling session.

- A break will be offered during the interview and participants are free to take breaks at their convenience.

- On completion of the final interview the participant and researcher will engage in a debriefing process using the debriefing form (see attached).

- Before any data collection begins you will be requested to engage in the process of consent giving and upon satisfactory completion of this process, you will sign an informed consent form (see attached).
This semi-structured interview having been audio recorded will be transcribed by the researcher or possibly a professional confidential transcription service (E-QUIP BUSINESS SOLUTIONS). The transcriptions and the recordings of the interviews and the results of the questionnaires will then be stored in a locked secure place at all times. All electronic data will be password protected and encrypted. In line with Trinity College’s data retention policy, transcripts will be stored for a minimum of 10 years.

Participants are completely free to withdraw from the study up until the end of March 2016 without prejudice. Participants will be free to decline to answer any question in the interview should they wish to do so. At the end of the interview they may request that their interview not be used in the study. They may also request that the results of the questionnaire be excluded from the study. In accordance with the Freedom of Information Act, participants have the right to request a transcript of their interview and results of their questionnaire. Participants may also request an electronic copy of the study’s findings. Data from this study may inform workshops, conference presentations and/or journal publications and also inform future research projects. This study has been reviewed and approved by the School of Psychology Research Ethics Committee Trinity College Dublin.

All names will be coded and any identifying information will remain anonymous and strictly confidential within the limits of PSI Code of Ethics. A disclosure of information to an appropriate third party may be made where it is deemed necessary, to protect the interests of the participant, to protect the interests of society, and to safeguard the welfare of another individual (e.g. a child protection issue).

During the study the researcher will be available to answer any questions participants have about the research. If you wish to participate or require any further information please contact myself by email or by telephone, the details of which are below.

Thanking you in anticipation,

Yours sincerely,

Stephen O’ Neill

Researcher: Stephen O’ Neill
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Research Supervisor: Dr. Laco Timulak
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Appendix C
Supervisee-Participant Demographic Questionnaire

Code number  ☐

A) Demographic Information; Please complete the following section by placing a tick beside the relevant answer and by writing in the space provided.

Professional Memberships (e.g. PSI, IACP) ________________________________________________

Gender; Age Range; 22 – 25 ☐ 41 – 50 ☐
Male ☐ 26 – 30 ☐ 51 – 60 ☐
Female ☐ 31 – 40 ☐ 60 + ☐

Type of current work setting; __________________________________________________________

Client Population; ______________________________________________________________________

Ratio of client hours to clinical supervision hours_______________________________

Theoretical Orientation: ________________________________________________________________

Professional identity: __________________________________________________________________

Number of sessions with current individual clinical supervisor; _________________________

Theoretical Orientation of clinical supervisor; _____________________________________________

Model of clinical supervision; __________________________________________________________

Length of Contract; __________________________________________________________________

Means of Evaluation; __________________________________________________________________

Qualifications; _________________________________________________________________________

Years of experience; __________________________________________________________________

Number of client’s per week_____________________________________________________________

Number of client hours per week________________________________________________________

Please return this questionnaire to the Researcher Stephen O’ Neill at the address below.

Thank you for your co-operation.

Researcher: Stephen O’ Neill
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E-mail: oneillst@tcd.ie

Research Supervisor: Dr. Mary Creaner
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Research Supervisor: Dr. Laco Timulak
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Appendix C (i)

Clinical Supervisor-Participant Demographic Questionnaire

Code number

A) Demographic Information; Please complete the following section by placing a tick beside the relevant answer and by writing in the space provided.

Professional Memberships (e.g. PSI, IACP) _________________________________

Gender; Age Range; 22 – 25 □ 41 – 50 □
Male □ 26 – 30 □ 51 – 60 □
Female □ 31 – 40 □ 60 + □

Type of current work setting; _____________________________________________

Client Population of Supervisee; __________________________________________

Ratio of supervisee client hours to supervision hours________________________

Theoretical Orientation of supervisee: _________________________________________

Number of sessions with current individual supervisee; ______________________

Theoretical Orientation in clinical supervision ______________________________

Model of clinical supervision; _____________________________________________

Length of Contract; ______________________________________________________

Means of Evaluation; _____________________________________________________

Training in clinical supervision; ___________________________________________

Qualifications; __________________________________________________________

Length of time as a clinical supervisor; _____________________________________

Please return this questionnaire to the Researcher Stephen O’Neill at the address below.

Thank you for your co-operation

Researcher: Stephen O’Neill
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Appendix C (ii)

‘Client’-Participant Demographic Questionnaire

Code number □

A) Demographic Information; Please complete the following section by placing a tick beside the relevant answer and by writing in the space provided.

Gender;  Age Range; 22 – 25 □  41 – 50 □
Male □  26 – 30 □  51 – 60 □
Female □  31 – 40 □  60 + □

Presenting issue(s); ____________________________________________________________

__________________________________________________________

Number of sessions with therapist; ________________________________

Length of therapeutic contract; ________________________________

Please return this questionnaire to the Researcher Stephen O’Neill at the address below.

Thank you for your co-operation

Researcher: Stephen O’Neill
Áras an Phiarsaigh
School of Psychology
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E-mail: oneillst@tcd.ie

Research Supervisor: Dr. Mary Creaner
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Research Supervisor: Dr. Laco Timulak
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Appendix D

Supervisee-Participant Informed Consent Form

I have received, read and understood the supervisee-participant information sheet for this study on ‘supervisee transfer of learning: an analogue study’. The nature and purpose of this study has been explained to my satisfaction.

I understand that I can ask for further information at any time from the researcher, Stephen O’ Neill and/or the research supervisor Dr. Mary Creaner and/or co-supervisor Dr. Laco Timulak. My taking part in this study is entirely voluntary and I understand that I have the right to withdraw from the study anytime without prejudice to any further studies I may wish to take part in.

I am aware that I am responsible for my own self disclosures and that information gained in the study will be used to inform a larger study of research on this topic. I will not be identifiable in this study and that all information will be treated with the strictest confidence.

I understand that the analogue clinical supervision sessions will be video-recorded and subsequently viewed by the clinical supervisor-participant, researcher and the research supervisors.

I understand that the analogue counselling sessions will be video-recorded and subsequently viewed by the ‘client’-participant, researcher and the research supervisors.

I understand that the researcher will transcribe these sessions and the semi-structured interview.

I understand the limits of confidentiality and that a disclosure of information to an appropriate third party may be made by the researcher where it is deemed necessary, to protect the interests of myself as the participant, to protect the interests of society, and to safeguard the welfare of another individual. I am aware that data outcomes of this study may inform workshops, conference presentations and/or journal publications and may be used in future research studies.
Under the Freedom of Information Act, I understand that I am entitled to a copy of the studies findings, if requested by me.

I am aware that in signing this consent form I am agreeing to work collaboratively with the researcher in this research study.

On this basis I consent to take part in this study.

__________________________________  Date: _________________
Participant’s Signature

__________________________________  Date: _________________
Participant’s Name in Print

__________________________________  Date: _________________
Researcher’s Signature

Please provide your contact details below for records.

E-Mail: __________________________
Telephone Number: ________________

Researcher: Stephen O’Neill
Áras an Phiarsaigh
School of Psychology
Trinity College
Dublin 2
Tel: +353(0)86 8294637
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Research Supervisor: Dr. Mary Creaner
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Research Supervisor: Dr. Laco Timulak
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E-mail: timulakl@tcd.ie
Appendix D (i)

Clinical Supervisor-Participant Informed Consent Form

I have received, read and understood the clinical supervisor-participant information sheet for this study on ‘supervisee transfer of learning; an analogue study’. The nature and purpose of this study has been explained to my satisfaction.

I understand that I can ask for further information at any time from the researcher, Stephen O’ Neill and/or the research supervisor Dr. Mary Creaner and/or co-supervisor Dr. Laco Timulak.

My taking part in this study is entirely voluntary and I understand that I have the right to withdraw from the study anytime without prejudice to any further studies I may wish to take part in.

I am aware that I am responsible for my own self disclosures and that information gained in the study will be used to inform a larger study of research on this topic. I will not be identifiable by this study and that all information will be treated with the strictest confidence.

I understand that the analogue clinical supervision sessions will be video-recorded and subsequently viewed by the supervisee-participant, researcher and the research supervisors. I understand that the researcher will transcribe these sessions and the semi-structured interview.

I understand the limits of confidentiality and that a disclosure of information to an appropriate third party may be made by the researcher where it is deemed necessary, to protect the interests of myself as a participant, to protect the interests of society, and to safeguard the welfare of another individual. I am aware that data outcomes of this study may inform workshops, conference presentations and/or journal publications and may be used in future research studies.
Under the Freedom of Information Act, I understand that I am entitled to a copy of the studies findings, if requested by me.

I am aware that in signing this consent form I am agreeing to work collaboratively with the researcher in this research study.

On this basis I consent to take part in this study.

__________________________________  Date: _________________
Participant’s Signature

__________________________________  Date: _________________
Participant’s Name in Print

__________________________________  Date: _________________
Researcher’s Signature

Please provide your contact details below for records.

E-Mail: ____________________________

Telephone Number: ____________________

Researcher: Stephen O’Neill
Áras an Phiarsaigh
School of Psychology
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Tel: +353(0)86 8294637
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Research Supervisor: Dr. Mary Creaner
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E-mail: timulakl@tcd.ie
Appendix D (ii)

‘Client’-Participant Informed Consent Form

I have received, read and understood the ‘client’-participant information sheet for this study on ‘supervisee transfer of learning; an analogue study’. The nature and purpose of this study has been explained to my satisfaction.

I understand that I can ask for further information at any time from the researcher, Stephen O’ Neill and/or the research supervisors, Dr. Mary Creaner and Dr. Laco Timulak.

My taking part in this study is entirely voluntary and I understand that I have the right to withdraw from the study anytime without prejudice to any further studies I may wish to take part in.

I am aware that I am responsible for my own self disclosures and that information gained in the study will be used to inform a larger study of research on this topic. I will not be identifiable by this study and that all information will be treated with the strictest confidence.

I understand that the analogue counselling sessions will be video-recorded and subsequently viewed by the, supervisee-participant, researcher and the research supervisors. I understand that the researcher will transcribe these sessions and the semi-structured interview.

I understand the limits of confidentiality and that a disclosure of information to an appropriate third party may be made by the researcher where it is deemed necessary, to protect the interests of myself as a participant, to protect the interests of society, and to safeguard the welfare of another individual. I am aware that outcomes of this study and its associated study may inform workshops, conference presentations and/or journal publications and that the data may be used in future research studies.

Under the Freedom of Information Act, I understand that I am entitled to a copy of the studies findings, if requested by me.
I am aware that in signing this consent form I am agreeing to work collaboratively with the researcher in this research study.

On this basis I consent to take part in this study.

__________________________________ Date: _________________
Participant’s Signature

__________________________________ Date: _________________
Participant’s Name in Print

__________________________________ Date: _________________
Researcher’s Signature

Please provide your contact details below for records.

E-Mail: ____________________________
Telephone Number: _______________

Researcher: Stephen O’ Neill
Áras an Phiarsaigh
School of Psychology
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Appendix D (iii)

Study 2 Participant Informed Consent Form

I have received, read and understood the participant information sheet for this study on ‘Supervisee transfer of learning; Study 2’.

The nature and purpose of this study has been explained to my satisfaction.

I understand that I can ask for further information at any time from the researcher, Stephen O’Neill and/or the research supervisors Dr. Mary Creaner and Dr. Laco Timulak. My taking part in this study is entirely voluntary and I understand that I have the right to withdraw from the study up until the end of March 2016 without prejudice.

I am aware that I am responsible for my own self disclosures and that information gained in the study will be used to inform the larger study of research on this topic. I will not be identifiable in this study and that all information will be treated with the strictest confidence.

I understand that the semi-structured interviews will be transcribed either by the researcher or a professional confidential transcription service.

I understand the limits of confidentiality and that a disclosure of information to an appropriate third party may be made by the researcher where it is deemed necessary, to protect the interests of myself as the participant, to protect the interests of society, and to safeguard the welfare of another individual. I am aware that data outcomes of this study may inform workshops, conference presentations and/or journal publications and may be used in future research studies.

Under the Freedom of Information Act, I understand that I am entitled to a copy of the study’s findings, if requested by me.
I am aware that in signing this consent form I am agreeing to work collaboratively with the researcher in this research study.

On this basis I consent to take part in this study.

__________________________________  Date: _________________  
Participant’s Signature

__________________________________  Date: _________________  
Participant’s Name in Print

__________________________________  Date: _________________  
Researcher’s Signature

Please provide your contact details below for records.

E-Mail:____________________________

Telephone Number: ________________

Researcher: Stephen O’ Neill  
Áras an Phiarsaigh  
School of Psychology  
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E-mail: oneillst@tcd.ie

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Course Director  
M.Sc. in Clinical Supervision  
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School of Psychology  
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Tel: +353(0)1 8962094  
E-mail: creanerm@tcd.ie

Research Supervisor: Dr. Laco Timulak  
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E-mail: timulakl@tcd.ie
Appendix E

Supervisee-participant debriefing form

I would like to extend my thanks to you for completing the forms and interview which were required for this study. The aim of this analogue case study is to identify essential elements and central factors involved in the supervisees’ transfer of learning process from clinical supervision into therapy practice and to establish a baseline for a larger study. In conducting this research I hope to continue to broaden the knowledge base of how supervisees transfer their learning from clinical supervision to therapy and the perceived benefits for the clients.

If any further queries or questions arise as a result of the research undertaken, please feel free to contact myself, Dr. Mary Creaner or Dr Laco Timulak at the contact details provided below.

Furthermore, if you feel that additional support may be required, please ensure that you utilise your own personal self-support system and clinical supervision. Below are the website addresses and telephone numbers of psychological support services that participants may avail of should they experience any distress.

Mental Health Ireland: Telephone (01) 2841166

Psychological Society of Ireland- Telephone (01) 4749160
http://www.psychologicalsociety.ie/find-a-psychologist/

Alternatively I can direct you to another form of appropriate support if necessary.

Many thanks

__________________________

Researcher: Stephen O’ Neill
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E-mail: timulakl@tcd.ie
Appendix E (i)

Clinical Supervisor-participant debriefing form

I would like to extend my thanks to you for completing the forms and interview which were required for this study. The aim of this analogue case study is to identify essential elements and central factors involved in the supervisees’ transfer of learning process from clinical supervision into therapy practice and to establish a baseline for a larger study. In conducting this research I hope to continue to broaden the knowledge base of how supervisees transfer their learning from clinical supervision to therapy and the perceived benefits for the clients.

If any further queries or questions arise as a result of the research undertaken, please feel free to contact myself, Dr. Mary Creaner or Dr Laco Timulak at the contact details provided below.

Furthermore, if you feel that additional support may be required, please ensure that you utilise your own personal self-support system and clinical supervision. Below are the website addresses and telephone numbers of psychological support services that participants may avail of should they experience any distress.

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Alternatively I can direct you to another form of appropriate support if necessary.

Many thanks

_____________________________________

Researcher: Stephen O’ Neill
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Appendix E (ii)

‘Client’-participant debriefing form -

I would like to extend my thanks to you for completing the forms and interview which was required for this study. The aim of this analogue case study is to identify essential elements and central factors involved in the supervisees’ transfer of learning process from clinical supervision into therapy practice and to establish a baseline for a larger study. In conducting this research I hope to continue to broaden the knowledge base of how supervisees transfer their learning from clinical supervision to therapy and the perceived benefits for the clients.

If any further queries or questions arise as a result of the research undertaken, please feel free to contact myself, Dr. Mary Creaner or Dr Laco Timulak at the contact details provided below.

Furthermore, if you feel that additional support may be required, please ensure that you utilise your own personal self-support system and clinical supervision. Below are the website addresses and telephone numbers of psychological support services that participants may avail of should they experience any distress.

Mental Health Ireland: Telephone (01) 2841166

Psychological Society of Ireland- Telephone (01) 4749160
http://www.psychologicalsociety.ie/find-a-psychologist/

Alternatively I can direct you to another form of appropriate support if necessary.

Many thanks

Appendix E (iii)

Study 2 Participant debriefing form

I would like to extend my thanks to you for completing the forms and interview which were required for this study. The aim of this study is to identify essential elements and central factors involved in the supervisees’ transfer of learning process from clinical supervision into therapy practice. In conducting this research I hope to continue to broaden the knowledge base of how supervisees transfer their learning from clinical supervision to therapy and the perceived benefits for the clients.

If any further queries or questions arise as a result of the research undertaken, please feel free to contact myself, Dr. Mary Creaner or Dr Laco Timulak at the contact details provided below.

Furthermore, if you feel that additional support may be required, please ensure that you utilise your own personal self-support system and clinical supervision. Below are the website addresses and telephone numbers of psychological support services that participants may avail of should they experience any distress.

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Psychological Society of Ireland- Telephone (01) 4749160
http://www.psychologicalsociety.ie/find-a-psychologist/
Alternatively I can direct you to another form of appropriate support if necessary.

Many thanks

__________________________

Researcher: Stephen O’Neill
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Research Supervisor: Dr. Mary Creaner
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Tel: +353(0)1 8962094
E-mail: creanerm@tcd.ie

Research Supervisor: Dr. Laco Timulak
Course Director
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Tel: +353(0)1 8961489
E-mail: timulakl@tcd.ie
PART A;

From your ‘Transfer of Clinical Supervision Learning’ form part A, you have identified a segment in a counselling session (date), where you experienced transferring learning from a clinical supervision session into your work with the ‘client’.

In a moment I will start to play back part of the video tape of the session where you have indicated this segment begins. You will need to let me know where you believe the beginning of the segment is and where it ends. We can wind the tape back or play it forward until you find the starting place.

Once we have located the beginning of the segment we will start to play the tape in order to help you remember what was going on during it.

You might have unspoken experiences including thoughts, feelings, images, memories, and evaluations about the learning you transferred and as the researcher these are of interest to me.

Now, as I play the tape back for you, I would like you to try to put yourself back into this segment of the session as much as you can. Try to remember what was going on for you then, as opposed to what you might think about it now. Take a minute to get into what was going on for you at that moment.

We can pause or rewind the tape to any place in this segment of the session that might help you in answering the following questions;
1. What was happening for you in the segment of tape we just watched, what were you thinking and feeling?

1. In the segment we just watched what was the learning from clinical supervision you were transferring or trying to transfer?

2. What did you do during this segment that stands out in your mind as most helpful to your transfer of learning from clinical supervision?

3. What did your ‘client’ do during this segment that stands out in your mind as most helpful to your transfer of learning from clinical supervision?

4. What impact did the transfer of learning have on you at the time? (Has it had any impact as you have watched it again and thought about it more?)

5. Please speculate about what might possibly change for your ‘client’ because of this transfer of learning?

(Inspired by Elliott 1986; Elliott & Shapiro, 1988)

Study 1 Supervisee-Participant Interview Schedule

PART B;

From your ‘Transfer of supervision learning’ form Part B you have identified learning you experienced in a segment of a clinical supervision session (date) that you then transferred into the counselling session we have been discussing.
Again in a moment I will start to play back part of the video tape of the session where you have indicated this segment begins. You will need to let me know where you believe the beginning of the segment is and where it ends. We can wind the tape back or play it forward until you find the starting place. Once we have located the beginning of the segment we will start to play the tape in order to help you remember what was going on during it.

You might have unspoken experiences including thoughts, feelings, images, memories, and evaluations about the learning you transferred and as the researcher these are of interest to me.

Now, as I play the tape back for you, I would like you to try to put yourself back into this segment of the session as much as you can. Try to remember what was going on for you then, as opposed to what you might think about it now. Take a minute to get into what was going on for you at that moment. We can pause or rewind the tape to any place in this segment of the session that might help you in answering the following questions:

6. What was happening for you in the segment of tape we just watched, what were you thinking and feeling?

7. In this segment of the tape can you describe what you learnt e.g. about your ‘client’? ‘client’s presenting issue? Yourself as supervisee? The working alliance? Therapeutic process?

8. What did your supervisor do during this segment that stands out in your mind as helpful to your learning?

9. What did you do during this segment that stands out in your mind as helpful to your learning?

10. What impact did this learning have on you at the time? (Has it had any impact as you have watched it again and thought about it more?)

11. Did you make any plans to transfer this learning into your counselling session?

12. Finally is there anything else that you would like to add that we haven’t already addressed?

(Inspired by Elliott 1986; Elliott & Shapiro, 1989)
Appendix F (i)

Study 1 Clinical Supervisor-Participant Interview Schedule & Protocol

The supervisee-participant has selected a segment of a clinical supervision session (date) which they have identified as their experience of learning in supervision which was transferred into counselling.

In a moment I will start to play back this video-taped segment of the clinical supervision session. I'll do this to help you remember what was going on during this particular segment of the session. You might have unspoken experiences during your supervisees’ learning, including thoughts, feelings, images, memories, and evaluations of the usefulness of things you did and said and as the researcher these are of interest to me.

Now, as I play the tape back for you, I would like you to try to put yourself back into this segment of the session as much as you can. Try to remember what was going on for you then, as opposed to what you might think about it now. Take a minute to get into what was going on for you then.

We can pause or rewind the tape to any place in this segment of the session that might help you in answering the following questions;

1. What was happening for you in the segment of tape we just watched, what were you thinking and feeling?

2. What did you want to convey to your supervisee during this segment of the session?

3. How did you perceive your supervisee during this segment of the session?

4. What impact has this segment of the session had on you as you have watched it again and thought about it more?

5. Finally is there anything else that you would like to add that we haven’t already addressed?

(Inspired by Elliott 1986; Elliott & Shapiro, 1988)
Appendix F (ii)

Study 1 ‘Client’-Participant Interview Schedule & Protocol

The supervisee-participant has selected a segment of a counselling session (date) which they have identified as their experience of transferring learning from supervision into counselling. In a moment I will start to play back the video-taped segment of the counselling session. I'll do this to help you remember what was going on during this particular segment of the session. You might have unspoken experiences during this segment of the session, including thoughts, feelings, images, memories, and evaluations of the helpfulness of things your therapist did and said and as the researcher these are of interest to me.

Now, as I play the tape back for you, I would like you to try to put yourself back into this segment of the session as much as you can. Try to remember what was going on for you then, as opposed to what you might think about it now. Take a minute to get into what was going on for you then. We can pause or rewind the tape to any place in this segment of the session that might help you in answering the following questions:

1. What was happening for you during the segment we just watched? What were you thinking and feeling?

2. What do you believe the supervisee was trying to do?

3. What did the supervisee do during this segment that stands out in your mind as helpful?

4. What did you do during this segment of the session that stands out in your mind as helpful to you?

5. What impact did it have on you at the time? (Has it had any impact as you have watched it again and thought about it more?)

6. Did you learn anything yourself from this segment of the session?

7. Finally is there anything else that you would like to add that we haven’t already addressed?

(Inspired by Elliott 1986; Elliott & Shapiro, 1988)
Appendix F (iii)

Study 1 Paired interview schedule

1. What was your experience of working with someone with a different theoretical orientation to your own?
2. What impact did the scheduling of the supervision and counselling sessions have on your work in supervision?
3. What impact do you think the BSR interviews had on the counselling process?
4. Please describe your experience of working together in the analogue supervision sessions?
5. What was your experience of working in the analogue counselling session with the client?
Appendix F (iv)

Study 2 Participant interview schedule and protocol.

I am interested in you identifying a ‘learning event’ in a clinical supervision session from which you subsequently transferred this learning into a counselling session. What I mean by a ‘learning event’ is some form of learning you perceived as important that happened or took place in clinical supervision which was then transferred into a counselling/therapy session. It might have been something you or the supervisor did, or said or you were thinking or feeling during the supervision session. You might have unspoken experiences including thoughts, feelings, images, memories, and evaluations about the learning you then transferred and as the researcher these are of interest to me. I would like you to first try to put yourself back into that supervision session and your experience of the learning event. Try to remember what was going on for you at that moment of learning. I would then like you to put yourself back into the counselling/therapy session and describe what was going on for you during the transfer of that learning in the counselling/therapy session.

1. Please describe what made this a learning event in clinical supervision?

2. Describe your thoughts, feelings and behaviors, before, during and after this learning event?

3. How did you go about transferring what you learned from supervision into your counselling/therapy session?

4. Describe your thoughts, feelings and behaviors, before, during and after the transfer of learning into the counselling session?

5. Please speculate about what you perceived the effect this transfer of learning had on your client?

6. Finally is there anything else that you would like to add that we haven’t already addressed?

(Inspired by Elliott 1986; Elliott & Shapiro 1988)
Appendix G

Transfer of Clinical Supervision Learning Form

(Adapted from Llewellyn, 1988)

**PART A.**

Counselling Session No:_____

Supervisee-participants Name:_______________________________

‘Client’-participants’ Name:_______________________________

Date of Counselling Session: ________________  Today’s Date: ________________

1. Which experiences in this session were the ones where you felt you transferred learning from clinical supervision and can you say this was transfer of learning?

____________________________________________________________________________________________________

____________________________________________________________________________________________________

2. Please describe the learning you transferred from clinical supervision and when did this happen approximately?

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________
3. Please describe what you were doing and/or saying to transfer this learning from clinical supervision?

________________________________________________________________________

________________________________________________________________________

4. Did anything else of particular importance happen during this session? Include any other learning you may have transferred from clinical supervision?

________________________________________________________________________

________________________________________________________________________

PART B

5. Please identify which clinical supervision session you acquired the learning you transferred?

________________________________________________________________________

________________________________________________________________________

6. Please identify where in the session you acquired the learning you transferred?

________________________________________________________________________

________________________________________________________________________

Please return this questionnaire to the Researcher Stephen O’Neill at the address below.
Thank you for your co-operation.

Researcher: Stephen O’Neill  
Áras an Phiarsaigh  
School of Psychology  
Trinity College  
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E-mail: oneillst@tcd.ie

Research Supervisor: Dr. Mary Creaner  
Course Director  
M.Sc. in Clinical Supervision  
Áras an Phiarsaigh  
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E-mail: timulakl@tcd.ie
Appendix H

School of Psychology, Trinity College Dublin

Guidelines when Interviewing or Testing Adults

(See separate guidelines for research with children)

These guidelines must be read by all staff and students carrying out research on human participants in the School of Psychology, Trinity College Dublin. The School’s Research Ethics Committee will not accept an application for ethics approval unless a declaration is signed saying that the applicant has read, and will abide by, these guidelines.

1. In the School

Under most circumstances, testing of participants proceeds without incident. Occasionally, however, difficulties arise and these guidelines should be followed by all students and staff.

- If you are interviewing or testing a participant in the School, please make sure that you have a landline telephone number and address for them before they come in. Please telephone in advance to confirm that this is a correct number. Ensure that this is filed in a place known to your project supervisor or to a colleague.

- Make sure that someone knows that you are seeing this person, where, and when you are due to finish. Please introduce the person by name to this colleague.

- Please dress appropriately and somewhat conservatively and not in a way that could make anyone of a different age, background or gender feel uncomfortable.

- Wherever possible, try to ensure that you are seated nearest the door. If practical, leave the door slightly ajar. As some of the testing cubicles do not have telephones, bring your mobile phone with you.

- If you have any doubts or worries about the person, please terminate the session immediately and inform your supervisor. In some cases, it may be better to leave the room and to let the person finish while reporting the difficulty to your supervisor, the School’s Safety Office (Pat Holahan) or the Head of School. Please make sure you inform all of these people of the difficulties after the event, and make sure that the participant panel administrator (Eddie Bolger) is informed so that this person is removed from the participant panel.
• If you feel under physical threat, immediately leave the room and call security on extension 1999 (01 896 1999 from a mobile phone or a non-College landline).

• Staff or students testing out of normal office hours should ensure a supervisor, or other suitably nominated person, is also present in the building. Make sure that they know when you are due to finish, and report to them when you have finished.

• Should you see anyone in the building whom you regard as behaving suspiciously, or in the School whom you do not recognise, do not confront but immediately leave the building, seek assistance from any available source and phone security on extension 1999.

• Please note that participant panel members have not been ‘vetted’ and that people recruited from posters on campus are not necessarily students. Researchers should give out a College landline number or a specific mobile phone provided by the supervisor for the research project rather than a personal mobile phone number.

• Researchers should report any cases of inappropriate or persistent calls or contact from participants to the supervisor, Safety Officer and Head of School.

• If any participant asks for help or advice for psychological or other problems, please say firmly that you are not qualified to give such advice and tell them to contact their GP or go to a local hospital casualty department.

2. Assessments or interviews outside the School

• For undergraduates, a first home visit must always be made by two people.

• For all other postgraduates and staff, the following precautions must be taken when making a home visit:

  o Staff/students must always carry a charged mobile phone.

  o There should be a clear ‘checking-in’ procedure to a member of staff (this includes postdoctoral research fellows) when they have been on a home visit. The member of staff must have a record of the time of the visit, the name and address, and the telephone number. They must also know the mobile phone number of the researcher.

  o As part of the introduction to the person being assessed, the researcher should say ‘I just have to call my supervisor. The researcher should then ring the designated staff in the presence of the participant and say ‘I’m in xxxx’s house, and will be finished at approximately xx’.
If a researcher fails to ring the designated staff member at the appointed time, that staff member should immediately try to make contact with him/her. Failing that, a more senior member of staff should be contacted, and where appropriate, the relevant emergency services telephoned.

Make sure you that are familiar with routes to and location of your destination.

See ‘Before you Go’ leaflet of guidelines for safe practice.

Guidelines for Assessing Brain Damaged or Psychiatric Patients

- Patients should be well briefed about what to expect of the testing session before the visit in question.

- A first home visit by staff and students to psychiatric or brain damaged people must always be made by two people.

- Ideally, patients should be given the information sheet to discuss with their families at least 48 hours before the first visit.

- If you are using computers, or tests requiring a table, you should make sure in advance that, on a home visit, the facilities exist for you to properly do your testing.

- Quietness is particularly problematic when testing in the home, and so it is worth discussing whether you will be able to get peace and quiet in a room on your own with the patient for the time you require. Many houses have dogs, doorbells, televisions, and curious relatives sitting watching.

- In general, brain damaged and psychiatric patients should not be tested for more than 50 minutes without a break. A maximum of two 50-minute testing sessions in any one day is reasonable, although there are exceptions such as when people have travelled a long distance.

- People who have suffered a stroke can often develop pain and discomfort when, for instance, being asked to stare for long periods at a computer screen. They should be frequently monitored for pain and discomfort, and testing stopped if necessary. Test results will be quite invalid if people are in pain or over-fatigued.

- There are considerable ethical problems about paying patients for participation in studies. Patients should be given reasonable travel and out-of-pocket expenses if they travel from home (e.g., taxi fares, refreshments).
• Where patients are coming into the School, you should make sure that they are able to go to the toilet on their own, or if they are not, that someone is accompanying them who can take them to the toilet.

• Many patients with brain damage are at increased risk of epilepsy, even though they may not yet have had an epileptic seizure. If your study includes visually-demanding or flickering screens, you should take appropriate advice before running it.

Declaration

I declare that I have read and understood the document ‘Guidelines when Interviewing or Testing Adults’. I agree to abide by these guidelines, and acknowledge that if I breach these guidelines then ethics approval for the study by the TCD School of Psychology Research Ethics Committee will be nullified.

Name (Print) …STEPHEN O’ NEILL…………………………

Signature…………………………

Date…………………………
Appendix H (i)

Ethical approval for Study 1

COLAISTE NA TRIONOIDE, BAILE ATHA CLIATH
TRINITY COLLEGE DUBLIN

15th January 2013

F.A.O. Stephen O'Neill

School of Psychology Research Ethics Committee

Dear Stephen,

I am pleased to inform your inclusion on the application entitled "Supervisee transfer of learning; an analogue study" has been approved by the School of Psychology Research Ethics Committee. It is not routine policy of the Committee to issue duplicate or replacement letters confirming ethical approval. It is therefore the responsibility of the applicant to keep the approval letter safe.

Yours sincerely,

Prof. Richard Carson
Chair School of Psychology Research Ethics Committee
Appendix H (ii)

Ethical approval for Study 2

COLAISTE NA TRIONOIDE, BAILE ATHA CLIATH TRINITY COLLEGE DUBLIN
Ollscoil Atha Cliath The University of Dublin

F.A.O. Stephen O'Neill

School of Psychology Research Ethics Committee

1 December 2014

Dear Stephen,

The School of Psychology Research Ethics Committee has reviewed your application entitled "Supervisee transfer of learning: Study 2" and I am pleased to inform you that it was approved.

Please note that you will be required to submit a completed Project Annual Report Form on each anniversary of this approval, until such time as an End of Project Report Form is submitted upon completion of the research. Copies of both forms are available for download from the Ethics section of the School website.

Adverse events associated with the conduct of this research must be reported immediately to the Chair of the Ethics Committee.

Yours sincerely,

Prof. Richard Carson
Chair School of Psychology Research Ethics Committee

Scoil na Siceolaiochta, Damh na nEolaiochta/Seisialta agus Daonna, Aras an Phiarasaigh, Colaiste na Trionuide, Baile Atha Cliath 2, Eire
School of Psychology, T 353 (0)1 896 1886 Faculty of Arts, Humanities and Social Sciences, F 353 (0)1 671 2006
Aras an Phiarasaigh, Trinity College, psychology@tcd.ie
Dublin 2, Ireland www.psychology.tcd.ie
Appendix I

Permission from Course Director D.Couns. Study I

Dear Research Ethics Committee,

I am confirming that the Course Administrator will forward a recruitment letter to graduates of the MSc/D.Couns. Psych. in Counselling Psychology to assist Stephen O'Neill, PhD candidate, in recruitment of participants (supervisees/clients’) for his current study. With due regard to graduate confidentiality concerning their contact information, Stephen will not have direct access to this information unless potential participants subsequently contact him directly.

Best regards,

Ladislav Timulak

------------------------------------
Ladislav Timulak, Ph.D.
Course Director, Doctorate in Counselling Psychology
School of Psychology
Trinity College Dublin
Dublin 2
Ireland
tel. 00 353 1 8961489
fax 00 353 1 6712006
Appendix I (i)

Permission from Course Director M.Sc. in Clinical Supervision Study 1

Dear Research Ethics Committee,

Confirming that the Course Administrator will forward a recruitment letter to graduates of the MSc/P.Grad.Dip. in Clinical Supervision to assist Stephen O'Neill, PhD candidate, in recruitment of participants (supervisors) for his current study. With due regard to graduate confidentiality concerning their contact information, Stephen will not have direct access to this information unless potential participants subsequently contact him directly.

Regards,

Mary Creaner

Dr. Mary Creaner

Assistant Professor/Research Co-ordinator: Doctorate in Counselling Psychology

Course Director: M.Sc./P.Grad.Dip in Clinical Supervision

School of Psychology

Aras An Phiarsaigh

Trinity College

Dublin 2

Tel: +353 1 896 209
Appendix I (ii)

Permission from Course Director D.Couns. Study 2

Dear Research Ethics Committee,

I am confirming that the Course Administrator will forward a recruitment letter to graduates of the MSc/D.Couns. Psych. in Counselling Psychology to assist Stephen O'Neill, PhD candidate, in recruitment of participants (supervisees) for his current study. With due regard to graduate confidentiality concerning their contact information, Stephen will not have direct access to this information unless potential participants subsequently contact him directly.

Best regards,

Ladislav Timulak

------------------------------------
Ladislav Timulak, Ph.D.
Course Director, Doctorate in Counselling Psychology
School of Psychology
Trinity College Dublin
Dublin 2
Ireland
tel. 00 353 1 8961489
Appendix J

Permission to use the Working Alliance Inventory

Mr Stephen O Neill
Trinity College
Dublin School of
Psychology
Dublin 2
Dublin Co. Dublin
D2
IRELAND

March 7, 2013

201273.524

LIMITED COPYRIGHT LICENSE
(ELECTRONIC) #
Dear Mr O Neill

You have permission to use the Working Alliance Inventory (WAI) for the investigation:

“Supervisee Transfer of Learning: An analogue study”

This limited copyright release extends to all forms of the WAI for which I hold copyright privileges, but limited to use of the inventory for not-for-profit research, and does not include the right to publish or distribute the instrument(s) in any form.

I would appreciate if you shared the results of your research with me when your work is completed so I may share this information with other researchers who might wish to use the WAI. If I can be of further help, do not hesitate to contact me.

Dr. Adam O. Horvath
Professor
Faculty of Education and
Department of Psychology

Ph# (778) 782-3624
Fax: (778) 782-3203
e-mail: horvath@sfu.ca
Internet: http://www.educ.sfu.ca/alliance/allianceA
Appendix J (i)

Email correspondence permission request to use Supervisory Working Alliance Inventory

Email dated 6th February 2013

Dear Dr. Patton

my name is Stephen O’ Neill and I am a clinical supervisor currently undertaking a research doctorate in the School of Psychology in Trinity College Dublin. Professor Carol Anne Kardash put me in touch with you. My research study is exploring supervisees’ transfer of learning process from clinical supervision into their therapy practice.

As part of the contextual information for this research I am seeking permission from yourself to use the Supervisory Working Alliance Inventory Short Form (SWAI short).

Regards

Stephen
Stephen O Neill
School of Psychology
Áras an Phiarsaigh
Trinity College
Dublin 2.
Tel: +353(0)86 8294637
E-mail: oneillst@tcd.ie
Email dated 10th February 2013

Dear Mr. O Neill,

I can give you permission and a copy of the SWAI scales. However, before I do that I would like to ask you several questions:

1. Please describe your proposed research project, who the participants would be, how many participants there will be, and who your Ph.D. dissertation adviser is.

2. Will you assure me that you would use the SWAI only for your research, for this occasion only, and would not use it for clinical purposes?

3. Can you assure me that you will keep the scales secure by ensuring that you are the only person responsible for its administration?

4. Will you be translating the items from English to another language? If so, will you verify their meaning by doing a back translation?

5. Will you seek to determine the psychometric properties of the SWAI with the data you collect by obtaining estimates of its reliability and validity?

6. Will you agree to share your data with me?

I'm sure you can answer these questions easily, in which case I will send you an attachment with the scales.

Sincerely,

Michael J. Patton, Ph.D.
Professor Emeritus
Department of Educational & Counselling Psychology
University of Missouri-Columbia
Email dated 11th February 2013

Dear Prof. Patton, thank you for replying to my email.

In response to your questions;

1. Please describe your proposed research project, who the participants would be, how many participants there will be, and who your Ph.D. dissertation adviser is.

   I am a clinical supervisor currently undertaking a PhD research doctorate in the School of Psychology in Trinity College Dublin and my Research Project is an analogue case study which aims to identify essential elements and central factors involved in supervisees’ transfer of learning process from clinical supervision into therapy practice.

   Three participants will be involved in the research study; a supervisee-participant, a clinical supervisor-participant and a ‘client’-participant.

   The participants will be a qualified clinical supervisor, and a qualified counselling psychologist/psychotherapist as the supervisee or ‘client’ participants.

   My research supervisor (adviser) is Dr. Mary Creaner and co-supervisor is Dr. Laco Timulak.

   See below for their details

2. Will you assure me that you would use the SWAI only for your research, for this occasion only, and would not use it for clinical purposes?

   I can assure you that I will use the SWAI only for my research and not use it for clinical purposes.

   I would like to take this opportunity to request that once the study has been completed I would be given permission to use the SWAI in a larger study involving approximately 4 more supervisory triads made up of 12 participants.

3. Can you assure me that you will keep the scales secure by ensuring that you are the only person responsible for its administration?

   I can assure you that I will keep the scales secure by ensuring I am the only person responsible for its administration.

4. Will you be translating the items from English to another language? If so, will you verify their meaning by doing a back translation?

   I will not be translating the SWAI from English into another language.
5. Will you seek to determine the psychometric properties of the SWAI with the data you collect by obtaining estimates of its reliability and validity?

*I won’t be seeking to determine the psychometric properties of the SWAI. It will be used in this Research Project to provide contextual information.*

6. Will you agree to share your data with me?

*In my ethics application form I haven’t referred to the data going to a third party and would need to make and sentence amendment to my Information sheet and Informed Consent Form to arrange for this to happen. I would be happy to do this if you so wish.*

I hope these responses to your questions are adequate. If you require any further information please contact me.

Yours Sincerely

Stephen O Neill.
Appendix K

Working Alliance

Inventory Short Form

(C) Instructions

On the following pages there are sentences that describe some of the different ways a person might think or feel about his or her therapist (counsellor). As you read the sentences mentally insert the name of your therapist (counselor) in place of ____ in the text.

Below each statement inside there is a seven point scale:

<table>
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<tr>
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<th>4</th>
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If the statement describes the way you always feel (or think) circle the number 7; if it never applies to you circle the number 1. Use the numbers in between to describe the variations between these extremes.

This questionnaire is CONFIDENTIAL; neither your therapist nor the agency will see your answers.

Work fast, your first impressions are the ones we would like to see. (PLEASE DON'T FORGET TO RESPOND TO EVERY ITEM.)

Thank you for your cooperation.

1. __________ and I agree about the things I will need to do in therapy to help improve my situation.

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2. What I am doing in therapy gives me new ways of looking at my problem.

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3. I believe __________ likes me.

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4. __________ does not understand what I am trying to accomplish in therapy.

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5. I am confident in __________’s ability to help me.

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6. __________ and I are working towards mutually agreed upon goals.

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7. I feel that __________ appreciates me.

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8. We agree on what is important for me to work on.

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9. __________ and I trust one another.

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10. __________ and I have different ideas on what my problems are.

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11. We have established a good understanding of the kind of changes that would be good for me.

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12. I believe the way we are working with my problem is correct.

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</table>
Working Alliance Inventory

Short Form T

Instructions

On the following pages there are sentences that describe some of the different ways a person might think or feel about his or her client. As you read the sentences mentally insert the name of your client in place of ___________ in the text.

Below each statement inside there is a seven point scale:

<table>
<thead>
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If the statement describes the way you always feel (or think) circle the number 7; if it never applies to you circle the number 1. Use the numbers in between to describe the variations between these extremes.

This questionnaire is CONFIDENTIAL; neither your client nor the agency will see your answers.

Work fast, your first impressions are the ones we would like to see.
(Please don't forget to respond to EVERY ITEM.)

Thank you for your cooperation.

1. _______________ and I agree about the steps to be taken to improve his/her situation.

<table>
<thead>
<tr>
<th>1</th>
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2. My client and I both feel confident about the usefulness of our current activity in therapy.

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3. I believe _______________ likes me.

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4. I have doubts about what we are trying to accomplish in therapy.

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5. I am confident in my ability to help _______________.

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7. I appreciate _______________ as a person.

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<th>Very Often</th>
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</table>

9. _______________ and I have built a mutual trust.

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<th>Rarely</th>
<th>3</th>
<th>Occasionally</th>
<th>4</th>
<th>Sometimes</th>
<th>5</th>
<th>Often</th>
<th>6</th>
<th>Very Often</th>
<th>7</th>
<th>Always</th>
</tr>
</thead>
</table>

10. _______________ and I have different ideas on what his/her real problems are.

<table>
<thead>
<tr>
<th>1</th>
<th>Never</th>
<th>2</th>
<th>Rarely</th>
<th>3</th>
<th>Occasionally</th>
<th>4</th>
<th>Sometimes</th>
<th>5</th>
<th>Often</th>
<th>6</th>
<th>Very Often</th>
<th>7</th>
<th>Always</th>
</tr>
</thead>
</table>

11. We have established a good understanding between us of the kind of changes that would be good for _______________.

<table>
<thead>
<tr>
<th>1</th>
<th>Never</th>
<th>2</th>
<th>Rarely</th>
<th>3</th>
<th>Occasionally</th>
<th>4</th>
<th>Sometimes</th>
<th>5</th>
<th>Often</th>
<th>6</th>
<th>Very Often</th>
<th>7</th>
<th>Always</th>
</tr>
</thead>
</table>

12. _______________ believes the way we are working with her/his problem is correct.

| 1 | Never | 2 | Rarely | 3 | Occasionally | 4 | Sometimes | 5 | Often | 6 | Very Often | 7 | Always |
Appendix K (i)

**Supervisory working alliance inventory (SWAI) – Supervisee**  
(Efstation, Patton, & Kardash, 1990)

The SWAI is designed to measure the working alliance in supervision from both a supervisor and supervisee perspective. Higher scores are generally indicative of alliances that are more effective. The SWAI can be used as an ongoing repeated measure of the SWA.

**Instructions:** Indicate the frequency with which the behaviour described in each of the following items seems characteristic of your work with your supervisor (or how you would like to work with a supervisee). Estimate the frequency of occurrence within supervision on the seven-point scale from almost never to almost always.

<table>
<thead>
<tr>
<th>Scale:</th>
<th>1 almost never</th>
<th>2 rarely</th>
<th>3 occasionally</th>
<th>4 sometimes</th>
<th>5 often</th>
<th>6 very often</th>
<th>7 almost always</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Rapport</th>
<th>Circle most relevant</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I feel comfortable working with my supervisor.</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>2. My supervisor welcomes my explanations about the clients' behaviour.</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>3. My supervisor makes the effort to understand me.</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>4. My supervisor encourages me to talk about my work with clients in ways that are comfortable for me.</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>5. My supervisor is tactful when commenting about my performance.</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>6. My supervisor encourages me to formulate my own interventions with the client.</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>7. My supervisor helps me talk freely in our sessions.</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>8. My supervisor stays in tune with me during supervisions.</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>9. I understand client behaviour and treatment technique similar to the way my supervisor does.</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>10. I would feel free to mention to my supervisor any troublesome feelings I might have about him/her.</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>11. My supervisor treats me like a colleague in our supervisory sessions.</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>12. In supervision, I am more curious than anxious when discussing difficulties with clients.</td>
<td>1 2 3 4 5 6 7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rapport</th>
<th>Circle most relevant</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. In supervision, my supervisor places a high priority on our understanding the clients’ perspective.</td>
<td>1 2 3 4 5 6 7</td>
</tr>
</tbody>
</table>

**Rapport**

| 13. In supervision, my supervisor places a high priority on our understanding the clients’ perspective. | 1 2 3 4 5 6 7 |
14. My supervisor encourages me to take time to understand what the client is saying and doing.

15. My supervisor’s style is to carefully and systematically consider the material I bring to supervision.

16. When correcting my errors with a client, my supervisor offers alternative ways of intervening with that client.

17. My supervisor helps me work within a specific treatment plan with my clients.

18. My supervisor helps me stay on track during our meetings.

19. I work with my supervisor on specific goals in the supervisory session.

### Scoring

Rapport: sum items 1 through 12, then divide by 12

Client focus: sum items 13 to 19, and then divide by 6

The subscales can also be combined (due to high correlation between scales) to give an overall score of the alliance from the supervisee’s perspective. Higher scores on each of the subscales and overall are indicative of alliances that are most effective.

Norms derived from the Efstation et al. (1990) study for supervisee version; 5.85 for Client focus and 5.44 for Rapport.

---

Supervisory working alliance inventory (SWAI) – Supervisor
(Efstation, Patton, & Kardash, 1990)

The SWAI is designed to measure the working alliance in supervision from both a supervisor and supervisee perspective. Higher scores are generally indicative of alliances that are more effective. The SWAI can be used as an ongoing repeated measure of the SWA.

Instructions: Indicate the frequency with which the behaviour described in each of the following items seems characteristic of your work with your supervisor (or how you would like to work with a supervisee). Estimate the frequency of occurrence within supervision on the seven-point scale from almost never to almost always.

<table>
<thead>
<tr>
<th>Scale:</th>
<th>1 almost never</th>
<th>2 rarely</th>
<th>3 occasionally</th>
<th>4 sometimes</th>
<th>5 often</th>
<th>6 very often</th>
<th>7 almost always</th>
</tr>
</thead>
</table>

Client focus

20. I help my supervisee work within a specific treatment plan with his/her consumer. 1 2 3 4 5 6 7
21. I help my supervisee stay on track during our meetings. 1 2 3 4 5 6 7
22. My style is to carefully and systematically consider the material that my supervisee brings to supervision. 1 2 3 4 5 6 7
23. My supervisee works with me on specific goals in the supervisory session. 1 2 3 4 5 6 7
24. In supervision, I expect my supervisee to think about or reflect on my comments to him/her. 1 2 3 4 5 6 7
25. I teach my supervisee through direct suggestion. 1 2 3 4 5 6 7
26. In supervision, I place a high priority on our understanding the clients’ perspective. 1 2 3 4 5 6 7
27. I encourage my supervisee to take time to understand what the client is saying and doing. 1 2 3 4 5 6 7
28. When correcting my supervisee’s errors with a client, I offer alternate ways of intervening with that client. 1 2 3 4 5 6 7
29. I encourage my supervisee to formulate his/her own interventions with his/her client. 1 2 3 4 5 6 7
30. I encourage my supervisee to talk about their work in ways that are comfortable for him/her. 1 2 3 4 5 6 7

Rapport

31. I welcome my supervisee’s explanations about his/her client’s behaviour. 1 2 3 4 5 6 7
32. During supervision, my supervisee talks more than I do. 1 2 3 4 5 6 7
33. I make an effort to understand my supervisee. 1 2 3 4 5 6 7
34. I am tactful when commenting about my supervisee’s performance. 1 2 3 4 5 6 7
35. I facilitate my supervisee’s talking in our session. 1 2 3 4 5 6 7
36. In supervision, my supervisee is more curious than anxious when discussing his/her difficulties with clients. 1 2 3 4 5 6 7
37. My supervisee appears to be comfortable working with me. 1 2 3 4 5 6 7

<table>
<thead>
<tr>
<th>Identification</th>
<th>Circle most relevant</th>
</tr>
</thead>
<tbody>
<tr>
<td>38. My supervisee understands client behaviour and treatment technique similar to the way I do.</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>39. During supervision, my supervisee seems able to stand back and reflect on what I am saying to him/her.</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>40. I stay in tune with my supervisee during supervision.</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>41. My supervisee identifies with me in the way he/she thinks and talks about his/her clients.</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>42. My supervisee consistently implements suggestions made in supervision.</td>
<td>1 2 3 4 5 6 7</td>
</tr>
</tbody>
</table>

### Scoring

**Client focus:** sum items 1 through 10, then divide by 10

**Rapport:** sum items 11 to 18, and then divide by 8

**Identification:** sum items 19 to 23, and then divide by 5

Higher scores are indicative of alliances that are more effective.

Norms derived from the Efstation and colleagues (1990) study for supervisor version; 5.48 for Client focus subscale, 5.97 for the Rapport subscale and 5.41 for the Identification subscale.

Appendix L

Study 1 Supervision contract

1. Purpose, Goals and Objectives of Supervision.

Provide clinical/consultative supervision Monitor and promote welfare of clients seen by Supervisee; Promote continuing development of Supervisee’s professional identity and competence; Provide space for reflection on practice issues of the supervisee.

2. Content and Context of Supervision:
   - Individual supervision on a six week basis for six months each session will be of 50 minutes;
   - A variety of methods will be used within an eclectic framework.

3. Method of Evaluation

Feedback will be provided each session. Records will be limited to session details and major issues relevant to the supervision of the case. A formal evaluation will be conducted at the end of six months. Supervision notes may be shared with Supervisee at Supervisors discretion and upon request of the supervisee.


a. As a supervisor I agree to:
   - Encourage ongoing professional education.
   - Challenge Supervisee to validate approach and technique used.
   - Monitor basic micro – skills and advanced skills including transference and counter transferences.
   - Discuss alternative approaches with the Supervisee.
   - Intervene when client welfare is at risk.
   - Ensure ethical guidelines and professional standards are maintained.
   - Provide consultation when necessary.
b. As a supervisee I agree to:
   - Uphold ethical guidelines and professional standards.
   - Discuss client cases where appropriate with the aid of written case notes.
   - Validate diagnoses made and approach and techniques used.
   - Be open to change and alternative method of practice.
   - Consult supervisor or designated contact person in cases of emergency.
   - Discuss supervisor suggestions fully, and retain therapeutic flexibility in implementing agreed approaches.
   - Maintain a commitment to family therapy education and the family therapy profession.

4. Procedural Considerations.
   - Supervisees’ written notes, diagnoses and action plans may with agreement be reviewed in sessions.
   - Issues related to the Supervisee’s professional development will be discussed.
   - It is understood that important and seminal issues experienced in the counselling setting will be raised and addressed in supervision. Failure to raise such issues in a reasonable time frame will be considered a breach of contract.

This contract is subject to revision at any time upon request by either Supervisor or Supervisee. The contract will be reviewed each six months on the approval of both the Supervisor and Supervisee.

We agree to the best of our ability to uphold the guidelines specified in the supervision contract and to manage the supervisory relationship process according to the ethical principles and codes of conduct of the FTAI and PSI.

____________________  ____________________
Supervisor             Supervisee

Date: ___________      Date: ___________

This contract is in effect from:
Appendix M

Declaration on Plagiarism

SCHOOL OF PSYCHOLOGY 2015/2016
Ph.D. and M.Sc. by Research

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Terence Stephen O Neill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Number</td>
<td>991603742</td>
</tr>
<tr>
<td>Module Code (if n/a provide a brief description of work being submitted)</td>
<td>Ph.D Supervisee transfer of learning in psychotherapy supervision</td>
</tr>
</tbody>
</table>

Declaration 1

I have read and I understand the plagiarism provisions in the General Regulations of the University Calendar for the current year, found at [http://www.tcd.ie/calendar](http://www.tcd.ie/calendar)

Declaration 2

I have also completed the Online Tutorial on avoiding plagiarism ‘Ready Steady Write’, located at [http://tcd-ie.libguides.com/plagiarism/ready-steady-write](http://tcd-ie.libguides.com/plagiarism/ready-steady-write)

Student Signature: ________________________________

Date: ________________________________
Appendix N

Study 1 Ethics application form

School of Psychology Research Ethics Committee
Application Checklist

Name of applicant: ___Stephen O Neill________________________________

Date: December 3rd 2012

Please read through the checklist below and tick the relevant boxes provided to ensure that each required item has been included with your application. Please put ‘N/A’ against items that are not relevant to your application. Applications submitted without a completed checklist will not be reviewed by the Committee.

<table>
<thead>
<tr>
<th>Inclusions:</th>
<th>Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Letter of approval from medical/hospital/specialist ethics committee</td>
<td>N/A</td>
</tr>
<tr>
<td>For studies involving minors (i.e., participants under age of 16 years), form for obtaining written consent to participate from parent or legal guardian</td>
<td>N/A</td>
</tr>
<tr>
<td>Signed ‘working with adults’ signed declaration form (if submitted with previous application, please state date of submission)</td>
<td>✓</td>
</tr>
<tr>
<td>Signed ‘statutory declaration’ form when working with minors (if submitted with previous application, please state date of submission)</td>
<td>N/A</td>
</tr>
<tr>
<td>Letter from clinically responsible person agreeing: to host study; provide access to sufficient numbers of participants; provide appropriate psychological/medical support in the event of distress being experienced by participants</td>
<td>N/A</td>
</tr>
<tr>
<td>Letter of permission from the organisation/institution hosting the study</td>
<td>✓</td>
</tr>
<tr>
<td>Application form (Section 23) states that data will be stored for a minimum of 10 years in line with Trinity College’s data retention policy. <strong>N.B. Ticking this box is not sufficient, you must state clearly on Section 23 of the application form that you will implement this specific data storage procedure</strong></td>
<td>✓</td>
</tr>
<tr>
<td>Applicant’s and supervisor’s signatures on final page of application form</td>
<td>✓</td>
</tr>
<tr>
<td>Participant consent form and study information/debriefing sheet</td>
<td>✓</td>
</tr>
<tr>
<td>Provision of any advertising material that will be used for the purpose of recruiting participants (e.g., posters)</td>
<td>N/A</td>
</tr>
<tr>
<td>Study information/debriefing sheet containing contact details of psychological support services that participants may avail of should they experience any distress. Procedure for dealing with/minimising</td>
<td>✓</td>
</tr>
</tbody>
</table>
any possible psychological distress in participants to be specified on application form (e.g., in Section 18-21).

Study information/debriefing sheet containing work contact details (phone number, e-mail and postal address) of applicant and supervisor, if appropriate. ✓

Study’s procedure, design and methodology described on application form (Sections 1-4). ✓

Study’s consent and debriefing procedures described on application form (Sections 8-11, 22). ✓

### School of Psychology Research Ethics Committee

**Application for approval**

*Handwritten applications will be not be accepted. Please note that you may exceed the space provided if necessary.*

<table>
<thead>
<tr>
<th>Name of applicant</th>
<th>Stephen O Neill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>28th November 2012</td>
</tr>
<tr>
<td>Contact details (TCD e-mail, telephone)</td>
<td><a href="mailto:oneillst@tcd.ie">oneillst@tcd.ie</a>, Tel. 086-8294637</td>
</tr>
<tr>
<td>Status (e.g., Staff, Postgraduate)</td>
<td>PhD Candidate</td>
</tr>
<tr>
<td>Course (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Brief project title (6 words max.)</td>
<td>Supervisee transfer of learning; an analogue study.</td>
</tr>
<tr>
<td>Academic Supervisor (if applicable)</td>
<td>Research Supervisor Dr. Mary Creaner &amp; co-research supervisor Dr. Laco Timulak</td>
</tr>
<tr>
<td>Proposed start date</td>
<td>On receipt of ethics approval</td>
</tr>
</tbody>
</table>

### Study Design & Methods

1. Specify the research question/s to be addressed (30 words max.)

   - How do supervisees transfer their learning from clinical supervision into their therapy practice?

2. Describe the research design and briefly outline the methods that will be used

   - This is an analogue case study using a qualitative phenomenological inquiry
• Data will be collected from semi-structured interviews, using a version of the tape-assisted recall interviewing method of Brief Structured Recall (BSR) (Elliott & Shapiro, 1988).

• Contextual data will be collected using questionnaires i.e. ‘Transfer of clinical supervision learning’ [see Appendix G], Supervisory Working Alliance Inventory (SWAI) (Efstation, Patton, & Kardash, 1990); Working Alliance Inventory (WAI) (Horvath & Greenberg 1989); Demographic questionnaires [see Appendices C, C (i) & C (ii)]

• Data collected from the interviews will be transcribed and analysed using a method congruent to the overall research approach e.g. Comprehensive Process Analysis (Elliott 1989).

3. Describe the procedures that participants will encounter during the study. This account should convey, in straightforward language, exactly what will happen to participants in the study.

Please attach copies of all non-standard questionnaires, interview schedules, etc. in an appendix (copies of standard/published questionnaires are not required, but their psychometric properties must be stated in the next section).

Three participants will be involved in the research study; a supervisee-participant, a clinical supervisor-participant and a ‘client’-participant.

The supervisee and ‘client’ participants will be asked to engage in 6-8 analogue counselling sessions. The supervisee and clinical supervisor participants will be asked to take part in 6-8 analogue clinical supervision sessions. All sessions will be video recorded.

The supervisee-participant will complete the questionnaire on the ‘transfer of clinical supervision learning’ [see Appendix G] after each of the counselling sessions.

All participants will take part in separate semi-structured interviews with the researcher using data from this questionnaire and a version of tape-assisted recall interviewing method of Brief Structured Recall (BSR) (Elliott & Shapiro, 1988)

In Part A of this questionnaire the supervisee-participant will identify a segment in a video-recorded analogue counselling session where they experienced the transfer of learning from clinical supervision.

In Part B of the questionnaire the supervisee-participant will identify a segment in a video-recorded analogue clinical supervision session where they experienced the learning they transferred into counselling.

In the interview with the ‘client’-participant the selected segment from Part A will be
played back to assist them in the recall of their experience of the supervisee-participant transferring learning into the counselling session.

In the interview with the clinical supervisor-participant the selected segment from Part B will be played back to assist them in the recall of their experience of the supervisee-participant learning in clinical supervision.

In the interview with the supervisee-participant both of the selected segments from Part A & B will be played back to assist them in the recall of their experience of; 1) Transferring their learning into the counselling session; 2) Their learning emerging in clinical supervision.

For copies of the tentative interview schedules and protocols see appendices F, F (i) & F (ii). These individual interviews will last between 60 and 90 minutes each.

On completion of the interviews the participants and researcher will discuss the debriefing process and participants will be given a copy of the debriefing form [see Appendix E, E (i) & E (ii)].

Following the first and last clinical supervision sessions, the supervisor-participant and the supervisee-participant will complete their relevant forms of the Supervisory Working Alliance Inventory (SWAI).

Following the first and last counselling session the supervisee-participant and ‘client’-participant will complete their relevant forms of the Working Alliance Inventory (WAI).

All participants will also be asked to complete their relevant demographic questionnaire [see Appendices C, C (i) & C (ii)].

For each participant the completion of each individual questionnaire will take between 10 to 15 minutes.

The psychometric properties of the WAI have reliability estimates that range from .79 to .97, with a modal estimate of .92. (Hanson, Curry, & Bandalos 2002). Estimates for the internal consistency of the total scores for the client version are .93 and .87 for the therapist version (Horvath & Greenberg, 1989)

Internal consistency scores for the SWAI have been reported as .95 and .96 (Gnilka, Chang & Dew, 2012). There is also evidence of convergent and divergent validity (Efstation, Patton, & Kardash, 1990).

4. How will reliability and validity be assessed. If not known, what steps will be taken to establish reliability and validity?

The trustworthiness and credibility of the study will be congruent with the overall research approach. Trustworthiness and credibility will be transactional in nature and be informed by criteria such as ‘sensitivity to context, commitment and rigour, transparency and coherency; impact and importance (Yardley, 2000). Triangulation will involve the checking and verification of data in the semi-structured interviews with contextual data from the questionnaires. The audit trail will also include data from the researchers’ ongoing self-reflection. Peer auditing will take place with a research colleague. Research
supervisors will also be involved in auditing data. A pilot interview will take place with a research colleague to explore the coherence of the interview schedule and interview questions may be modified as a result.

Access & Recruitment of Participants

5. How many participants are required?

One Supervisory triad = Three participants (e.g. one clinical supervisor-participant – one supervisee-participant – one ‘client’-participant)  

6. Classification of participants [Tick as appropriate]

Supervisee-participants will be recently graduated Counselling Psychologists and/or registered Counselling Psychologists. They may also be qualified Psychotherapists registered with the Irish Association of Counselling and Psychotherapy (IACP) and/or the Irish Association of Humanistic and Integrative Psychotherapy (IAHIP) and/or the Irish Council for Psychotherapy (ICP).

The clinical supervisor-participant will be an experienced supervisor who is orientated to the learning aspect of supervision and will have a professional qualification in supervision e.g. postgraduate diploma or M.Sc.

‘Client’-participants will be recently graduated Counselling Psychologists and/or registered Counselling Psychologists and/or qualified Psychotherapists.

B. Other non-clinical/non-medical groups (e.g., participant panel) – specify group in space below

C. Medical group (see section 6.1 on medical groups below)

Inclusion criteria
i) People currently receiving medical treatment
ii) People not ‘in remission’ from previous medical treatment
iii) People to be recruited because of a previous medical condition
iv) Healthy controls recruited for a medical study

D. Clinical group (see section 6.2 on clinical groups below)

Inclusion criteria
i) People currently undergoing non-medical treatment (e.g., counselling, psychoanalysis) in treatment centre or similar venue
ii) People diagnosed with DSM disorder

6.1a If study involves a MEDICAL GROUP, has ethics approval from hospital / medical / specialist ethics committee been sought and granted?

This does not apply as the study does not involve a medical group. N/A

Yes_______ / No_______ [Tick as appropriate]
If Yes, supply letter of full (unconditional) approval [Tick to confirm attachment]

If No, give detailed explanation why approval cannot/has not been sought and granted

6.1b If study involves a MEDICAL GROUP, does study impact on participant’s (including medical and control groups) medical condition, well-being or health?

This does not apply as the study does not involve a medical group.

Yes________ / No_______ [Tick as appropriate]

If Yes, supply letter of full (unconditional) approval for hospital / medical / specialist ethics committee. [Tick to confirm attachment]

If No, give detailed explanation of why you consider there to be no impact on medical condition.

Note: If study impacts on participant’s medical condition and where no external ethics committee approval exists, applications will be reviewed by Committee’s panel of medical experts.

6.1c If study involves a MEDICAL GROUP, (regardless of external ethics committee approval), supply the following two letters:

This does not apply as the study does not involve a medical group.

1. Letter from host institution agreeing to support study [Tick to confirm attachment]

2. Letter from medically responsible authority figure at host institution supporting/sanctioning study (should include: support mechanisms for participants who may experience distress; potential risks to participants; access to sufficient number of participants) [Tick to confirm attachment]

Note: One letter containing all necessary information may suffice

6.2a If study involves a CLINICAL GROUP, has ethics approval from hospital / medical / specialist ethics committee been sought and granted?

This does not apply as the study does not involve a clinical group.

Yes________ / No_______ [Tick as appropriate]

If Yes, supply letter of full (unconditional) approval [Tick to confirm attachment]

If No, give detailed explanation of why approval cannot/has not been sought and granted
6.2b If study involves a CLINICAL GROUP, (regardless of external ethics committee approval), supply following two letters:

1. Letter from host institution agreeing to support study [Tick to confirm attachment]

2. Letter from clinically responsible authority figure at host institution supporting/sanctioning study (should include: support mechanisms for participants who may experience distress; potential risks to participants; access to sufficient number of participants) [Tick to confirm attachment]

Note: One letter containing all necessary information may suffice

7. How will participants be accessed/ recruited? From where will participants be recruited?

2. Potential supervisee-participants and ‘client’-participants who are recently graduated Counselling Psychologists will be accessed through the database of the Doctorate in Counselling Psychology course. [See Appendix I for written permission from Course Director]. Initially contact will be made by e-mail [see Appendix A (iii) for sample email] sent by the Course Administrator to preserve graduate anonymity and a research information pack will be forwarded at this point.

3. The research pack will contain the relevant formal letter of invitation; for potential supervisee-participants [see Appendix A], and ‘client’-participants [see Appendix A (ii)].

These packs will also contain three detailed information sheets, which outline the procedures all the participants will encounter in the study; for supervisee-participants [see Appendix B], for supervisor-participants [see Appendix B (i)] and for ‘client’-participants [see Appendix B (ii)].

Other potential supervisee-participants and ‘client’-participants who are registered Counselling Psychologists and/or qualified Psychotherapists will be accessed through the PSI and/or the IACP, IAHIP, and the ICP websites which are in the public domain.

Potential clinical supervisor-participants will initially be contacted through the School of Psychology TCD database of their M.Sc./Pgrad. Dip course [see Appendix I (i) for written permission from Course Director]. Initially contact will be made by e-mail [see Appendix A (iv) for sample email] sent by the Course Administrator to preserve graduate anonymity and a research information pack will be forwarded at this point.

This research pack will contain a letter of invitation to the potential clinical supervisor-participants [see Appendix A (i)]
These packs will also contain three detailed information sheets, which outline the procedures all the participants will encounter in the study; for supervisee-participants [see Appendix B], for supervisor-participants [see Appendix B (i)] and for ‘client’-participants [see Appendix B (ii)].

Participants will be invited to contact the researcher directly as the researcher will not have access to the participant’s contact information.

In conjunction with this approach to recruitment a ‘snowballing technique’ of recruitment will be employed for ‘client’-participants, clinical supervisor-participants and supervisee-participants. The ‘snowballing’ method of recruitment involves asking existing participants to recommend additional potential participants.

Note: If recruiting participants from institution/organisation, supply letter of agreement to host study [Tick to confirm attachment]

8. Specify how participants will be informed of the nature of the study (e.g., aim, rationale) and what participation entails (attach copy of information sheet, briefing or debriefing forms).

In the letters of invitation [see Appendices A, A (i) & A (ii)], information sheets [see Appendices B, B (i) &B (ii)], informed consent forms [see Appendices D, D(i) & D(ii)] and the debriefing forms, [see Appendices E, E(i) & E(ii)], information regarding the nature, aim and rationale for the study will be included.

Potential participants will be invited to contact the researcher directly for research briefing and discussion of informed consent.

[Tick to confirm attachment]

9. Specify how informed consent will be obtained (attach copy of consent form).

The obtaining of consent will be contingent upon all research participants having sufficient relevant information in order to give their valid consent, which is voluntary and informed, (i.e., the participant consents without pressure and with information). The informed consent process will involve a discussion of goals, expectations, procedures, and potential implications of the research with the research participants. Relevant information will also include the limits of confidentiality and also an opportunity to identify relevant support structures for participants (e.g. their own clinical supervision or personal therapy), which they may avail of if required.

Participants will be given the opportunity to ask any further questions regarding consent before signing the informed consent form [see Appendix D, D (i), & D (ii)]. In accordance with PSI Code of Professional Ethics (1.3.1), when the participant signs the informed consent form, it will be regarded as the “outcome of a process of agreeing to work collaboratively”. (p. 29, PSI, 2000).

Signed consent will be required prior to data collection.
10. Specify whether the study involves deception or the withholding of information. If so, justify why it is necessary?

*This study does not involve deception or the withholding of information.*

11. If observational research is to be undertaken without prior consent, describe the situation and how privacy, confidentiality and dignity will be preserved.

*This does not apply as the study does not involve observational research undertaken without prior consent*

**Fieldwork/Data Collection/ Testing**

12. Where will the study take place? Specify where participants will be tested/interviewed.

All videotaped analogue clinical supervision and counselling sessions will take place in a room in the School of Psychology TCD or at another convenient location e.g. Researchers work office or participant’s place of work.

All participants will be asked to complete their relevant questionnaires at a location convenient to themselves e.g. A room in the School of Psychology, at home or their place of work.

All individual semi-structured interviews with participants will take place in a room in the School of Psychology TCD or at another convenient location e.g. Researchers work office or participants place of work.

13. How long (per participant) will testing / interviewing take? Will participants be offered a break? [if testing period extends beyond one hour, then a break must be offered]

Supervisee-participants will be involved in both the 6 to 8 analogue counselling sessions and the 6 to 8 analogue clinical supervision sessions. Each of these individual analogue counselling sessions and analogue clinical supervision sessions will each be approximately 60 minutes in length. There will be approximately one analogue counselling session one week followed by an analogue clinical supervision sessions the following week.

The client-participant will be involved in 6 to 8 analogue counselling sessions and these sessions will each be approximately 60 minutes in length. There will be approximately one analogue counselling session per fortnight.

The supervisor-participant will be involved in 6 to 8 analogue clinical supervision sessions and these sessions will each be approximately 60 minutes in length. There will be approximately one analogue clinical supervision session per fortnight.
Supervisee-participants will be required to complete a short questionnaire following each of the analogue counselling sessions which take approximately 10 to 15 minutes. They will also be required to complete one short questionnaire following the first and last analogue counselling sessions and first and last analogue clinical supervision sessions also taking between 10 to 15 minutes.

Client participants will be required to complete a short questionnaire following the first and last analogue counselling sessions. These questionnaires will take approximately 10 to 15 minutes to complete.

Supervisor participants will be required to complete a short questionnaire following the first and last analogue clinical supervision sessions. These questionnaires will take approximately 10 to 15 minutes to complete.

All participants will be required to participate in a separate individual semi-structured interview following the completion of all the analogue counselling and analogue clinical supervision sessions and each of these interviews will take approximately between 60 and 90 minutes. A break will be offered during the interview and participants are free to take breaks at their convenience.

The completion of all the analogue sessions, including the questionnaires and the semi-structured interviews for each participant will take approximately 20 weeks.

14. Will participants be paid? If so, what is the rate of payment?

The clinical supervisor-participants and ‘client’-participants will each be offered a €40 ‘One-4-All’ gift token. Supervisee-participants will be offered a €60 ‘One-4-All’ gift token. The reason for this difference in payment amounts is that the supervisee-participant will be required to participate in both the analogue clinical supervision sessions and also in the analogue-counselling sessions.

15. Specify how confidentiality of participants will be assured.

Participants’ names will be coded and any identifying information will remain anonymous and confidential within the limits of PSI Code of Ethics 1.2 Privacy and Confidentiality. However in accordance with PSI Code of Ethics 4.5.1 actions of colleagues which are clearly harmful or unethical will be reported as required or justified by law. Also if any participant indicates they are at risk to themselves or others this is also grounds for breaking confidentiality. Should this occur the researcher will consult with their research supervisors in order to identify suitable recipients of the information and to decide on an appropriate course of action. In addition, the research participants will be consulted about what will be shared with the identified recipient.

16. Can participants withdraw from the study at any point without penalty? If so, how will this information be communicated to participants?

Yes, participants can withdraw from the study at any point without penalty. This information will be communicated through the letters of invitation [see Appendices A, A(i) & A(ii)] and the participant information sheets [see Appendices B, B(i)& B (ii)]
Assessment of Risk and Risk Management

17. Specify whether the study involves physical risk to the participants. If so, justify why it is necessary and how it will be minimised.

This study does not involve physical risk to participants.

18. Specify whether the study involves any social risk to participants (e.g., loss of status, privacy or reputation). If so, justify why it is necessary and how it will be minimised.

There is a possibility of social risk (e.g. loss of privacy) to the participants in this study, and in order to minimise this risk, in the process of obtaining consent with the research participants, the researcher will be informed by the PSI Code of Professional Ethics, ‘Principle 1: Respect for the rights and dignity of the person’, and the researcher “shall take care not to intrude inappropriately on (participants) privacy” (p. 25 Code of Ethics); to “collect only that information which is germane to the purposes of a given investigation (1.2.1); “take care not to relay, except as required or justified by law, confidential information about others” (1.2.4)

19. Specify whether the study requires participants to reveal information of a sensitive nature. If so, justify why it is necessary and how the procedure used will minimise any distress caused by such disclosures.

Participant’s discussion of aspects of analogue clinical supervision and counselling sessions may be regarded as information of a sensitive nature. How learning is transferred from clinical supervision into therapeutic work may also be regarded as information of a sensitive nature and in order to complete this research it will be necessary for all participants to share this information with the researcher.

To minimise any distress caused, initially at the stage of obtaining informed consent, participants will be reminded of the focus of the research and that only information which is germane to the purposes of the research is required. Also during the informed consent process, the consequences of making a disclosure that may cause distress will also be discussed. Participants will also be reminded that they will have been told, in their relevant information sheet, that they are free to decline to answer any question should they wish to do so. At the end of the recordings of the sessions and at the end of the semi-structured interviews participants may request that the individual or the total of the recordings and/or the interview not be used in the study. Also if after the interview the participants feel that they have made a disclosure that may have caused distress, the researcher may direct them towards previously identified appropriate support.

20. Specify whether the study involves any risks to participants other than those encountered in everyday life. If so, specify how such risk will be minimised.

This study does not involve any risks to participants, other than those encountered in everyday life.

21. Specify whether the study involves administering any substances or requiring participants to refrain from taking any substances. If so, justify why it is necessary to administer or withhold these substance/s, and give the following details of the
The researcher will implement a data storage procedure, storing the research data for a minimum of 10 years in line with Trinity College’s data retention policy. The results of the questionnaires, the video-taped clinical supervision sessions and the video-taped counselling sessions, the video-tapes of the interviews and their transcriptions will be stored in a locked secure place at all times and the computer data will be password protected. All names will be coded and any identifying information will remain anonymous and strictly confidential within the limits of PSI Code of Professional Ethics (2001). In accordance with the Freedom of Information Act, participants have the right to request a transcript of their interview and results of their questionnaires. Participants may also request an electronic copy of the study’s findings.

With reference to the Freedom of Information Act, specify the measures the study will adopt for storing data.

This study does not involve the use of participant personal or secondary data

Declaration of applicant

I confirm that I have read and will abide by the School of Psychology Ethical Guidelines and the Psychological Society of Ireland guidelines on Ethical Research.

Signature of applicant

Declaration of supervisor (if applicable)

I have read through and approved the contents of this application to the Research Ethics Committee.

Signature of supervisor
Appendix N (i)
Study 2 Ethics application form

**School of Psychology Research Ethics Committee**
**Application Checklist**

Name of applicant: ___Stephen O Neill__________________________

Date: July 2014

Please read through the checklist below and tick the relevant boxes provided to ensure that each required item has been included with your application. Please put ‘N/A’ against items that are not relevant to your application. Applications submitted without a completed checklist will not be reviewed by the Committee.

<table>
<thead>
<tr>
<th>Inclusions:</th>
<th>Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Letter of approval from medical/hospital/specialist ethics committee</td>
<td>N/A</td>
</tr>
<tr>
<td>For studies involving minors (i.e., participants under age of 16 years), form for obtaining written consent to participate from parent or legal guardian</td>
<td>N/A</td>
</tr>
<tr>
<td>Signed ‘working with adults’ signed declaration form (if submitted with previous application, please state date of submission. <em>Previous submission date December 3rd 2012</em>)</td>
<td>P</td>
</tr>
<tr>
<td>Signed ‘statutory declaration’ form when working with minors (if submitted with previous application, please state date of submission)</td>
<td>N/A</td>
</tr>
<tr>
<td>Letter from clinically responsible person agreeing: to host study; provide access to sufficient numbers of participants; provide appropriate psychological/medical support in the event of distress being experienced by participants</td>
<td>N/A</td>
</tr>
<tr>
<td>Letter of permission from the organisation/institution hosting the study</td>
<td>✓</td>
</tr>
<tr>
<td>Application form (Section 23) states that data will be stored for a minimum of 10 years in line with Trinity College’s data retention policy. <strong>N.B. Ticking this box is not sufficient, you must state clearly on Section 23 of the application form that you will implement this specific data storage procedure</strong></td>
<td>✓</td>
</tr>
<tr>
<td>Applicant’s and supervisor’s signatures on final page of application form</td>
<td>✓</td>
</tr>
<tr>
<td>Participant consent form and study information/debriefing sheet</td>
<td>✓</td>
</tr>
<tr>
<td>Provision of any advertising material that will be used for the purpose of recruiting participants (e.g., posters)</td>
<td>✓</td>
</tr>
</tbody>
</table>
Study information/debriefing sheet containing contact details of psychological support services that participants may avail of should they experience any distress. Procedure for dealing with/minimising any possible psychological distress in participants to be specified on application form (e.g., in Section 18-21).

Study information/debriefing sheet containing work contact details (phone number, e-mail and postal address) of applicant and supervisor, if appropriate.

Study’s procedure, design and methodology described on application form (Sections 1-4).

Study’s consent and debriefing procedures described on application form (Sections 8-11, 22).

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School of Psychology
Research Ethics Committee

Application for approval

Handwritten applications will be not be accepted.
Please note that you may exceed the space provided if necessary.

Name of applicant
Stephen O Neill

Date
July 2014

Contact details (TCD e-mail, telephone)
oneillst@tcd.ie, Tel. 086-8294637

Status (e.g., Staff, Postgraduate)
PhD Candidate

Course (if applicable)

Brief project title (6 words max.)
Supervisee transfer of learning; Study 2

Academic Supervisor (if applicable)
Research Supervisors: Dr Mary Creaner & Dr Laco Timulak

Proposed start date
On receipt of ethics approval

Study Design & Methods

13. Specify the research question/s to be addressed (30 words max.)

- How do supervisees transfer their learning from clinical supervision into their therapy practice?

2. Describe the research design and briefly outline the methods that will be used

- This is a second part of a study using a qualitative phenomenological inquiry

---
* Data will be collected from semi-structured interviews of clinical supervisees in training.

* Contextual data will be collected using demographic questionnaires [see Appendix ]

* Data collected from the semi-structured interviews will be transcribed by the researcher or a professional confidential transcription service [see Appendices ] and analysed using a method congruent to the overall research approach e.g. Comprehensive Process Analysis (Elliott 1989).

3. Describe the procedures that participants will encounter during the study. This account should convey, in straightforward language, exactly what will happen to participants in the study.

Please attach copies of all non-standard questionnaires, interview schedules, etc. in an appendix (copies of standard/published questionnaires are not required, but their psychometric properties must be stated in the next section).

Ten to Fifteen participants will take part in separate semi-structured interviews with the researcher.

For copies of the interview schedules and protocols see appendix ?? . These individual interviews will last between 60 and 90 minutes each.

On completion of the interview the participants and researcher will discuss the debriefing process and participants will be given a copy of the debriefing form (see Appendix??) All participants will also be asked to complete a demographic questionnaire [see Appendix ??].

For each participant the completion of the demographic questionnaire will take between 10 to 15 minutes.

15. The trustworthiness and credibility of the study will be congruent with the overall research approach. Trustworthiness and credibility will be transactional in nature and be informed by criteria such as ‘sensitivity to context, commitment and rigour, transparency and coherency; impact and importance (Yardley, 2000). Triangulation will involve the checking and verification of data in the semi-structured interviews with contextual data from the questionnaires. The audit trail will also include data from the researchers’ ongoing self-reflection. Peer auditing will take place with a research colleague. Research supervisors will also be involved in auditing data.
Access & Recruitment of Participants

5. How many participants are required?

Fifteen to twenty five clinical supervisees.

6. Classification of participants [Tick as appropriate]

Participants will be Counselling Psychologists in training, recently graduated Counselling Psychologists and/or registered Counselling Psychologists. They may also be qualified psychotherapists registered with the Irish Association of Counselling and Psychotherapy (IACP) and/or the Irish Association of Humanistic and Integrative Psychotherapy (IAHIP) and/or the Irish Council for Psychotherapy (ICP).

B. Other non-clinical/non-medical groups (e.g., participant panel) – specify group in space below

C. Medical group (see section 6.1 on medical groups below)

Inclusion criteria
i) People currently receiving medical treatment
ii) People not ‘in remission’ from previous medical treatment
iii) People to be recruited because of a previous medical condition
iv) Healthy controls recruited for a medical study

D. Clinical group (see section 6.2 on clinical groups below)

Inclusion criteria
i) People currently undergoing non-medical treatment (e.g., counselling, psychoanalysis) in treatment centre or similar venue
ii) People diagnosed with DSM disorder

6.1a If study involves a MEDICAL GROUP, has ethics approval from hospital / medical / specialist ethics committee been sought and granted?

This does not apply as the study does not involve a medical group.

Yes_______ / No_______ [Tick as appropriate]

If Yes, supply letter of full (unconditional) approval [Tick to confirm attachment]

If No, give detailed explanation why approval cannot/has not been sought and granted

6.1b If study involves a MEDICAL GROUP, does study impact on participant’s (including medical and control groups) medical condition, well-being or health?

This does not apply as the study does not involve a medical group.

Yes_______ / No_______ [Tick as appropriate]

N/A
If Yes, supply letter of full (unconditional) approval for hospital / medical / specialist ethics committee. [Tick to confirm attachment]

If No, give detailed explanation of why you consider there to be no impact on medical condition.

Note: If study impacts on participant's medical condition and where no external ethics committee approval exists, applications will be reviewed by Committee's panel of medical experts.

6.1c If study involves a MEDICAL GROUP, (regardless of external ethics committee approval), supply the following two letters:

This does not apply as the study does not involve a medical group. N/A

1. Letter from host institution agreeing to support study [Tick to confirm attachment]

2. Letter from medically responsible authority figure at host institution supporting/sanctioning study (should include: support mechanisms for participants who may experience distress; potential risks to participants; access to sufficient number of participants) [Tick to confirm attachment]

Note: One letter containing all necessary information may suffice

6.2a If study involves a CLINICAL GROUP, has ethics approval from hospital / medical / specialist ethics committee been sought and granted?

This does not apply as the study does not involve a clinical group. N/A

Yes_______ / No_____ [Tick as appropriate]

If Yes, supply letter of full (unconditional) approval [Tick to confirm attachment]

If No, give detailed explanation of why approval cannot/has not been sought and granted

6.2b If study involves a CLINICAL GROUP, (regardless of external ethics committee approval), supply following two letters:

1. Letter from host institution agreeing to support study [Tick to confirm attachment]

2. Letter from clinically responsible authority figure at host institution supporting/sanctioning study (should include: support mechanisms for participants who may experience distress; potential risks to participants; access to sufficient number of participants) [Tick to confirm attachment]
7. How will participants be accessed/ recruited? From where will participants be recruited?

Potential participants who are Counselling Psychologists in training will be accessed through the Doctorate in Counselling course database. Potential participants who are recently graduated Counselling Psychologists will also be accessed through the database of the Doctorate in Counselling Psychology course. [See Appendix I for written permission from Course Director]. Initially contact will be made by e-mail [see Appendix A (iii) for sample email] sent by the Course Administrator to preserve graduate anonymity and a research information pack will be forwarded at this point.

The research pack will contain the relevant formal letter of invitation; for potential supervisee-participants [see Appendix A],

These packs will also contain detailed information sheets, which outline the procedures the participants will encounter in the study [see Appendix B]

Other potential participants who are registered Counselling Psychologists and/or qualified psychotherapists will be accessed through the PSI and/or the IACP, IAHIP, and the ICP websites which are in the public domain.

In conjunction with this approach to recruitment a ‘snowballing sampling’ (Goodman 1961) technique of recruitment will be employed for participants. The ‘snowballing’ method of recruitment involves asking existing participants to recommend additional potential participants.

Note: If recruiting participants from institution/organisation, supply letter of agreement to host study [Tick to confirm attachment]

8. Specify how participants will be informed of the nature of the study (e.g., aim, rationale) and what participation entails (attach copy of information sheet, briefing or debriefing forms).

In the letters of invitation [see Appendix ], information sheet [see Appendix], informed consent form [see Appendix ] and the debriefing form, [see Appendix], information regarding the nature, aim and rationale for the study will be included.

Potential participants will be invited to contact the researcher directly for research briefing and discussion of informed consent.
9. Specify how informed consent will be obtained (attach copy of consent form).

The obtaining of consent will be contingent upon all research participants having sufficient relevant information in order to give their valid consent, which is voluntary and informed, (i.e., the participant consents without pressure and with information). The informed consent process will involve a discussion of goals, expectations, procedures, and potential implications of the research with the research participants. Relevant information will also include the limits of confidentiality and also an opportunity to identify relevant support structures for participants (e.g. their own clinical supervision or personal therapy), which they may avail of if required.

Participants will be given the opportunity to ask any further questions regarding consent before signing the informed consent form [see Appendix] In accordance with PSI Code of Professional Ethics (1.3.1), when the participant signs the informed consent form, it will be regarded as the “outcome of a process of agreeing to work collaboratively”. (p. 29, PSI, 2000).

Signed consent will be required prior to data collection.

10. Specify whether the study involves deception or the withholding of information. If so, justify why it is necessary?

This study does not involve deception or the withholding of information.

11. If observational research is to be undertaken without prior consent, describe the situation and how privacy, confidentiality and dignity will be preserved.

This does not apply as the study does not involve observational research undertaken without prior consent

Fieldwork/Data Collection/ Testing

12. Where will the study take place? Specify where participants will be tested/interviewed.

All individual semi-structured interviews with participants will take place in a room in the School of Psychology TCD or at another convenient location (e.g. Researcher’s work office or participants’ place of work).

13. How long (per participant) will testing / interviewing take? Will participants be offered a break? [if testing period extends beyond one hour, then a break must be offered]

Participants will be required to complete a short demographic questionnaire which will take approximately 10 to 15 minutes.

All participants will be required to participate in separate individual semi-structured interviews each of these interviews will take approximately between 60 and 90 minutes.
A break will be offered during the interview and participants are free to take breaks at their convenience.

The completion of all the the questionnaires and the semi-structured interviews for each participant will take approximately 30 weeks.

14. Will participants be paid? If so, what is the rate of payment?

The participants will each be offered a €30 ‘One-4-All’ gift token

15. Specify how confidentiality of participants will be assured.

Participants’ names will be coded and any identifying information will remain anonymous and confidential within the limits of PSI Code of Ethics 1.2 Privacy and Confidentiality. However in accordance with PSI Code of Ethics 4.5.1 actions of colleagues which are clearly harmful or unethical will be reported as required or justified by law. Also if any participant indicates they are at risk to themselves or others this is also grounds for breaking confidentiality. Should this occur the researcher will consult with their research supervisors in order to identify suitable recipients of the information and to decide on an appropriate course of action. In addition, the research participants will be consulted about what will be shared with the identified recipient.

16. Can participants withdraw from the study at any point without penalty? If so, how will this information be communicated to participants?

Yes, participants can withdraw from the study by the end of March 2015 without penalty. This information will be communicated through the letter of invitation [see Appendix] and the participant information sheet [see Appendix]

Assessment of Risk and Risk Management

17. Specify whether the study involves physical risk to the participants. If so, justify why it is necessary and how it will be minimised.

This study does not involve physical risk to participants.

18. Specify whether the study involves any social risk to participants (e.g., loss of status, privacy or reputation). If so, justify why it is necessary and how it will be minimised.

There is a possibility of social risk (e.g. loss of privacy) to the participants in this study, and in order to minimise this risk, in the process of obtaining consent with the research participants, the researcher will be informed by the PSI Code of Professional Ethics ,’Principle 1: Respect for the rights and dignity of the person’, and the researcher “shall take care not to intrude inappropriately on (participants) privacy” (p. 25 Code of Ethics); to “collect only that information which is germane to the purposes of a given investigation (1.2.1); “take care not to relay, except as required or justified by law, confidential information about others” (1.2.4)
19. Specify whether the study requires participants to reveal information of a sensitive nature. If so, justify why it is necessary and how the procedure used will minimise any distress caused by such disclosures.

Participant’s discussion of aspects clinical supervision and counselling sessions may be regarded as information of a sensitive nature. How learning is transferred from clinical supervision into therapeutic work may also be regarded as information of a sensitive nature and in order to complete this research it will be necessary for all participants to share this information with the researcher.

To minimise any distress caused, initially at the stage of obtaining informed consent, participants will be reminded of the focus of the research and that only information which is germane to the purposes of the research is required. Also during the informed consent process, the consequences of making a disclosure that may cause distress will also be discussed. Participants will also be reminded that they will have been told, in their relevant information sheet, that they are free to decline to answer any question should they wish to do so. At the end of the semi-structured interviews participants may request that the individual or the total of the recordings and/or the interview not be used in the study. Also if after the interview the participants feel that they have made a disclosure that may have caused distress, the researcher may direct them towards previously identified appropriate support.

20. Specify whether the study involves any risks to participants other than those encountered in everyday life. If so, specify how such risk will be minimised.

*This study does not involve any risks to participants, other than those encountered in everyday life.*

21. Specify whether the study involves administering any substances or requiring participants to refrain from taking any substances. If so, justify why it is necessary to administer or withhold these substance/s, and give the following details of the substance/s: a) substance, b) amount, c) desired effect, c) possible side effects, and d) measures for minimising risks.

*This study does not involve administering any substances or requiring participants to refrain from taking any substances.*

22. Specify the study’s procedure for debriefing participants (attach copy of debriefing form)

In accordance with the PSI Code of Professional Ethics 3.3 ‘avoidance of harm’ the researcher will "Debrief research participants in such a way that any harm caused can be discerned, and act to correct any resultant harm. (PSI Code of Professional Ethics 3.3.11) The debriefing form [see Appendix] contains the study’s procedure for debriefing participants.

[Tick to confirm attachment]

Data Storage & Management

23. [For guidelines, see http://www.tcd.ie/foi/] With reference to the Freedom of Information Act, specify the measures the study will adopt for storing data.

The researcher will implement a data storage procedure, storing the research data for a
minimum of 10 years in line with Trinity College’s data retention policy. The results of the questionnaires, the audio recordings of the interviews and their transcriptions will be stored in a locked secure place at all times and the computer data will be password protected and encrypted. All names will be coded and any identifying information will remain anonymous and strictly confidential within the limits of PSI Code of Professional Ethics (2001). In accordance with the Freedom of Information Act, participants have the right to request a transcript of their interview and results of their questionnaires. Participants may also request an electronic copy of the study’s findings.

24. For studies involving the use of personal, secondary data (e.g., for clinical audit purposes), describe how the study complies with the policy of the Data Protection Commissioner regarding informed consent and anonymisation [for guidelines, see http://www.psychology.tcd.ie/Health_research%20data%20protection%20guidelines.pdf]

This study does not involve the use of participant personal or secondary data

Declaration of applicant

I confirm that I have read and will abide by the School of Psychology Ethical Guidelines and the Psychological Society of Ireland guidelines on Ethical Research.

Signature of applicant ________________________________

Declaration of supervisor (if applicable)

I have read through and approved the contents of this application to the Research Ethics Committee.

Signature of supervisor ________________________________
Appendix O
Study 1 Sample of data analysis

<table>
<thead>
<tr>
<th>CPA HEADING</th>
<th>Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CONTEXT</strong></td>
<td></td>
</tr>
<tr>
<td>Background Context</td>
<td></td>
</tr>
<tr>
<td><strong>1. Client Characteristics</strong></td>
<td>Female; shares previous career (as chartered accountant) with supervisee. Practicing psychotherapist; Presenting issue-client gets angry when family members become ill.</td>
</tr>
<tr>
<td><strong>2. Supervisee characteristics</strong></td>
<td>Female; Qualified as Counselling Psychologist 1 year; shares previous career (as chartered accountant) with client; person-centred theoretical orientation; Supervisee hypothesis’s that client gets angry because client is not getting their own needs met when family members get sick. Family members needs are placed ahead of her own</td>
</tr>
<tr>
<td><strong>3. Supervisor characteristics</strong></td>
<td>Female; Theoretical orientation in clinical supervision and model of clinical supervision is Systemic (Holloway Model)</td>
</tr>
<tr>
<td>Pre-session context</td>
<td>Supervisor offers observation that client might be giving others e.g. husband, permission to not take responsibility, leaving client not getting needs met. Supervisor intention is to have supervisee shift their perspective and take up a different theoretical viewpoint in order to expand supervisee hypothesis.</td>
</tr>
<tr>
<td><strong>Supervisee learning</strong></td>
<td>Supervisee finds taking a different perspective helpful and empowering. Supervisee learns that client possibly plays a role in maintaining the dynamic of not getting her needs met in situations with family members and wants to introduce this into next counselling session. Also voices concerns that C might put own needs ahead of research study and continue on to her own detriment</td>
</tr>
<tr>
<td><strong>Counselling Session (general)</strong></td>
<td>(3rd Counselling session)</td>
</tr>
<tr>
<td><strong>Supervisee Tasks</strong></td>
<td>1. Outlining of role in the research and their responsibility to the client as their therapist to disclose previous connections. 2. Checking in with client about continuing with sessions. 3. Therapeutic alliance still being established 4. Exploring past experiences and life events</td>
</tr>
<tr>
<td><strong>Client Tasks</strong></td>
<td>1. Identifies lack of safety triggered when supervisee disclosed they shared a prior profession. Talks about own role in the research. 2. Also describes what they would do in the supervisees position re disclosing. 3. Client describes in previous post they felt they had an obligation to listen to others Talks about changing in order to fit in and compromising self in order to do that.</td>
</tr>
</tbody>
</table>
Talks about dilemma of not quitting and being in pain place. Getting stuck, being debilitated

<table>
<thead>
<tr>
<th>Episode (specific)</th>
<th>Reflecting back to client that there are people in clients life who would look after the client; waiting on opportunity to transfer learning from CS.</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Supervisee tasks</td>
<td>Supervisee feeling tentative, extremely cautious</td>
</tr>
<tr>
<td>▪ Client task</td>
<td>Describing fear of being debilitated/ incapacitated and not being looked after by others. Client doesn’t trust others might be there for her and fears that something else more urgent will get in the way.</td>
</tr>
<tr>
<td>▪ Client emotional state</td>
<td>C. feeling unsafe</td>
</tr>
</tbody>
</table>

**Process domain**

**Action**

SVE sees opportunity created by client. SVE prompts client to reflect on things differently by introducing the idea.

**Content**

Supervisee asks if client discounts this attachment to others; Asks where client is left when her needs and needs of others get in each other’s way

**Style/State**

Gently prompting, soft/low tone of voice; SVE feeling very cautious, tentative.

**Quality**

Slightly indirect/vague prompt rather than questioning

**Effect domain**

**Immediate effect**

i. **Supervisee**

SVE feels that they have named the issue

ii. **Client**

Client becomes “angsty” around this topic and declares they find it difficult to make a priority of their needs and to filter needs of others out

**Within-Counselling session effect**

I. **Supervisee Perspective**

SVE feels they brought a focus to the session

II. **Client Perspective**

C believes SVE is attempting to “deepen the process” into feelings; C chooses to avoid discussing feelings by talking about an example of putting others needs before her own

**Post- Counselling session effects**

- **Supervisee**

SVE hypothesiss that the C. has potential to start reflecting on things differently.

- **Client**

Feels “angsty” during interview when topic is raised again; feels a raw nerve was touched during the event; C.’s stability shaken, left feeling vulnerable. C reflects on how they explored it in a previous counselling experience.
Appendix O (i)

Study 2 sample of data analysis

Explication SVE11 Study 2

LEARNING IN SUPERVISION (BACKGROUND/CONTEXT/PRESEGMENT)

The SVE11 presented a young client in clinical supervision they felt they were not making progress with and found their work with them difficult.

158. SVE 11 .............I was bringing her to supervision it was like, I’m not getting anywhere this isn’t working.....,

159. R yeah

160. SVE 11 .............being in the room with her in session is torture, its’ the only way I can describe it, because there’s this atmosphere of tension and ye know and I’m so uptight and she’s uptight and we’re not getting anywhere .......

Having reflected on how they were experiencing their client in supervision the SVE11 reviewed the therapeutic approach they were using.

56. SVE 11 ............. I was using CBT tools, I was using certain kind of little booklets to help her to explore her feelings.... and it had proved really really tortuous. She found it so hard, so difficult.

57. R ok

58. SVE 11 .............these particular tools were laid out session by session and it took us two sessions to get through one particular piece that should have been like a a very sort ye know

59. R ok straightforward

60. SVE 11 .............she just found it so hard in session to express her feelings, to talk about what she was feeling or to communicate it or articulate it in anyway.

Informed by the concepts of transference and countertransference the SVE11 began to hypothesis that the atmosphere in the counselling session might be mirroring what might be happening within the clients’ family dynamics.

62. SVE 11 and what we kind of discovered was this was mirroring maybe what she was experiencing at home, that she found it so difficult to express her emotions because it wasn’t allowed or allowable

Following this discussion in supervision on how the client had difficulty articulating their emotions, the SVE11 decided to change their therapeutic approach and chose to use play as a means of working with the client.
AND actually what happened was that I stopped doing the CBT therapy with her

R ok

SVE 11 what we actually did was we played

R ok, so you went into so you went into something totally different to that.

This involved the SVE11 adapting the approach to meet the client’s needs.

SVE 11 ...........I mean the tools weren’t inappropriate it was just was that they didn’t suit that particular child

R ok

SVE 11 and so it was about really having to tailor therapy to the client....... 

TRANSFER OF LEARNING (TARGET SEGMENT)

Upon leaving the supervision session the SVE11 reported that their general plan was to facilitate a positive therapeutic experience for the client through play.

SVE 11 ehm well I remember going away and kind of thinking OK, right so we have a plan, and I need to try and really think about this plan, like I mean the plan was, quite generic, I mean in other words what we had sort of decided well I know what I’m not going to do but I haven’t actually quite figured out what I am going to do

R Ok

SVE 11 ..........I’m not going to go in and try and do a very sort of formal structured therapeutic intervention. My therapeutic intervention is literally just to be with her to play with her, to make the session fun and to give her a space where I think I suppose how my supervisor and I kind of formulated it was that ye know if we could give her something that in later life, that she could look back on and say ‘oh ok, that’s what that’s like’, that’s what’s being able to, being kind of in a comfortable safe space ........

.............................

SVE 11 so, I bought jigsaws and dominos and turned up with lots of colouring pencils and pages of paper and ehm

R right

SVE 11 and cards and so we learned, so we played cards together, we played dominos together, we ye know trying to come with different ways, we played tic tac toe, it sounds crazy we played all sorts of different kinds of games....

The SVE11 played these various games while sitting alongside the client. The SVE11 reported that this approach allowed the client carry out a task while at the same time talk about other issues.
SVE 11 and it enabled us to actually then to talk, and so she was able to slowly but surely to actually talk about things that were going on so we would be doing something, but not talking about the what we were doing, but talking about something else.

IMPACT ON CLIENT/SVE (POSTSEGMENT)

Interacting with the client through play, the SVE11 reported that during a counselling session the client became emotional. This gave the SVE11 the opportunity to talk about emotions and feelings with the client.

136. SVE 11 but in fact what happened when we kind of did that side by side piece there was on particular day when she started to talk and to open up and she became visibly upset

137. R ok

138. SVE 11 ok and she started to cry and in actual fact that provided an opportunity where I was actually able to work with her explore it help her to actually regulate in the here and now and actually kind of just, just by validating, ye know, I see that you’re upset and that’s really understandable .....we talked about what feelings are.

The SVE11 described how this created the opportunity for the client to gain the experience of regulating their emotions during the counselling session

172. SVE 11 yeah, I suppose for me what was really interesting, I suppose is that ye know she actually had an opportunity to experience what it was like to to get upset, but to actually ye know regulate herself

The client regulating their emotions had been discussed in supervision and was something the SVE11 was hoping the client would achieve in the counselling sessions.

192. so that’s kind of like the image that we sort of worked with, was that if her emotions were this box,

193. R yeah

194. SVE 11 instead of keeping ye know instead of working so hard to keep the lid on it all

................................

200. SVE11 it was about allowing her to experience letting something out but being able to actually keep the lid on it.
Appendix P

Sample of entry into reflective journal

3/1/10  I've also been thinking about the importance of the supervisory relationship and how in some ways not given a lot of focus because in some ways I may be taking it for granted. It might be worthwhile seeing how a relationship develops in supervision and how unsettling situations, dilemmas, how they're handled can strengthen the relationship.

Ref. Reading Berger - Zoë Dancing on the threshold.

Berger is interested in the edge of knowing. This is what therapists might bring to supervision, might be interesting for me to describe what it feels like. As it is the emotional state that the research has named as being under-researched.

How might a supervisor (and supervisee) incorporate the edge of their knowing:

If the supervisor is able to facilitate the supervisee being comfortable at the edge of their knowing, this could strengthen the relationship.

2/11/10 I've been thinking about how useful all of this reflection and learning is to me. At the supervisory and the supervisory relationship, what has become clear is what benefit is all of this to the client? Part of me has wanted to step away from working with clients, partly because I feel safer doing that or maybe because I couldn't be