Educating Psychotherapy Supervisors

C. EDWARD WATKINS, Jr., Ph.D.

What do we know clinically and empirically about the education of psychotherapy supervisors?

In this paper, I attempt to address that question by: (1) reviewing briefly current thinking about psychotherapy supervisor training; and (2) examining the available research where supervisor training and supervision have been studied. The importance of such matters as training format and methods, supervision topics for study, supervisor development, and supervisor competencies are considered, and some prototypical, competency-based supervisor training programs that hold educational promise are identified and described. Twenty supervisor training studies are critiqued, and their implications for practice and research are examined.

Based on this review of training programs and research, the following conclusions are drawn: (1) the clinical validity of supervisor education appears to be strong, solid, and sound; (2) although research suggests that supervisor training can have value in stimulating the development of supervisor trainees and better preparing them for the supervisory role, any such base of empirical support or validity should be regarded as tentative at best; and (3) the most formidable challenge for psychotherapy supervisor education may well be correcting the imbalance that currently exists between clinical and empirical validity and "raising the bar" on the rigor, relevance, and replicability of future supervisor training research.

KEYWORDS: psychotherapy supervisor education; supervisor training; supervisor development; supervision of supervision; psychotherapy supervision; clinical supervision

INTRODUCTION

Psychotherapy supervision, now well over a century in the making (Watkins, 2011b, 2011c), has long been and continues to be regarded as an eminently crucial component of the psychotherapy education process: It is widely utilized for therapist training purposes across varied mental health preparation programs (Bernard & Goodyear, 2009), is considered a (if not

the) chief means by which therapeutic competence is developed and enhanced (Falender & Shafranske, 2004, 2012a; Roth & Pilling, 2008b), and serves a valuable gate-keeping function to both the public and the profession (Milne, 2007; Thomas, 2010). Interest in, and attention to, supervision have seemingly grown over the decades and continue to do so (cf. Gonsalvez, 2008; Hess, 1980; Hess, Hess, & Hess, 2008; Watkins, 1997a). Psychotherapy supervision tends to be more broadly and routinely embraced as educational *sine qua non* more than ever before, may well be our "single most important contributor to training effectiveness" (Gonsalvez & Milne, 2010, p. 233), and has increasingly become a solidly, firmly established substantive area of practice and inquiry in its own right (Hess, 2008, 2011). In contemporary psychotherapy education, psychotherapy supervision looms large in its power and place of importance.

Throughout the history of supervision, the enduring issue of concern has been and remains: How can we as supervisors best prepare and train our supervisees to be competent, committed, and effective psychotherapy practitioners? In response to that question, a rich and varied mixture of efforts has emerged across the decades—including the call for and development of supervisee training manuals (e.g., Neufeldt, 2007), articulation of new theoretical and educational concepts, models, and methods (e.g., Bernard, 1979; Ekstein & Wallerstein, 1958; Gediman, 2001; Holloway, 1995; Searles, 1955; Stoltenberg, 1981), and the increasing refinement and incorporation of technological advances into the training/supervision process (Abbass et al., 2011; Barnett, 2011; Barnett, Kelly, & Roberts, 2011; Binder, 2011; Manring et al., 2011; McCullough et al., 2011). Useful supervision measures (e.g., the Role Conflict and Role Ambiguity Inventory [Olk & Friedlander, 1992])—designed to gauge supervisee perspective—have been developed, and research has also provided us with a number of valuable insights about supervisees' perspectives on various facets of the supervision experience (e.g., Carifio & Hess, 1987; Nelson & Friedlander, 2001; Walker, Ladany, & Pate-Carolan, 2007). Over the course of supervision's first century, we have not lacked for considered and considerable focus on supervisees' training needs and how those training needs might best be addressed (cf. Falender & Shafranske, 2004, 2012b).

In contrast to that considerable focus and concentration on supervisees, what about the focus and concentration on the psychotherapy supervisor? In many respects, the psychotherapy supervisor has largely gone unconsidered in our efforts to better understand the supervision enterprise and render it most effective. Core questions, so routinely asked with regard to supervisees, have long gone unasked with regard to supervisors:

> What are the training needs of psychotherapy supervisors themselves? How might those training needs be best addressed in actually preparing supervisors to supervise? How can the development of the psychotherapy supervisor best be facilitated and enhanced?

Any attention to the person and education of the supervisor is a relatively recent phenomenon, with much of that concern only emerging in the past approximate 25-year period. That there is a growth and development process through which supervisors pass—similar to yet distinct from supervisees' own growth and development process—was first recognized and elucidated in the 1980s and1990s (Alonso, 1983, 1985; Hess, 1986, 1987; Stoltenberg & Delworth, 1987; Rodenhauser, 1994, 1997; Watkins, 1990, 1993); that there is need for supervisors to be educated in how to supervise was also persuasively argued at that time and its lack was increasingly lamented across those two decades (Bernard & Goodyear, 1992; Frayn, 1991; Hess, 1986, 1987; Hoffman, 1990, 1994; Rodenhauser, 1995, 1996, 1997; Russell, Crimmings, & Lent, 1984; Russell & Petrie, 1994; Stoltenberg & Delworth, 1987; Watkins, 1992, 1998). As recently as 1997, the problem was captured as follows:

> " . . . the facts here are staggering: (a) Psychotherapists-in-training typically are closely scrutinized and supervised because becoming a therapist is considered to be a labor-intensive endeavor for which much training and supervision are needed; (b) supervisors have the charge of facilitating the growth and development of their supervisees and, in turn, helping those supervisees facilitate the growth and development of their patients; and (c) though being the ultimately responsible party in the supervisor-supervisee-patient triad, supervisors typically receive little to no training in how to supervise and do supervision. . . . Something does not compute. We would never dream of turning untrained therapists loose on needy patients, so why would we turn those untrained supervisors loose on those untrained therapists who help those needy patients (Watkins, 1997b, p. 604)?

Both the absence of and yet need for supervisor training have continued to be emphasized, being addressed quite frequently over our most recent decade and even into our current one as well (Falender & Shafranske, 2012a; Ladany, 2002; Lyon, Heppler, Leavitt, & Fischer, 2008; Milne & Reiser, 2012; Milne, Sheikh, Pattison, & Wilkinson, 2011; Reiser & Milne, 2012; Scott, Ingram, Vitanza, & Smith, 2000; Spence, Wilson, Kavanagh, Strong, & Worrall, 2001; Whitman, Ryan, & Rubenstein, 2001). Myriad reasons for this lack of attention to supervisor education have been proposed: (1) holding to the conviction that receiving supervision can

actually be a sign of weakness (Whitman et al., 2001); (2) maintaining the belief that becoming a supervisor can involve nothing more than "do one, see one, teach one" (Gonsalvez, 2008; Whitman et al., 2001); (3) operating on the assumption that age and seniority, in and of themselves, are sufficient qualifications to supervise (Alonso, 2000; Schlesinger, 1981); and (4) holding the view that learning to be a psychotherapist and having been a supervisee provide sufficient preparation to function effectively as a supervisor (Alonso, 1985; Rodenhauser, 1995, 1996; Watkins, 1992; Whitman, Ryan, & Rubenstein, 2001). But over the course of the last generation of supervision scholarship and practice, the legitimacy of each of those reasons has been ever more called into question, those reasons appear to have gradually eroded in their supposed power of "qualifying sufficiency," and supervisor training has increasingly come to be seen as a distinct educational need that involves a distinct educational process. Though slow in coming, the importance of supervisor training for supervisors now seems to be more widely recognized and accepted across the various mental health specialties than ever (Borders, 2010).

But recognition and acceptance of need does not always translate into deliberate action designed to meet that specific need. As Borders (2010) has pointed out, "Today, the need for supervisor training is widely accepted . . . although the practice of requiring, even offering, supervisor training in academic programs continues to vary rather substantially across disciplines . . ." (p. 130). In many respects, psychotherapy supervisor training appears to be at a transition point—need for it has been readily recognized but how best to address that need is a relatively recent consideration. The first substantive efforts to plot and plan for supervisor training have largely been products of this past decade, and attention has clearly taken an international turn (Falender et al., 2004; Psychology Board of Australia, 2011; Roth & Pilling, 2008b; Turpin & Wheeler, 2011). ". . . international trends suggest a movement from clinical supervision being an optional competency reserved for a subgroup of interested . . . [professionals], to it being essential for most professionals" (Gonsalvez & Milne, 2010, p. 238). A small but growing body of research about supervisor training has also begun to emerge, and its potential importance in providing a tentative foundation and rationale for supervisor training efforts has begun to appear as well (Borders, 2010; Gonsalvez & Milne, 2010; Milne et al., 2011; Psychology Board of Australia, 2011). Furthermore, all indications suggest that: (1) this topic will continue to be salient and central to discussions of psychotherapy supervision and its effectiveness (see

Watkins, 2011a); (2) work will continue to be done to develop more user-friendly and effective supervisor training programs or packages (see Milne, 2010); and (3) research on the subject will continue to be called for and conducted (cf. Bernard & Goodyear, 2009; Falender & Shafranske, 2004; Milne et al., 2011). Indeed, in contrast to decades past, this last decade has been ground-breaking in the concerted attention given to and substantive direction provided for psychotherapy supervisor training.

Considering that need for supervisor training appears to now be widely accepted, that supervisor training programs and research about it are relatively recent phenomena, that questions remain about how we should best train supervisors (cf. Milne, Scaife, & Cliffe, 2009), and that this area of inquiry can still be seen as being in a formative, transitional period, I thought it might be useful to provide a status report of sorts about psychotherapy supervisor training now. What do we know? What do we not know? What do we need to know? In our quest to advance supervisor training and render it more effective, those seem like reasonable questions to consider at this particular juncture. If we hope to presciently chart the best course for supervisor training, then constructive critique about where we stand now would seem a supremely significant place from which to begin.

In what follows, I specifically would like to:

(1) review briefly current thinking about psychotherapy supervisor training (e.g., what should such training entail? how should it be delivered?); and

(2) examine the available research where supervisor training has been studied.

While recent research reviews about supervisor training have been conducted, those have been somewhat selective summaries (Borders, 2010), have lumped all supervisor training research together regardless of professional group (e.g., speech pathology, developmental disability; Milne et al., 2011), and/or have not been inclusive in their coverage of supervisor training specific to psychotherapy (e.g., drawing on evidence-based, controlled investigations only; Milne et al., 2011). My focus here will be exclusively on psychotherapy/counseling supervision, and I will not take up "supervision" as it is practiced and researched in other professional groups (e.g., speech pathology, occupational therapy) where psychotherapeutic treatment is not the prime objective of supervision concern.

PSYCHOTHERAPY SUPERVISOR TRAINING IN THE NEW MILLENNIUM

In this section, the following five questions will be considered:
(1) Of what does psychotherapy supervisor training consist and how is it delivered?
(2) What different topic areas are typically deemed important to cover in supervisor training?
(3) What educational methods, tools, and strategies seem most useful when delivering supervisor training?
(4) What is the place of supervisor development in supervisor training?
(5) What is the role of "competencies" in contemporary supervisor training?

OF WHAT DOES PSYCHOTHERAPY SUPERVISOR TRAINING CONSIST AND HOW IS IT DELIVERED?

As we look back on attempts to define and address supervisor education, consensus has converged on the superordinate value of two crucial components in training supervisors: didactic instruction and experiential practice. That consensus has been unanimously unwavering and spans at least the last 30 years (Borders, 2010; Falender et al., 2004; Hoffman, 1990; Loganbill & Hardy, 1983; Rodenhauser, 1997; Russell, Crimmings, & Lent, 1984; Russell & Petrie, 1994; Stoltenberg & Delworth, 1987; Stoltenberg & McNeil, 2009; Watkins, 1992, 2012a; Whitman et al., 2001). While both components may not always be available in supervisory training opportunities (Lyon et al., 2008; Scott et al., 2000), the ideal educational desidaratum would be for their dual presence to be in evidence over the course of the teaching and learning process.

The didactic component of supervisor training can come in varied forms. Class instruction, seminars, and workshops appear to be the primary means by which that is accomplished (Hoffman, 1994; Milne, 2010; Riess & Fishel, 2000; Riess & Herman, 2008; Rodenhauser, Painter, & Rudisill, 1985). In the graduate curriculum, attention to the supervision process can be offered as a formal course and spread out over an entire semester or semesters (e.g., Russell & Petrie, 1994). For the practicing professional, however, workshops that last anywhere from a few hours to several days appear to be the norm (e.g., Milne, 2010; Psychology Board of Australia, 2011; Roth & Pilling, 2008b). Borders (2010) suggests that "the value of the didactic component is in providing a framework for understanding supervisors' roles and the functions and goals of supervision . . .

[and] learning a structure for conducting supervision sessions..."
(p. 135).

The experiential component—the supervision of supervision process—is sometimes (and ideally always should be) used to complement the didactic training component. This particular practical element is intended to augment content learning with experience and make that learning come alive through doing. The supervision of supervision process tends to proceed in much the same way as the supervision of psychotherapy process—supervisor trainees play tapes or bring process notes of their therapy supervision sessions for study, and their supervisor helps them explore and consider their own beginning efforts at doing supervision (implementing the cycle of reflection, conceptualization, planning, and experiencing; Hawkins & Shohet, 2006; Milne & James, 2002; Milne & Westerman, 2001). While the supervision of supervision process is seemingly held in high esteem, it has been notoriously uninvestigated, with only a handful of such studies being conducted thus far. Bernard and Goodyear (2009) have also pointed out that any study of supervision of supervision effectiveness with experienced supervisors "is wholly unexplored" (p. 292).

WHAT DIFFERENT TOPIC AREAS ARE TYPICALLY DEEMED IMPORTANT TO COVER IN SUPERVISOR TRAINING?

Whether covered in a formal class/seminar or workshop, there seems to be highly consistent agreement about the "essentials" that should be addressed in any supervisor training context. Those essentials include attention to and consideration of knowledge about: Supervisor/supervisee roles and responsibilities, ethical/legal issues in supervision, models of supervision, assessment/evaluation in supervision, models of therapist development, establishing and maintaining the supervision alliance, supervision interventions/strategies, diversity in supervision, and research about supervision (Bernard & Goodyear, 2009; Borders, 2010; Borders, Bernard, Dye, Fong, Henderson, & Nance, 1991; Falender et al., 2004; Hoffman, 1990, 1994; Milne, 2010; Psychology Board of Australia, 2011; Riess & Fishel, 2000; Riess & Herman, 2008; Rodenhauser, 1997; Rodenhauser et al., 1985; Roth & Pilling, 2008b; Russell & Petrie, 1994; Turpin & Wheeler, 2011; Watkins, 1992). While supervisor training centered on a particular psychotherapy theory (e.g., psychoanalytic, cognitive-behavioral) can be expected to have some degree of uniqueness (see Pegeron, 2008; Reiser & Milne, 2012), those identified areas seemingly provide a fundamental structure and container with transtheoretical applicability.

WHAT EDUCATIONAL METHODS, TOOLS, AND STRATEGIES SEEM MOST USEFUL WHEN DELIVERING SUPERVISOR TRAINING?

While consideration of educational methods, tools, and strategies in supervisor training pales in comparison to such considerations in psychotherapist training, we are not without guidance here. The pre-eminent question of concern appears to be:

> Within a didactic-experiential framework, how can the essentials of competent, effective supervision be best communicated and taught to supervisor trainees in the most meaningful and impactful way?

In answer to that question, professional consensus seems to have converged on and to readily support the utilization of a diversity and plurality of means by which to facilitate supervisor trainee learning. Some of those identified diverse possibilities include (but are not limited to): providing constructive feedback, taking time for conceptual reflection and discussion, engaging in educational role plays and behavioral rehearsal, modeling desirable behaviors, teaching skills or concepts when needed, using selected supervision materials for reading/discussion purposes, and reviewing supervisor trainee audiotapes, videotapes, and/or process notes for purposes of critique/discussion (Borders, 2010; Borders et al., 1991; Falender et al., 2004; Gonsalvez & Milne, 2010; Milne et al., 2011; Psychology Board of Australia, 2011; Roth & Pilling, 2008b). According to clinical wisdom and research, those methods hold promise for best expanding supervisor trainees' base of knowledge, awareness, skill, and identity.

And what role might our rapidly expanding arsenal of technological advances play in the supervisor training process? Admittedly, advances in supervision training often follow or lag behind advances in psychotherapy training (Reiser & Milne, 2012); that has certainly been the case where technology is concerned. Yet in this age where interactive computer programs, virtual human technology, and Web-conferencing, Webcams, and Websites (e.g., www.ATOStrainer.com for watching/rating treatment sessions) are now reality for psychotherapy training (Abbass et al., 2011; Barnett, 2011; Binder, 2011; Manring et al., 2011; McCullough et al., 2011), digital, virtual possibilities for enhancement of supervisor training cannot be far behind. In all probability, the use of such facilitative technology will be increasingly realized in and incorporated into our supervision efforts and can indeed be expected to play an ever more prominent part in the supervisor training programs and packages of tomorrow. That highly likely possibility seems to at least deserve mention here.

WHAT IS THE PLACE OF SUPERVISOR DEVELOPMENT IN SUPERVISOR TRAINING?

That there is a therapist development process that occurs over the course of psychotherapy training has long been recognized and (seemingly) accepted (Eckler-Hart, 1987; Ford, 1963; Friedman & Kaslow, 1986; Holloway, 1987; Stoltenberg, 1981). There is growing recognition and acceptance of a similar (though slightly divergent) development process in becoming a supervisor. Various models of supervisor development attempt to capture the essentials of that process (Alonso, 1983; Hess, 1986; Rodenhauser, 1994; Stoltenberg & Delworth, 1987; Watkins, 1993), and some limited research appears to support the presence of an unfolding developmental trajectory of growth for supervisors as well (Watkins, 2012a). As Borders (2010) has indicated, "supervisor models strongly suggest a developmental approach to supervisor training" (p. 139) and an according "sequence of *concurrent* didactic and experiential training . . ." (p. 140). The idea of "supervisor development" seemingly is a respected guidepost that is used to some extent when structuring and organizing any sort of supervisor education.

But how specifically might that be so? Perhaps the best way to answer that question would be to identify the core propositions that appear to undergird a supervisor development perspective. Some of those are:

1. Supervisors in training (or supervisor trainees), whether beginning or experienced, will vary in their levels of conceptual understanding about and skillfulness in performing supervision.
2. Supervisor trainees will vary in their readiness for, receptivity to, and ability to profit from the supervisor training experience.
3. Supervisor trainees tend to pass through some type of gradually unfolding developmental process, where over time they move from a beginning point that is predominantly characterized by anxiety, discomfort, lack of confidence, and limited supervisory skill and identity to an endpoint that is predominantly characterized by comfort, confidence, and heightened and solidified supervisory skill and identity.
4. Supervisor educators would do well to take their trainees' developmental variations in skillfulness, understanding, and readiness into account, strive to keep those differences uppermost in mind when conducting didactic and experiential training and, where at all possible, tailor such training accordingly.

In some form or other, those propositions provide guidance for how many supervisor educators currently think about supervisor trainees and their

training. While the developmental perspective may not be universally adopted in supervisor training, it appears to be widely and broadly embraced at various points throughout the world (Bang & Park, 2009; Borders, 2010; Carroll, 2009, 2010; Falender et al., 2004; Leung, 2004; Psychology Board of Australia, 2011; Zorga, 2003).

WHAT IS THE ROLE OF "COMPETENCIES" IN CONTEMPORARY SUPERVISOR TRAINING?

In many respects "competencies" have taken supervision by storm over the last decade. While competence has always been of supreme concern to supervisors, that construct is being far more explicitly, specifically, and comprehensively addressed now than at any other time in supervision's history. I conclude:

> If for whatever reasons you might have stepped away from supervision altogether around the turn of last century only to return 10 years later, what would you find different now, if anything, about supervision? The press of and push toward competency-based, evidence-based, accountable supervision and training would, from my perspective, be the most readily evident, highly substantive change that would have occurred and that continues to occur in psychotherapy education (Watkins, 2012b).

That press and push have not been confined to any one country and stretch from the United States to the United Kingdom to Australia (Falender et al., 2004; Falender & Shafranske, 2004, 2012a; O'Donovan, Slattery, Kavanagh, & Dooley, 2008; Psychology Board of Australia, 2011; Roth & Pilling, 2008b; Turpin & Wheeler, 2011). Indeed, the international "zeitgeist of supervision discourse [has increasingly become] 'competency-based training' for supervisors" (Holloway, in press). But how exactly has that come to be so?

The United States Connection

In 2002, the Association of Psychology Postdoctoral and Internship Centers Competencies Conference—in conjunction with 34 professional groups or associations—sponsored the Competencies Conference in Scottsdale, Arizona. Professionals were included from the United States, Canada, and Mexico. The primary purposes of the conference were to: (1) identify core competencies; (2) formulate competency models for guiding the training of the next generation of professionals; and (3) develop means by which competencies could be assessed and evaluated. Work groups were organized around eight core competency domains, with supervision being one of those. The supervision work group was specifically charged with:

1. the identification of core components of competence in Supervision;
2. the identification of the most critical educational and training experiences that facilitate development of competence in Supervision . . .;
3. the identification of various strategies for assessing competence in Supervision across different stages of the education and training process . . .; and
4. the identifying action items from the workgroup that would help advance our approach to the identification, training, and assessment of competence in Supervision . . ." (Falender et al., 2004, p. 774).

Responding to that charge, the supervision work group (composed of both academicians and practitioners) set about developing a supervision competencies framework that: (1) utilized three variables—knowledge, skills, and values—in understanding and defining the various competencies of supervision; (2) was guided by an appreciation of developmental and diversity considerations; and (3) embraced the view that being and becoming a competent supervisor was a life-long process that required ongoing reflection, self-assessment, practice, and education. Some of the respective knowledge, skills, and values competencies that their expert consensus work group identified as important included: (1) knowledge of models, theories, modalities, and research on supervision; awareness and knowledge of diversity in all of its forms; (2) relationship skills—ability to build supervisory relationship/alliance; ability to provide effective formative and summative feedback; and (3) commitment to lifelong learning and professional growth; commitment to knowing one's own limitations (Falender et al., 2004, p. 778). This assembly of competencies was considered to provide a somewhat comprehensive framework or blueprint that could then be used to guide the didactic and experiential components of supervisor training; that continues to be the case today (Falender & Shafranske, 2007, 2010, 2012a, 2012b).

The United Kingdom Connection

The construct of "competencies" has also been central to and defining of supervision in the UK's Improving Access to Psychological Therapies (IAPT) program (Roth & Pilling, 2008a, 2008b; Turpin & Wheeler, 2011). The IAPT initiative, which began in 2006 and continues to expand its efforts today, is designed to offer approved interventions for individuals suffering from depression and anxiety. Shortly after the program's initiation and in an attempt to increase the probability of competent therapeutic practice, attention understandably turned to the importance of delivering

competent supervisory services. Efforts were instituted to delineate the competencies deemed necessary for the provision of effective supervisory functioning. An Expert Reference Group (ERG) was convened and then set about determining the crucial supervision competencies that were to make up the framework.

The ERG identified and elaborated upon four sets of supervisor competencies: generic supervision competencies, specific supervision competencies, specific models/contexts, and metacompetencies. Those competencies were designed primarily with the practicing professional in mind. Some of the IAPT generic supervision competencies include: ability to enable ethical practice; ability to foster competence in working with difference; ability to form and maintain a supervisory alliance; and ability for supervisor to reflect (and act) on limitations in own knowledge and experience (Roth & Pilling, 2008b, p. 10). The overall group of IAPT competencies shares much in common with and nicely corresponds with the earlier work of Falender et al. (2004). Like the U.S. supervision competence framework, the IAPT "supervision competence framework can be directly adapted to form a curriculum for supervisor training" (Roth & Pilling, 2008b, p. 15), and an educational approach that combines both didactic and experiential elements is recommended for such implementation.

The Australian Connection

In Australia, efforts are afoot to establish a competency-based system to guide supervisory practice and evaluation. While mandatory supervisor training programs are already in place in Queensland, Tasmania, and New South Wales (Gonsalvez & Milne, 2010; O'Donovan et al., 2008; Psychology Board of Australia, 2011), the Psychology Board of Australia is working to establish a national system for that purpose; its work builds on and is informed by the earlier supervision competence frameworks that have emerged from the U.S. and U.K. Thus, a competency-based approach to supervision—"which includes an explicit framework and method of supervision practice, and a consistent evaluative and outcome approach to supervision training" (Psychology Board of Australia, 2011, p. 5)—is being vigorously advocated and pursued. The Board has identified seven competencies that supervisors must demonstrate:

> knowledge and understanding of the profession,
> knowledge of and skills in effective supervision practices,
> knowledge of and ability to develop and manage the supervisory alliance,
> ability to assess the psychological competencies of the supervisee,

capacity to evaluate supervisory process,
awareness and attention to diversity, and ability to address the legal and
ethical considerations related to professional practice (Psychology Board
of Australia, 2011, p. 4).

Supervisor training has been developed with those competencies fore-
most in mind, and any such training will likely involve a healthy mixture of
"coursework" and "supervision of supervision" (Psychology Board of
Australia, 2011p. 9). While the Board's current supervision training con-
sultation paper is still in draft form, final feedback is being collected.
When the final guidelines are published, they will in all likelihood be
highly similar (perhaps even identical) to what is now in existence.

Summary Comment

The thrust of these three efforts, each of which appears to be off to a
strong, well-informed start, is on the development, enhancement, and
evaluation of competence in the psychotherapy supervisor. Across the
U.S., U.K., and Australia, the identified supervisor competencies that are
now considered to be of substantial training importance: (1) seem to share
much in common, to even be identical in most respects; (2) uniformly serve
as the organizing foci for the development of supervisor training programs
and packages; (3) appear to be best addressed through both didactic and
practical learning experiences in which a diversity of educational methods,
tools, and strategies is employed; and (4) are seemingly informed either
explicitly or implicitly by some form of developmental considerations.
These three competency frameworks provide solidly grounded, integrated
prototypical models that could also prove useful or instructive in other
countries where matters of competence and supervisor training are now
being increasingly considered (e.g., Bang & Park, 2009).

THE STUDY OF PSYCHOTHERAPY SUPERVISOR TRAINING

In this next section, I turn my attention to the subject of research and
consider one fundamental question: What do the data say about supervisor
training? Do we have any actual data to support current thinking about
supervisor training and its implementation? In an effort to complement the
training material presented thus far, that "data" issue will be examined
subsequently by means of a research review.

For my purposes here, I will define a supervisor training research study
as: A data-based investigation—quantitative or qualitative in nature—in
which (1) supervisor training and/or supervisor supervision was the spe-
cific focus of study or played an integral role in the study's process/

outcome, (2) an educational intervention (e.g., supervisor trainee workshop) of some type was tested or examined, and (3) assessments were made to evaluate the effect or impact of the supervisor training/supervision intervention(s). Because the universe of supervisor training studies has already been identified as exceedingly sparse (Bernard & Goodyear, 2009, p. 292), I cast my search net wide and did not set any exclusion criteria beyond the preceding definition. Instead, I opted to accept for inclusion what few studies have been done, and then subject them to close and careful scrutiny after the fact.

To identify research articles for possible inclusion, four steps were taken: (1) PsycInfo, MedLine, Education Research Complete, and Google Scholar database searches were conducted using "psychotherapy supervisor training research", "counseling supervisor training research", and "clinical supervisor training research" as the key search words; (2) reference sections of identified studies were examined to further identify other appropriate articles for inclusion that might have been missed ("ancestry approach"; Cooper, 1989); (3) supervision journals or journals that publish some supervision material were examined for any recent articles that might have appeared; and (4) various supervision texts (e.g., Bernard & Goodyear, 2009; Falender & Shafranske, 2004; Hess, Hess, & Hess, 2008; Watkins, 1997a) were also examined to further find any other possible missed work. Based on those steps, 20 studies—spanning from 1994 through 2011—were identified. Each article was reviewed to determine: Setting/sample characteristics, measures used, analyses/design, procedure, findings/conclusions, and limitations/strengths. Table 1 provides a summary of those features.

Based on an examination of those 20 studies, the following observations/statements seem to capture much of what we can now conclude about psychotherapy supervisor training research: (1) the studies nicely reflect the international nature of psychotherapy supervision, with research contributions coming from Great Britain (5), Australia (3), Sweden (2), Canada (1), and the United States (9); (2) while the disciplines of psychology and counseling received the most representation across studies, the professional groups involved tended to be quite varied overall, also including mental health nurses, social workers, and psychiatrists; (3) the number of supervisor trainees across studies tended to be quite varied overall, ranging from a low of 1 to a high of 256; in most cases, however, the number ranged from about 1 to 25 participants; (4) in most studies, the age and gender of the participants were indicated; race/ethnicity information usually was not; (5) where specific race/ethnicity information was

Table 1. STUDIES OF SUPERVISOR TRAINING AND SUPERVISOR SUPERVISION

Authors	Setting/Sample	Measures	Analyses/Design	Procedure	Findings/Conclusions	Limitations/Strengths
Baker, Exum, & Tyler (2002)	Experimental group: 6 female and 6 male doctoral students (5 African-American, 7 European-American; mean age=34 years) participating in clinical supervision practicum; Comparison group: 6 female and 1 male experienced doctoral students (2 African-American, 5 European-American; mean age=40 years) not enrolled in supervision practicum	Psychotherapy Supervisor Development Scale (PSDS); Retrospective interview questions	Independent and dependent t tests; qualitative analysis of interview questions	Students administered PSDS at beginning, mid-point, and end of semester, and administered retrospective interview at midpoint and end of semester	Supervisor development of supervision practicum students increased significantly across semester and was significantly greater compared to non-practicum students; qualitative findings mixed	Only one semester studied; small sample size; self-report data
Bambling et al. (2006)	Participants: 80 male and 40 male patients, 96 female and 31 male experienced therapists (supervisees), and 31 female and 9 male experienced supervisors (respective mean ages 39 years, 44 years, and 50 years); purpose of study to evaluate "impact of clinical supervision on client working alliance and symptom reduction in the brief treatment of depression"; therapy manual/16 hour training workshop used to teach therapists Problem Solving Therapy (PST) approach; supervision manual/1-day workshop used to teach supervisors in either alliance-skill or alliance- process supervision approach	Structured interview; Beck Depression Inventory; Social Skills Inventory; Working Alliance Inventory; Treatment Evaluation Scale; Problem Solving Therapy adherence scale; Supervision Focus Adherence Scale	Repeated measures ANOVAs/nested design with multiple measurement intervals	Patients with major depression were randomly assigned to receive 8 sessions of PST from either a supervised or unsupervised therapist; 3 randomly assigned supervision conditions were: alliance skill focus, alliance process focus, and no supervision; therapists received 8 supervision sessions	Patients in supervised as opposed to unsupervised treatment rated the working alliance higher, their symptoms lower, their satisfaction with treatment higher, and were more apt to stay in treatment	Possibility of Type II errors; therapist allegiance effects and supervision pre-treatment training session potential confounds
Borders & Fong (1994)	7 female and 1 male doctoral students, 1 EdS. Student (mean age=37 years, all White) enrolled in supervision practicum; each supervisor trainee assigned 1 to 2 supervisees for weekly individual supervision; all supervisor trainees received weekly individual and group supervision of supervision	Thought listing exercise (TLE); Critical Incidents in Counselor Supervision- Form B (CICS); Stress Appraisal (SAS)	Tests for binomial proportion; t tests for nonindependent samples/ Descriptive, discovery-oriented approach	Supervisor trainees completed TLE, CICS, and SAS during group supervision meetings at weeks 2 and 15 of semester	"...three types of beginning supervisors' thoughts in supervision ... [were found to] change little over the course of a one-semester practicum."	Only one semester studied; low power; self-report data; small number of participants; no control group
Borders et al. (1996)	6 female and 5 male doctoral students (mean age=36 years; 9 Anglo-American, 1 African-American, 1 Hispanic-American) enrolled in required clinical supervision course; course, which included didactic and experiential components, structured along lines suggested by Borders et al. (1991); supervisor trainees assigned 1 to 2 students to supervise each week; supervisor trainees received weekly individual and group supervision of supervision	Supervisory Styles Inventory (SSI); Supervisor Emphasis Rating Form-Revised (SERF); Stress Appraisal (SAS); Supervisor Assessment Questionnaire (SAQ)	Tests for binomial proportion; paired t tests/ Descriptive, discovery-oriented approach	Supervisor trainees completed SSI, SERF, SAS, and SAQ during class meetings at weeks 2 and 15 of semester	Upon completion of course, supervisor trainees reported a decrease in stress and an increase in their supervisory confidence; however, any changes in their supervision conceptualization and planning behaviors were minimal	Only one semester studied; low power; self-report data; small number of participants; no control group

Table 1. (Continued)

Authors	Setting/Sample	Measures	Analyses/Design	Procedure	Findings/Conclusions	Limitations/Strengths
Bradshaw et al. (2007)	Participants: 89 schizophrenic patients (sex not specified), 14 female and 9 male mental health nurses, and several nurse supervisors (number not specified)	Multiple choice question papers; symptom scale; semi-structured interview	Independent sample t tests; paired sample t tests/ quasi-experimental design	Nurses supervisees received 36 days of formal training in Psychosocial Intervention (PSI) and small-group clinical supervision; nurses assigned to experimental group also received workplace clinical supervision (whereas control group nurses did not); supervisors received 2-day course in clinical supervision; data were gathered twice–at very beginning of PSI training and at its end; nurses' knowledge about serious mental illness and patients' symptom changes assessed	Nurses in experimental group showed greater knowledge about psychological intervention and schizophrenia; their patients demonstrated significantly greater reductions in both positive and total symptoms; but some favorable changes emerged across both experimental and control conditions (e.g., significant improvements in patient social functioning)	Experimental nurse group significantly older and more experienced than control group; no non-PSI education control group; retrospective comparison group used; no specifics provided about supervisor training course; impact of supervisor training more assumed than evaluated
Culloty et al. (2010)	1 female supervision workshop leader; 13 female and 4 male mental health professionals (predominantly mental health nurses) participating in clinical supervision workshop (mean age=40.5 years)	Training Acceptability Rating Scale; Teachers PETS (Process Evaluation of Teaching and Supervision) used for coding video data; Marlowe-Crowne Social Desirability Scale (MCSDS); semi-structured interview	Frequencies determined/ coded for workshop leader behaviors; means and percentages determined for TARS, MCSDS, and interview data/quasi-experimental, longitudinal design	Purpose: To evaluate supervisor training by means of fidelity framework; 2 workshops (held over 3 consecutive days, each 6 sessions in duration)/85-page evidence-based clinical supervision manual used for training purposes	Manual-based workshop rated favorably, resulted in "relevant [supervisor trainee]" learning and transfer" and was delivered with a high degree of fidelity; fidelity framework considered to be "a systematic, feasible and coherent rationale for the evaluation of supervisor training"	Small sample size; data largely self-report; absence of controls
Getz & Agnew (1999)	Supervision group composed of treatment professionals (no specifics provided)	Semantic Differential Scale (SDS); focus group interview	No specific method described for analyzing interview data; mean scores determined for 9 SDS respondents/ descriptive approach	Supervisor trainees, all of whom were providing individual supervision, received one-day workshop on clinical supervision; trainees then placed in small supervision groups, met with supervision trainer for 1 3-hour monthly meeting for 5 months	Group participants were reported to have "gained in both understanding and practice of supervision" and to have "experienced professional and personal gain"	No control group; self-report data; possible demand characteristics; data analysis methods minimally detailed

Table 1. (Continued)

Authors	Setting/Sample	Measures	Analyses/Design	Procedure	Findings/Conclusions	Limitations/Strengths
Kaiser & Kuechler (2008)	Stage 1: 72 professionals who participated in supervisor training program (no gender or ethnicity information provided); Stage 2: 20 of 72 professionals from Stage 1 who agreed to complete follow up training questionnaire	Pre-training questions; post-training questions; follow up survey questionnaire	Open coding process of questionnaire responses; percentages determined/ grounded theory approach	Supervisor trainees provided questionnaire responses about their training program hopes (pre-training); provided post-training questionnaire responses about program usefulness; follow up questionnaire also inquired about program usefulness	Data seen as being supportive of training program	Self-report data; limited follow up participation; possible respondent bias; no control group; coding/analysis procedure minimally detailed
Kavanagh et al. (2008)	46 existing supervisor-supervisee pairs(median age for supervisors and supervisees, respectively, 40-49 years and 30-39 years); all practicing mental health professionals who volunteered to participate in clinical supervision workshop	Survey questionnaire drawn from Kavanagh et al. (2003)	ANOVA; ANCOVA/ randomized controlled trial	Three conditions tested: Immediate training (where supervisor-supervisee pair immediately received 2-day clinical supervision training workshop); wait-list control (where pair received training 3 months later); and split condition (where supervisors received training 3 months prior to supervisees)	Immediate training condition resulted in better specified supervision agreement and fewer supervision problems (as perceived by supervisors); otherwise, impact of training on practice was considered to be quite limited; "Results suggest that making significant improvements in supervision practice may be more challenging than were initially anticipated."	Self-report data; no information provided on psychometric soundness of survey measure
Majcher & Daniluk (2009)	4 female and 2 male doctoral students (age range late 20s to mid 40s; all Caucasian) participating in 8 month supervision training course (with didactic and experiential components)	Three 1 to 2 hour audiotaped interviews conducted with each supervisor trainee	Interpretive phenomenological analysis and thematic review	In-depth audiotaped interview conducted with each supervisor trainee at supervision course's beginning, midpoint, and end; main interview questions focused on change process occurring over course of supervisor training	Relationship dimension emerged as core common element for all participants; common themes emerged across each of the 3 interviews (e.g., concerns with developing competence and confidence, role clarity, and growth through supervisor training); 8-month course appeared to contribute to supervisor development	Small sample; single doctoral program; self-report interview data; 8-month training program

Table 1. (Continued)

Authors	Setting/Sample	Measures	Analyses/Design	Procedure	Findings/Conclusions	Limitations/Strengths
McMahon & Simons (2004)	Experimental group: 9 female and 6 male counselors; Control group: 26 female and 16 male counselors	Clinical Supervision Questionnaire (CSQ; questions about confidence/self-awareness, skills/techniques, and theoretical/conceptual knowledge)	Paired samples t test; one-way ANOVA; repeated measures ANOVA; pretest-posttest experimental design	Experimental group received intensive supervisor training program over 4 days, 6 hours per day, that included didactic and experiential components; program content based on 7 competencies identified in the curriculum guide for training supervisors (Borders et al., 1991); experimental group completed CSQ pre-training, post-training, and at 6-month follow up; control group completed CSQ at time of pre-training and at 6-month follow up	Significant gains in CSQ scores obtained for experimental group post-training; gains maintained at 6-month follow up	Author-constructed measure; psychometric soundness of CSQ largely untested; self-report; self-perception data
Milne (2010)	25 female/male clinical psychology supervisor trainers; 25 female/male clinical psychology supervisor trainees receiving professional development training (modal age=25 to 35 years)	Training Acceptability Rating Scale; Manual Acceptability Rating Scale	t tests; Mann-Whitney U tests/comparative post-test only design	Supervisor trainees assigned to either supervision training manual only group or supervision training manual plus consultancy group; study's purpose–to provide a national pilot study of an evidence-based clinical supervision (EBCS) manual; manual only group focused exclusively on materials provided in EBCS manual; manual plus consultancy group received an extra hour of discussion about EBCS implementation	Trainers and supervisor trainees rated manual in highly favorable fashion; supervisor trainees in manual plus consultancy group rated their workshop leaders and the EBCS approach more favorably	Possible demand characteristics; self-report data; causal inferences not possible
Milne & James (2002)	1 49 year old male consultant clinical psychologist (who provided supervision of supervision); 1 53 year old male clinical psychologist supervisor trainee; 3 female and 3 male qualified mental health practitioners (e.g., psychiatric nurses) participating in professional development experiences (approximate mean age=39 years)	Teachers PETS (Process Evaluation of Teaching and Supervision) used for coding video data; Supervision Feedback Form	Frequencies determined/coded for 1,387 supervision interactions/longitudinal N=1 methodology	Induction period lasting 2 weeks; then video recordings made of all sessions occurring between consultant-supervisor trainee dyads and supervisor trainee-supervisee dyads; during first intervention period, the consultant employed a "supervision as usual" approach; during second intervention period, consultant employed routine consultancy plus video-based feedback and satisfaction assessment data (from supervisor trainees' consultancy sessions); maintenance period evaluations also included	Concluded that "competence in supervision appears to require training"; both routine consultancy and consultancy plus feedback conditions found to contribute to increases in supervisor trainee competence	Groups varied at outset on one-on-one supervision received prior to study; single subject methodology

Table 1. (Continued)

Authors	Setting/Sample	Measures	Analyses/Design	Procedure	Findings/Conclusions	Limitations/Strengths
Milne & Westerman (2001)	1 49 year old male consultant clinical psychologist (who provided supervision of supervision); 1 45 year old male qualified mental health nurse supervisor trainees; 2 female and 1 male qualified mental health nurses receiving supervision as part of their post-graduate training (mean age=38 years)	Teachers PETS (Process Evaluation of Teaching and Supervision) used for coding video data; Supervision Satisfaction Questionnaire	Frequencies determined/ coded for supervisory behaviors; longitudinal N=1 methodology, multiple baseline design	Supervision of supervision provided in hourly weekly meetings over 8-month period to supervisor trainee; routine supervision (baseline) followed by consultancy intervention (see Milne & James, 2002, panel above for elaboration); video recordings made of all sessions occurring between consultant-supervisor trainee dyads and supervisor trainee-supervisee dyads; maintenance evaluated at 6-month period; Kolb's experiential model informed supervision process	Consultancy condition was found to be "mildly effective in promoting successful supervision"	Limited number of research participants; single subject methodology
Nelson, Oliver, & Capps (2006)	Study 1 sample: 10 female and 3 male doctoral students (7 European-American, 6 Hispanic) who were supervisors in training Follow-up sample: 4 female and 1 male doctoral students (2 European-American, 1 Hispanic, 2 African-American) used for confirmatory/ disconfirmatory purposes of Study 1 results	8 primary research questions asked of each participant (e.g., "How did this process help you develop supervisory skills?")	Individual/focus group interview transcripts, student interview notes, and researcher memos/ reflections analyzed by constant comparative methods	Data gathered by means of individual interviews; focus group for discussion/ clarification purposes, with sample 1 thematic data being used to stimulate further supervisor development discussion in follow-up sample's focus group	Six major themes in supervisor growth identified (e.g., learning through academics and experience; reflection; integration); "(o)ver the year and a half of . . . study, [supervisor trainees showed] . . . less need for structure, increased confidence and decreased anxiety about supervision, and a transition from relying on external resources to relying on internal resources" (p. 29)	Limited number of research participants; single doctoral program; self-report interview data 3-semester period studied
Peace & Sprinthall (1998)	10 female and 1 male professional counselors participating in in-service supervision course	Paragraph Completion Method (PCM); Defining Issues Test (DIT); Flanders Interaction Analysis Scale-Adapted for Counselor Supervision (FIAS-CS); subjective journal entries	t tests; percentages determined; journal entries reviewed	Data collected over period of 2-semester course, involving didactic and experiential components; PCI and DIT completed 3 times over semester 1; PCI completed 2 times over semester 2; FIAS-CS used during individual supervision conferences	Increases in supervisor trainee cognitive complexity, principled reasoning, and skill development occurred over course of training experience; concluded that trainees "did master the fundamentals of developmental supervision"	Limited number of research participants; data largely self-report; no control group
Rapisarda, Desmond, & Nelson (2011)	5 female and 2 male doctoral students (mean age=37.7 years; of varied ethnicities) taking supervision practicum course	Interview process used to examine how supervisor trainees changed during supervision practicum course	Constant comparative method used/collective case study design	At beginning and midpoint of semester, 45-minute interview conducted with each participant	Two main themes identified in supervisee to supervisor transition: (1) establishing a supervisory relationship; and (2) developing a supervisory skill set.	Only one semester studied; limited number of participants; single doctoral program; self-report interview data

Table 1. (Continued)

Authors	Setting/Sample	Measures	Analyses/Design	Procedure	Findings/Conclusions	Limitations/Strengths
Sundin et al. (2008)	15 female and 6 male supervisor trainees (mean age=50 years; all Caucasian) enrolled in psychotherapy supervisor training program; 3 female and 3 male highly experienced clinical psychology supervisor trainers (all Caucasian)	Evaluation of Knowledge Attainment and Relations in Group Supervision (EKARGS); Usage of the Supervision Group Scale (USGS); Supervisor Style Questionnaire (SSQ); separate supervisor trainee and supervisor versions of EKARGS, USGS, and SSQ; supervisor version asked about supervisor perceptions of supervisor trainees	Regression analyses/ naturalistic, longitudinal design	Supervisor training program built on theoretical seminars and group supervision, 2-year part-time course of study; each supervisee completed EKARGS, USGS, and SSQ after 6, 12, and 18 months of supervised practice; each supervisor completed supervisor version of same 3 measures at same time points	Increases in supervisor trainees' knowledge and skill occurred over the course of training program (according to both trainee and supervisor ratings); concluded that the study results provided "an important and promising start"	Limited number of participants; self-report or opinion data; no control group
White & Winstanley (2010)	Participants: 170 patients (sex not specified), 186 mental health nurses (sex not specified), 54 unit staff (sex not specified), and 17 female and 7 male nurse supervisors	Manchester Clinical Supervision Scale (MCSS); General Health Questionnaire; Maslach Burnout Inventory; Short Form Health Survey; Nursing Work Index; Mental Health Problems Perceptions Questionnaire; Service Attachment Questionnaire; Psychiatric Care Satisfaction Questionnaire; Perception of Unit Quality; semi-structured interview; qualitative diary data	Chi squares; t tests; Mann-Whitney U tests; Wilcoxon matched pairs signed ranks test/randomized controlled trial	24 nurse supervisors received 4-day residential course in clinical supervision; then assigned to conduct year-long group supervision of beginning supervisees at their work sites; control group was no-supervision condition; quantitative data from mental health nurse supervisees (baseline/12 months), patients (baseline/6 and 12 months), and unit staff (6 months); qualitative diary data collected monthly from supervisors	Nurse supervisors scored significantly higher on Manchester Clinical Supervision Scale (MCSS) after 4 day training course; differences maintained at 12 month follow up; nurse supervisees' MCSS scores did not change significantly over 12- month supervision period; statistically significant differences not demonstrated in either quality of care or patient satisfaction	Supervision occurred only once a month for 45-60 minutes per session; influence of middle managers appeared to frustrate or facilitate supervision across work settings
Ybrandt & Armelius (2009)	6 female and 3 male supervisor trainees (mean age=48 years; all Caucasian) participating in three-semester postgraduate supervisor/teacher training program; supervisor group consisted of 7 female and 5 male highly experienced clinical psychology supervisors (mean age=49 years)	Swedish Structural Analysis of Social Behavior (SSASB)	Paired sample t tests	SSASB self-image questionnaire mailed to supervisor trainee group participants before training, after training, and at four-month follow-up	Supervisor trainees' self-image found to change over the course of supervisor training; gains maintained at follow-up	Small sample size; self-report measure used; training effects studied over three semesters plus four-month follow-up

Note. ANOVA=analysis of variance; ANCOVA=analysis of covariance.

provided (7 studies), the vast majority of supervisor trainees (80%) was Caucasian or European-American; (6) a healthy mixture of research approaches was employed across these 20 studies—descriptive/discovery-oriented, single subject methodology, collective case study, grounded theory analysis, and randomized controlled trial; (7) supervisor training was primarily provided in either a workshop format or semester(s)-long training program that involved both didactic and experiential components; (8) supervision workshops ranged from one day to about a full week, whereas supervision courses ranged from a single semester up to two years; (9) the foci of primary interest across studies included (a) supervisor-trainee development (e.g., testing for hypothesized increases in skill, confidence, identity, or cognitive complexity) and (b) the acceptability, effectiveness, or impact of training/supervision; (10) the vast majority of studies relied primarily or exclusively on self-report data; (11) in studies conducted thus far, (a) supervisor trainees have tended to rate their training or supervision quite favorably (Culloty et al., 2010; Getz & Agnew, 1999; Kaiser & Kuechler, 2008; Milne, 2010), and (b) some degree of "gain" or positive benefit has been reported to typically result from the supervisor training/supervision experience (e.g., Majcher & Daniluk, 2009; Milne & James, 2002; Sundin et al., 2008); (12) small sample size, utilization of self-report measures, and lack of a control group have often been identified as research limitations/weaknesses, and (13) the need for more rigorous supervisor training research has been uniformly recognized and endorsed across all study contributors.

As we think about psychotherapy supervisor training, where do those 13 observations/statements really leave us? What do they offer us in our consideration of current needs and future possibilities for supervisor training? The strongest, safest conclusion drawn from these studies is: There appears to be a tentative base of support for supervisor training (didactic/experiential mix) that suggests it can have value in stimulating the development of supervisor trainees and better preparing them for the supervisory role. Unfortunately, I am not sure that we are able to say more beyond that now. No, limited, or mixed results (Border & Fong, 1994; Borders et al., 1996; Kavanagh et al., 2008; Milne & Westerman, 2001; White & Winstanley, 2010), coupled with methodological compromises and weaknesses across studies (see Table 1), temper what we can strongly and confidently conclude about any supervisor training benefits. Supervisor training may well have an impact, but that is by no means a solidly established empirical reality.

If training impact does occur, what are the mechanisms that facilitate that process? How can that seeming effect be maximized? How is it most

effectively transmitted from a supervisor trainee to supervisee to patient? For instance, is it possible for a one-day or two-day workshop to meaningfully convey and inculcate the essentials of psychotherapy supervision and its practice enough so to make a difference? Those are some unanswered questions that seemingly merit empirical scrutiny. Furthermore, while professional consensus supports a didactic-experiential supervisor training experience,

> "[t]here is no evidence that a particular sequence or combination of didactic-experiential training is [any] more effective [than any other]", "direct comparisons of different training programs have not been reported", and "training experiences of supervisors beyond the novice stage have [typically] not been studied" (Borders, 2010, p. 135).

As Borders (2010) states, "Likely, no one training sequence is appropriate for all training contexts nor all supervisors" (p. 135). In supervising psychotherapists, we have come to increasingly embrace the axiom that "one size does not fit all" and tailor our supervisory work accordingly (Sarnat, 2012; Scaturo, 2012; Watkins, 2012b). That axiom seems equally apropos to the training and supervision of psychotherapy supervisor trainees, being readily relevant, applicable, and integral to that educational process as well. Empirically, however, the concept of "tailoring" has not been much considered (if considered at all) in supervisor training research and would seemingly be a worthy variable for investigation.

Though central to the supervision education process, the supervisor trainer has also largely been the silent or neglected party in supervisor training research studies. Just as age, seniority, or experience as a supervisee do not qualify one to supervise psychotherapy (Alonso, 2000; Rodenhauser, 1996; Schlesinger, 1981; Whitman et al., 2001), neither do age, seniority, or experience as a supervisor necessarily qualify one to train and supervise supervisor trainees. But that is not a matter that has been examined or, to my knowledge, even raised as a concern in this literature as yet. We have much interest on identifying the features of the effective psychotherapy supervisor (Bernard & Goodyear, 2009; Carifio & Hess, 1987; Falender & Shafranske, 2004; Shanfield, Hetherly, & Matthews, 2001; Shanfield, Matthews, & Hetherly, 1993), but what are the features of the effective trainer and supervisor of supervisor trainees? It may indeed be that, while the effective supervisor and trainer/supervisor might share much in common, there may also be some important differences that need to be recognized and considered, even researched. That is a potentially affecting issue that would seem to require empirical reflection and redress.

Perhaps our greatest substantive challenge overall will be correcting (or consistently chipping away at) the gross mismatch that currently exists between the "clinical" and "empirical" in psychotherapy supervisor training, better balancing the scales of educational practice and research, and "raising the bar" on the rigor, relevance, and replicability of future supervisor training research. Lacking that, our clinical convictions may at some point begin to ring quite hollow. How we collectively meet or fail to meet that research challenge seemingly will have much to do with the advancement of psychotherapy supervisor training worldwide in the decades ahead.

In many respects, supervisor training research admittedly is in its beginning, formative stage. Not so long ago, Wheeler (2007) declared that the "future for research on supervision is wide open" (p. 1). With regard to supervisor training, that seems to be especially the case. But we are not without some helpful guidance here. A few excellent examples—quantitative and qualitative—of how to do informed supervisor training research are indeed provided in some of these 20 studies (e.g., Bambling et al., 2006; Kavanagh et al., 2008; White & Winstanley, 2010 [randomized controlled trials]; Milne & Westerman, 2001[single subject design]; Majcher & Daniluk, 2009 [qualitative]). Those particular investigations, while not free of limitations, provide a potentially useful blueprint to consult in thinking about and planning future supervisor training research and in reflecting on the myriad methodological issues that can require attention. Through also being informed by and building on the 20 studies collectively, some of their identified weaknesses and limitations may be minimized, avoided, or eliminated (e.g., using self-report data only), and more "threat-free" investigations can potentially be constructed from the outset.

CONCLUSION

From Sweden to Slovenia, from north Texas to Northumberland, supervision has gone global: It has become or is fast becoming an internationalized, globalized, and (ideally) indigenized area of practice and inquiry (see Carroll, 1995; Dekleva, 1996; Leung, 2003, 2004; Moir-Bussy & Sun, 2008; See & Ng, 2010; Sundin et al., 2008; Tsui, 2004; van Kessell, 1993; van Kessell & Haan, 1997; Vera, 2011; Ybrandt & Armelius, 2009; Zorba, 2002, 2003). As the importance of psychotherapy supervision comes to be ever more recognized and appreciated, the importance of training supervisors for competent, effective practice is brought ever more into high relief (Borders, 2010). Supervisor training has been (and seemingly will continue to be) a "hot issue" in psychotherapy supervision (Gonsalvez & Milne, 2010, p. 234). As Gonsalvez

and Milne (2010) have aptly suggested, "It is probably time for all stake-holders (professional bodies and disciplines, universities and other training clinics) to pool resources and address in a concerted and systematic manner what is undoubtedly a huge gap in continuing professional development: clinical supervisor training and [its] evaluation" (p. 240).

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