

Psychotherapy students' experiences of supervisee-centred supervision based on deliberate practice, feedback-informed treatment and self-compassion

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Abstract

Objective: There are few methods that focus on therapists' experiences of supervision. To facilitate the development of psychologist students, a supervisee-centred supervision, based on deliberate practice, feedback informed treatment and self-compassion, was introduced.

Methods: This study examines six supervisees' experiences of a supervisee-centred supervision. A semi-structured interview was used for the collection of the data, which identified two main themes: Learning and Development and five associated sub-themes: structure and purposesfulness, prerequisites, experience-based learning, therapeutic skills and personal development.

Conclusion: The experience- and feedback-based approach was perceived as efficient, structured and goal oriented. This created high-focused activity and participation, a strong group dynamic and a good alliance with the supervisors, providing a good climate for learning and development. Focusing on performance and feedback was perceived as a potential obstacle that could create stress and anxiety.

KEYWORDS

deliberate practice, feedback-informed treatment, self-compassion, supervision, therapy training

1 | INTRODUCTION

Supervision plays a central role in the teaching and learning of clinicians. A therapist's development, as well as treatment outcomes, is influenced by the quality and nature of the supervision provided (Alfonsson et al., 2018; Bernard & Goodyear, 2014; Snowdon et al., 2017). Clinical supervision is widely acknowledged as being underpinned by educational aims and processes; however, the examination of the pedagogical practices informing approaches to supervision is lacking (Borders, 2019). Furthermore, the ongoing evaluation and potential refinement of supervision

is warranted to optimise the learning environment offered to developing therapists (Ellis et al., 2008). Previous research and education have endeavoured to enhance the supervision quality by focussing on the competencies of the supervisor (e.g., APA, 2015; Falender et al., 2004), although the perspective of the supervisee has received limited consideration (Kühne et al., 2019). This limitation in previous research and pedagogical practice may impair the teaching and learning of psychologists in training, as it fails to attend to the characteristics and developmental needs of the supervisee (Watkins, 2017). In the light of these noted shortcomings in previous approaches to the teaching and learning of

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psychology students undertaking training in therapeutic practice, a supervisee-centred model of supervision was developed and implemented in a graduate-level clinical psychology programme. The aim of this model of supervision was to create a supervision environment that was more focussed on the individual needs of the supervisee; facilitate the evaluation of the process of supervision; and create a learning environment in which the supervisees felt comfortable to challenge themselves. As such, the purpose of this study was to explore the use of a supervisee-centred form of psychotherapy supervision, based on deliberate practice (DP), feedback-informed treatment (FIT) and self-compassion (SC), from the perspective of the clinical psychology students in training.

A growing body of evidence in teaching and learning, beyond the domain of psychology, indicates that supervision should be viewed as a learning process in which the supervisee's experience of the supervision warrants consideration (Knowles et al., 2020). In particular, findings from a number of studies highlight that supervision quality increases when the supervisee is placed as the central focus in the structure and undertaking of education (Saleem & Mehmood, 2018). In designing the content and structure of supervision, three main components have commonly been used to define and describe the function of supervision: normative (i.e., ensuring the attainment of set standards); supportive (i.e., creating a supportive and nurturing environment for the supervisee's development) and restorative (i.e., focussing on the supervisee's emotional development/emotional impact of clinical practice; Proctor, 2008; Saab et al., 2021).

The process of supervision has been described as being essential for the development of psychotherapists in training; specifically, supervision can facilitate a supervisee/trainee in the creation of their identity as a therapist (Watkins & Milne, 2014). Furthermore, it is acknowledged that the initial stages of a therapist's development are the most vulnerable, due in part to limited experience and underdeveloped efficacy beliefs (Rønnestad & Skovholt, 2013; Watkins, 2020). During this early period of their career, trainees have not yet had the opportunity to develop and practise their therapeutic skills or establish a secure identity as a therapist. This level of inexperience can induce feelings of inadequacy, which, in turn, can promote self-doubt and lead to trainees questioning their ability and their future as a therapist (Jakob et al., 2014). As such, it is of vital importance that the process of supervision is sensitive to the individual needs of the supervisee and takes them into account in the creation of a safe learning environment. Supervision undertaken in an environment that is perceived to be insufficiently safe can result in the supervisee not feeling comfortable to share vital information and, as a result, may undermine the effectiveness of the supervision (Watkins, 2020).

A lack of trust and a failure to perceive a connection between the supervisor and the supervisee have been noted as risk factors for supervisees not feeling comfortable in sharing sensitive information during supervision (Jakob et al., 2014). Moreover, a poor climate and previous negative experiences in supervision can contribute to nondisclosure in clinical supervision (Hutman & Ellis, 2020). In

Implications for Practice and Policy

- This study examines the perceptions of clinicians undergoing supervision with the use of deliberate practice, feedback-informed treatment and self-compassion as approaches to clinical training. As such, the findings of this study contribute to both the development of approaches to supervision and outcomes of clinical practice.
- The findings of this study can guide approaches to supervision across multiple fields of professional practice (e.g., nursing) in order to secure a high standard of supervision.

consideration that the provision of supervision is mandatory for clinical psychology students in training and that they are most often not allowed to choose a supervisor themselves, it is especially important to monitor the development of the supervisor-supervisee relationship (McMahon, 2020). Research highlights that the evaluative nature of supervision can contribute to the supervisee feeling uncomfortable to express dissatisfaction with the quality of the supervision and/or the supervisor (Bernard & Goodyear, 2014).

Processes for systematic evaluation of the supervision experience, and specifically the quality of the relationship between the supervisor and the supervisee, have garnered limited attention within research examining teaching and learning in psychology (Bernard & Luke, 2015). The ongoing evaluation of supervision can promote reflection and self-efficacy on the part of both the supervisee and the supervisor (Kozina et al., 2010). Research using the relational model of efficacy beliefs outlines how trainee therapists' self-efficacy development can be augmented by the perceptions of their clinical supervisor (Lent et al., 2009). Specifically, it is noted that supervisees report greater self-efficacy when they perceive a positive working alliance with their supervisor (Morrison & Lent, 2018).

A continuous evaluation of the supervision can promote routine reflection on the pedagogical aims and learning processes within psychotherapy training, as well as facilitate refinement of ways of working that are most effective for both the supervisor and the supervisee (Johnston & Milne, 2012; Simpson-Southward et al., 2017). Several theoretical models used in psychotherapy today have their basis in the theory of common factors (Crunk & Barden, 2017). Common factors consist of nonspecific factors that have been found to be of great importance for therapy and supervision outcomes; for example, structure, the emotional relationship between the parties (therapist/client or supervisor/supervisee), confidence in the theory used and trust in the therapist/supervisor (Wainwright, 2010). Aten et al. (2008) used common factors to outline the transtheoretical model of clinical supervision. The transtheoretical model of clinical supervision describes the supervisee's behavioural change in six steps, labelled the supervisee stages of change. These steps are divided into precontemplation; contemplation; preparation;

action; and maintenance. Ultimately, if seen through to completion, the steps result in a permanently changed behaviour (termination), although change, according to Aten et al. (2008), is not linear but rather more like an upward spiral. As the supervisee stages of change describe the process of change among the supervisees, the transtheoretical model was considered a good fit for investigating and understanding whether and how the supervisees in this study felt that the supervisee-centred way of working had affected their learning and development.

The supervisee-centred approach to supervision examined in this study is related to the use of both psychodynamic therapy (PDT) and cognitive behavioural therapy (CBT). However, this form of supervision can be used in the training of alternative therapies and psychological treatment methods (Norcross & Wampold, 2018). The pedagogical goals of the supervision were to encourage learning attitudes among the supervisees, teach them to learn for themselves by setting small goals just beyond their current abilities, provide goal-oriented training and perform continuous evaluation. The supervisee-centred way of working was based on a framework comprised of DP, FIT and SC. This framework was designed to be based on an existing evidence base and to clarify the guiding principles for this supervisee-centred way of working (*supportive, normative and restorative*). Both DP and FIT can clearly be linked/related to *formative* and *normative* aspects; SC was used to ensure that the *restorative* aspects were met.

Deliberate practice (DP) refers to a highly focussed and structured approach to skill improvement that involves purposeful and intensive efforts. It was introduced by psychologist Anders Ericsson and is based on the idea that expertise is not solely a result of natural talent but largely a product of consistent and targeted practice. One of the most distinguishing features of DP, in contrast to more traditional learning methods, is the focus on procedural learning (Vaz & Rousmaniere, 2021). Procedural learning refers to the process of repeatedly engaging in a specific task or activity to improve skills, efficiency and proficiency (e.g., Mahon, 2022). It involves practising a sequence of actions, steps or procedures to achieve a desired outcome. Deliberate practice (DP)-based supervision differs from traditional supervision in its focus, structure and emphasis on skill development. Deliberate practice (DP) is built on several key components:

1. *Specific goals*: Clearly defined objectives that outline what you want to improve or achieve.
2. *Focussed attention*: Concentrating on the specific task or aspect of the skill you are aiming to enhance.
3. *Feedback*: Continuous evaluation and feedback, often from a knowledgeable coach or mentor, to identify areas for improvement.
4. *Repetition*: Engaging in repeated practice of the skill, gradually pushing the boundaries of your capabilities.
5. *Challenge*: Deliberate practice (DP) involves stepping out of your comfort zone and tackling tasks that are slightly beyond your current skill level.

6. *Reflection*: Regularly analysing your performance, identifying strengths and weaknesses and adjusting your approach accordingly.
7. *Time commitment*: Deliberate practice (DP) demands a significant investment of time and effort, often requiring many hours of focussed work.

This method has been used to explain the exceptional performance of experts in various fields, such as sports, music, chess and therapeutic effectiveness (see, e.g., Miller et al., 2020). It suggests that greatness is achieved not solely through innate talent but through a disciplined and strategic approach to learning and improvement to increase performance and develop expertise within a specific domain (Ericsson, 2006). To promote optimal learning, the individual should be strongly motivated to improve their skills and receive guidance through direct feedback; for skill development, the training should be repetitive over an extended period and be continuously evaluated (Ericsson et al., 1993). By giving the student a central role in identifying the areas to be focussed on during the supervision, before the student meets the client for the first time, the focus is clearly directed at the student's needs rather than the client. One of the intentions of this is to involve the student in the supervision process, which tends to increase their motivation and maximise the effects of the feedback provided by the supervisor as it is based on the developmental areas the student has identified and defined.

Feedback-informed treatment (FIT) is another working method based on common factors and is used specifically for the continuous evaluation of psychotherapy and supervision. The method is a structured way of measuring the process of therapy and supervision with standardised forms (Prescott, 2017). This method involves regularly seeking feedback from the client/supervisee about their experience, progress and satisfaction with the therapy and supervision sessions. At the beginning of each therapy session, the clinician filled in an assessment form regarding their well-being since the last session. At the end of each session, both the therapy sessions and the supervision sessions, an alliance assessment was completed (in the therapy sessions, by the client; and in the supervision sessions, by the supervisee). At the end of all supervision sessions, the supervisee and the supervisor also completed an SC assessment form (for a full overview, see Appendix 1). The collected information is then integrated into the therapy/supervision process as feedback that feeds forward into the tailoring of interventions and approaches according to the client's/supervisee's specific needs and preferences. The aim of this method is to increase the ability to monitor the alliance and treatment effects, and to adapt the treatment in accordance with the client's needs to a greater extent. This makes it possible to systematically quality-assure the treatment (Miller et al., 2015, 2016). Miller et al. (2018) posit that continuous feedback in therapy sessions represents a significant difference in treatment outcomes. The key components of FIT include:

1. *Regular feedback*: The supervisors systematically gather feedback from the supervisees through various methods, such as

questionnaires or interviews, to assess how they are responding to the supervision.

2. *Outcome measurement*: The supervisee's progress is tracked over time using standardised measurements to evaluate the effectiveness of the supervision.
3. *Collaboration*: The supervisor and the supervisee collaborate to interpret the feedback data and make informed decisions about the direction of the supervision, allowing for adjustments and modifications as/if needed.
4. *'Client'-centred approach*: Feedback-informed treatment (FIT) places the supervisees' voice at the centre of supervision, allowing them to actively participate in their learning process and influence the course of their supervision.
5. *Enhanced effectiveness*: By incorporating feedback, the supervisor can fine-tune the supervision and adapt their approaches, potentially leading to more effective and efficient outcomes.

Overall, FIT aims to create a more responsive and supervisee-centred supervision process by integrating ongoing feedback into the development plan, leading to improved outcomes and a stronger alliance between the supervisor and the supervisee.

Another area that previous research has identified to be requiring more research is how the supervisees take care of themselves (i.e., self-care) as this may play a vital role in the creation of his/her identity as a therapist (Bernard & Luke, 2015). Neff (2003a, 2003b, 2009, 2018) highlights that SC can focus on emotional development. Self-compassion (SC) consists of three main components: self-kindness versus self-judgement; mindfulness versus overidentification; and common humanity versus isolation (Neff, 2009). In previous studies, it has been shown to be effective in strengthening strategies for achieving academic goals and developing coping strategies in the event of failure (Babenko & Oswald, 2018; Long & Neff, 2018; Neff et al., 2005; Ying, 2009). Self-compassion (SC) has also shown good outcomes in the supervision of therapists when it is centred on managing health concerns such as fatigue (Patsiopoulos & Buchanan, 2011). Supervision based on DP by its nature uses direct and concrete feedback; as such, it can risk being perceived as being threatening to the supervisee's self-confidence and self-esteem. Therefore, SC can be supportive and facilitate supervisees' self-care to promote a nurturing learning environment (Bernard & Luke, 2015). In the present study, both the supervisee and the supervisor completed SC measures at the end of every session in order to be able to monitor the development of SC during the supervision.

In a review of previous research, it is clear that the pedagogical structure underpinning clinical supervision can be effective when it is centred around the needs of the supervisee. As the experience of supervision can determine the supervisee's identity as a therapist, the quality of supervision is pivotal for both the therapist's development and client outcomes. Therefore, the purpose of this study was to develop a greater understanding of the supervisee's experience of a supervisee-centred supervision, from a DP, FIT and

SC perspective, and explore how this way of working has been perceived to influence the learning process.

2 | METHOD

2.1 | Participants

The sample was comprised of six students (five women and one man) in their fifth and final year of study in the completion of a clinical psychology degree programme in Sweden. Their mean age was 28 years, with a range from 25 to 39 years. At the time of data collection, all the participants had been supervised for 2 years and worked with both CBT and PDT. In the second year of supervision, which was the fifth year of the programme, a supervisee-centred approach was implemented. All participants received supervision based on DP, FIT and SC in their client work. The supervision duration was 30h per year. It is important to note that none of the participants had prior experience with supervisee-centred supervision before completing the degree programme. Three students worked with CBT and three with PDT. Prior to participation in the study, the participants were informed about the purpose of the study and signed an informed consent form. They were also informed that they could discontinue their participation anytime without justification, that the findings from the study would be anonymised, and that they would be able to access the results before publication (for the complete participant information letter, see Appendix 2). The informants were recruited based on a homogeneous strategic selection for the population (Alvehus, 2013). The study followed the Swedish Research Council's ethical guidelines for good research practice (Vetenskapsrådet, 2017) and was determined to meet ethical requirements following review by an internal committee at the university where training, supervision and research were undertaken.

2.2 | Procedure

A semistructured interview was used in the collection of data; the interview guide was developed based on the aim of the current study (Justesen & Mik-Meyer, 2011). The questions explored the supervisees' experiences of the supervisee-centred way of working, the practical usefulness of this approach, its perceived impact on learning and its perceived usefulness for their future professional lives, and the specific questions asked were as follows:

1. 'Have you been subjected to this method before, and if so, how?'
2. 'What have been the pros and cons of supervision based on this working method?'
3. 'What can be changed to make the method a better tool during the supervision process and work with clients?'
4. 'How do you think the method has affected your knowledge and skill development compared with previous supervision experiences?'

5. 'Has the method influenced your approach to learning, and if so, in what way'?
6. 'If you were to continue to use something from this working method in your profession, what would it be'?

Clarifying follow-up questions were asked if the interviewer noted that some aspects of the questions were not discussed. Each interview lasted between 45 and 60min (for a complete interview manual, see [Appendix 3](#)).

2.3 | The supervisors

In this study, two supervisors were involved in the review of the supervision process: one for the CBT group and another for the PDT group. One of the supervisors was a practising psychologist who had been working as a supervisor since 2005. They were introduced to the supervisee-centred approach before its implementation and received ongoing supervision throughout the study to ensure the consistent application of the supervisee-centred method.

The other supervisor was a practising psychologist and psychotherapist with 9 years of experience in supervision. They had received core training in dynamic psychotherapy since 2017. The supervisor's role was to serve as a role model for the students by taking an active, open and permissive approach in assisting them in the development of their professional identity (for a detailed description of the structure of the supervision sessions, see [Appendix 1](#); <https://figshare.com/s/dbd1629e86a02e4845cc?file=25437128>). None of the supervisors were involved as co-authors.

2.4 | Data analysis

An empirical thematic analysis was used for structuring, coding and interpreting the material (Braun & Clarke, 2006). The transcribed interviews were repeatedly reviewed independently (i.e., three times) by the first and second authors with the aim of uncovering initial thoughts, ideas and rough patterns. Collectively, the authors generated initial codes, which were grouped into potential themes. The material was then examined in order to identify upper and lower order categories (Alvehus, 2013). These themes were evaluated and checked against individual citations, and all transcripts were carefully read once more. This was carried out to ensure that the identified themes and subthemes were relevant and that they were interconnected internally and separated from each other externally. The selection of the material, which was driven by the aim of this study, was based on the assumption that the representation of the sample would be sufficient so that the empiricism would be expressed in a fair way (Alvehus, 2013). The results were subsequently analysed and interpreted based on the pertinent theories associated with research on DP, FIT and SC in psychotherapy.

2.5 | Trustworthiness

To ensure the interviews effectively addressed the objectives of the study, the authors followed guidelines for developing an interview manual as outlined by Kvale and Brinkmann (2014), ensuring the trustworthiness of the data collection process. In order to ensure the functionality of the interview process, two pilot interviews were conducted before the actual data collection. The interviews were conducted by the first author, who also provided participants with the opportunity to supplement and clarify their responses after the interviews were completed.

3 | RESULTS

The thematic analysis resulted in the identification of two main themes and five associated subthemes. Specifically, the main theme 'Learning' was comprised of three subthemes: structure and purposefulness, prerequisites and experience-based learning. The main theme of 'Development' was comprised of two subthemes: therapeutic skills and personal development. The themes and associated quotes representing the subthemes are presented in [Tables 1](#) and [2](#).

3.1 | Learning

The main theme of learning relates to how students felt the approach to supervision affected their learning regarding the undertaking of psychotherapy. The main theme refers to how the student therapists described the factors they felt were important for their learning and their experience of experience-based learning.

The subtheme of 'structure and purposefulness' outlines how DP and FIT were perceived to be useful for learning. Across the interviews, it was suggested this approach provided the opportunity for students to become aware of the desirable skills possessed by a psychotherapist. The interviewees reported that enhanced awareness was gained by scrutinising their own reactions; they believed this experience contributed to their learning and highlighted the progress that was made. Analysis of the interviews noted that one thing that differed from alternative approaches to supervision was the breaking down into smaller parts each sequence in the therapy session and focussing on details for further practice. Some of the interviewees suggested that it was a difficult experience and felt some anxiety with the process as it required purposeful practice of aspects in which they considered themselves to be inadequate. Moreover, this process of reflection and DP was undertaken in front of others in a group setting.

Now we finally got to practice these things that are really the most difficult of all, how to do this magic that we talk about in theory, and practice it. That you could do the same thing several times and really challenge yourself and I think that has been very rewarding.

TABLE 1 List of quotes for the main theme, learning, and its subthemes, structure and purposefulness, prerequisites and experience-based learning.

Main theme	Subtheme	Example
Learning	Structure and purposefulness	<p>'The benefits have been that I have become more aware of what I do and reflected more on how I did it and what I can do instead and that we did it in groups. The way we have been working has forced me to pause and think through what I find really hard and what I want to be working on right now, so I think that's a big advantage. The counseling sessions becomes very focused and the work more active. You really take care of the time I think'.</p> <p>'At first, I remember that it felt a little performance oriented, that you got a little performance anxiety from it. You had to focus on what you had to develop and your weaknesses and practice it in role-playing that and you felt a little ... right then and there in the beginning I felt a little worse than when you not focusing on these development areas'.</p>
	Prerequisites	<p>'It's also something we have talked about in the psychology program that client work takes much more time than what is allocated in points. After all, it's only 6 credits and you put down an incredible, incredible amount of more time than that. So without engaging in DP and the way it works be pretty much able to cope with client work just yet. Sometimes it has felt like, because we worked this way, it was required to, you have to think much more before you have the tutorial and maybe spend extra time watching the movie'.</p> <p>'I think a warm supervisor, or a supervisor who really want one's best also is a prerequisite for it to land right, otherwise I think it's easy to somehow feel questioned or pointed out'.</p>
	Experience-based learning	<p>'It feels like you have learned a lot about yourself in a short time, and learned a lot about the therapy method you use. That it goes fast to learn it with role playing and watching movies, so I think it goes faster and you understand how to actually apply it not only theoretically but also practically'.</p> <p>'I think it's a good method for knowledge development and reflecting on their own learning. Its one thing that the supervisor should understand what I understand about my process. And I believe, I think it can be quite good, both that I become aware myself what I need to work with but also to the supervisor, the supervisor becomes more aware of how I view my own development'.</p>

The subtheme of 'prerequisites' comprises descriptions of the different preconditions for the working method. The interviewees indicated that time for reading theory and time for preparing for therapy and supervision were prerequisites for being able to assimilate the approach to supervision. For some of the students, the introduction to this supervision style was also described as being central as it establishes the foundation for the methodology and climate in the supervision group as well as in the therapy work. It was noted that the client work, with associated supervision, was generally perceived as more time-consuming than what was allocated in time and credits in the psychologist training programme.

Several students described that a prerequisite for the working method to be effective was a feeling of safety within their group and with their supervisor. Possessing previous experience and knowing each other prior to the supervision was viewed as an advantage when working with new interventions and exercises in supervision. This basic trust was seen as particularly important when the working method was new, and the situation felt somewhat sensitive.

What I think would be a good way to introduce is to watch movie clips about DP together and be able to talk about them in the initial supervision sessions. Because we have been given some papers and an article to read, but something more concrete in how you can work as a student therapist with DP and get an example by watching a video together.

The subtheme 'experience-based learning' describes the student's own experience of practising and applying theories in real-life situations; several students described this form of learning as being both accelerating and developmental. Another aspect highlighted was that they emphasised that the links between learning, specific situations and their own personal goals led to an increased awareness of the learning process and their own development. The students said that the experience-based learning approach provided a clear focus and increased the effectiveness of training and supervision.

It becomes more practically useful by doing this compared to a regular guide that I have experienced before, that you are told that next time you can try this, or do this. You get advice. While here you get to try yourself and it gives both more knowledge and skills.

3.2 | Development

The main theme of 'development' describes students' reports of how DP, FIT and SC integrated into the supervision influenced their therapeutic skills and personal development.

The subtheme 'therapeutic skills' reflects that the students found the Session Rating Scale (SRS) and Outcome Rating Scale (ORS) forms to be rewarding as a basis for discussion and evaluation of sessions, both in the client work and in the supervision

TABLE 2 List of quotes for the main theme, development, and its subthemes, therapeutic skills and personal development.

Main theme	Subtheme	Example
Development	Therapeutic skills	<p>'I really think it was good, especially I think the ORS was good, especially at the beginning, a good starting point for every conversation, it became very natural to start there and to see where the client is today, what the client brings, it is something special ... a very good way to capture it. Same with the SRS, it became a natural way to check how the client has experienced the call. Which, in the past and really still, is a pretty scary thing to look up at the end of each conversation ... is it something you are not pleased with? It may be a little scary but I think the SRS made it easier, that it became much more natural'.</p> <p>'And the estimates on the tutorial, I might really like them better. LASS, I think that just for myself became a natural point to stop and think, I am happy with what we have done, and have we worked as we said, and so ... I also think we have been careful to actually take time, not only to fill it in but also talk about... see how we have estimated today... ok you have estimated a little lower on this, what did you feel it was due to? Then we have been able to continuously check on how we work and if we are satisfied. I am very, very happy with this year's tutorial'.</p> <p>'It becomes almost like a principle of the client not to assess higher or lower, had the person had a ruler to put out the estimates had the person done this. And then I felt that I lost the motivation to use them a little because the client did not see much value in it'.</p>
	Personal development	<p>'Now I can understand more where I started, how I worked towards my goals and how I reached them. So I think it affected my learning a lot and I have been constantly reflecting on what I have done, what I need further training on, what I need to develop'.</p> <p>'It [SC] has given a lot during the year and [I have] developed a lot and it has also come to play a big role in other areas of my life. There has been more, an ability, or an inner security and trust that has also existed outside the therapies that have been great. I wish it could have been there right from the start in all student therapies. I would really like to continue using the SC scale and remind myself because I think it makes a huge difference'.</p> <p>'In some way, you become more open with your weaknesses, or not weaknesses, but sides that are not yet so developed, behaviors and therapist skills that you have not yet developed as you wish. So I think it has become much easier to talk about exactly those things because it does not get so personal, you can do it by this method. And using the method you can approach difficult things and practice it for example. through role play or otherwise. In the past, it felt much more that I was a person and not a therapist as well, I think'.</p>

situation. One of the students pointed out that the forms contributed to a clear structure in monitoring the client's well-being and the therapeutic alliance. The students' accounts revealed that the completed forms were used as a basis for the focus of the supervision.

ORS, I think it has been great because it has facilitated a clearer communication and openness, it has been more transparent what is happening between us [therapist and client] and it has been easier to talk about if something has been a little worse.

The subtheme 'therapeutic skills' comprises an aggregation of statements regarding the development of their skills used in therapy sessions. The concept of SC and the SC scale was initially perceived as somewhat difficult to understand, but, over time, the use of the scale has contributed to a more accepting approach to the therapy work, thereby creating security. The material shows that the scale has been perceived as a rewarding basis for discussion in supervision.

And we've talked a lot about the SC scale, and I think everyone in our group felt it was very valuable. I think it has a bit to do with the part of listening, and feeling

what is happening in me. I feel that I, like many other psychology students, am used to being a high performer, making high demands, want to be good and in that I think practicing taking care of myself and sensing, that has been very important.

The material revealed that the approach involving DP and FIT created curiosity and interest in developing and evaluating their own abilities. Some mentioned that they can see the benefits of consciously reflecting and using recorded therapies for professional development. Some said that future use of the SRS and ORS forms will depend on the client, but if it suits the client they meet, they are seen as useful tools in creating structure and clarity.

(...) even though my client was critical of the SRS and ORS, it is something I would like to introduce in each conversation in the future because I myself have found that it has given me a clear structure in following the client's well-being and how the alliance or cooperation, the relationship is.

The subtheme 'personal development' reflects students' progress that was perceived to be visible, rapid and well anchored in the personal goals. Some students highlighted that the working method

contributed to them being able to distinguish between thing and person and that it has dedramatised the work with therapy and enabled them to dare to be more open with themselves regarding the aspects they wanted to develop.

I am super satisfied with the tutorial and how we have worked and I think it would be great if more people would become part of the tutorial. It has given a lot of clean when it comes to techniques that you can use during the therapy session, but just as much or more it has been developing for the security in myself. It's ok that I can't do everything, it's ok that it gets wrong, I can practice it, I can practice it again then I'll get a little better.

Most of the students felt that the information provided in the SC scale used in the supervision sessions had a particularly strong impact on personal development. According to their descriptions, the scale was described as 'a breath of fresh air' that shifted the focus from training yourself in using theoretical knowledge in realistic situations, to becoming aware of what was going on within oneself. It was suggested that SC balanced the challenge of receiving the clients' ratings with using the ratings and the recorded therapies in group supervision; it also supported their reflection upon their own emotional states.

It has had an incredible effect because it really starts a parallel process that has affected me enormously. Because one of the goals I had in my client work was that it should be a shared responsibility between me and the client, that I don't take on the whole responsibility and SC has helped me a lot with this. It helps you after the conversation to just stop and think, but wait, why do I think this feels so hard, how do I relate to myself right now, is it really the right thing to think and take a step back and think about it? I actually think that's one of the most important things I'll take from this work.

Personal development was described by the students as a sense of increased trust in themselves, increased self-confidence and an awareness that learning and development is a continuous process. The process was described as helping them to be able to see that they can train their capacity as a therapist and that goals are achievable even if they are 5–10 years away. The students described that the mainstay of the process involves the dedramatisation of the professional role.

It has provided a great deal of cleanliness when it comes to techniques that you can use during therapy hours, but even more it has been crucial for developing a sense of confidence in myself. It's ok that I can't do everything, it's ok that it will be wrong, I can

train on it, I can train on it again and then I'll be a little better.

4 | DISCUSSION

The aim of this study was to develop a greater understanding of the supervisees' experiences of this supervisee-centred way of working centred on DP, FIT and SC. In analysing the experiences of the supervisees via this working method, two main themes (i.e., learning and development) and five subthemes were identified.

4.1 | Learning

This main theme is about how the student therapists felt that the way of working has affected their learning regarding conducting psychotherapy. The main theme is related to how the student therapists described how the working method had affected their learning, which factors the students considered important for the purpose and how the students described the experience of experience-based learning.

4.1.1 | Structure and purposefulness

The first main theme identified is learning, with structure and purposefulness as the first subtheme. In this subtheme, the supervisees described that the structured and purposeful training created opportunities to advance towards desirable therapist characteristics. They described that the main difference between previous supervision and this method is that this method made it possible to break down complex elements and sequences into more manageable parts, practise them and thereby gain new knowledge. More specifically, supervisees reported gaining clarity about what they needed to work with and how they could work with these areas. Several of the supervisees described how this contributed to making the supervision process more effective, focussed and relevant to their individual learning process. This finding indicates that the structured and conscious process of training was viewed as being a helpful and effective educational method for the supervisees. This is in line with findings in a previous study showing the importance of having a dialectic between safety and challenges to create the necessary conditions for an optimal learning process (Veilleux et al., 2013).

It should be noted, however, that there are potential risks to this approach as some of the supervisees highlighted that the specification of development areas in the presence of others in a group supervision setting was found to be stressful. The supervision in these settings risked becoming an assessment point, during which weaknesses were made visible to others. This created a concern for supervisees about not living up to their own or what they believed to be the expectations of the supervisor. This supervisee-centred

way of working highlights the importance of considering the performance requirements that supervisees place upon themselves during the supervision process; critical self-evaluation can limit openness and impede personal and professional development (Blom, 2012). A positive counterweight to performance anxiety was SC; previous studies highlight SC can be effective in developing and strengthening strategies for achieving academic goals and building coping strategies in the event of failure (Babenko & Oswald, 2018; Long & Neff, 2018; Ying, 2009). Based on the supervisees' experiences with supervision, it was clear how important it is for goal-focussed training to be undertaken with SC to help the individual benefit from the training/development.

4.1.2 | Prerequisites

In the subtheme 'prerequisites', the supervisees described that the working method was time-consuming due to an increased commitment from both the supervisor and the supervisee. Jacobsen and Tanggaard (2009) argue that group supervision has great advantages but can be overwhelming with an extensive use of reflections and statements from group members. Group supervision thus requires special attention (e.g., goal-focussed) not only from the supervisor but also from the supervisee so that the supervision can be individually adapted to the greatest extent possible (Jacobsen & Tanggaard, 2009; Tanhan, 2018).

Feeling secure in the group and in the supervision settings in relation to the supervisor was noted to be important. Previous research indicates that an empathetic and supportive supervisor who demonstrates acceptance and understanding of their supervisees can create a safe supervision situation (Aten et al., 2008; Ögren & Sundin, 2009; Wampold & Imel, 2015; Watkins et al., 2013). Feeling secure is a key component for enabling learning and allowing the supervisees to feel confident in sharing their difficult and emotional experiences during the supervision process (Bargmann, 2017; Skjerve et al., 2013; Watkins et al., 2013).

4.1.3 | Experience-based learning

Supervisees described experience-based learning to be related to how they were encouraged to practically implement and apply theories in real-life situations to promote and accelerate their learning processes. The supervisees also felt that this encouragement increased awareness of their own learning processes and individual development. This view is supported by Babenko and Oswald (2018), who propose that learning environments designed to increase supervisees' awareness of the value of learning from experience—and from mistakes—promote competence and skill development.

While Safran and Muran (2001) specify that experience-based learning, through concrete experience and practical execution, in combination with active reflection, facilitates effective learning. Supervisees, together with the supervisor, chose and defined which

areas to focus on during the supervision; as such, feelings of *competence, autonomy and relatedness* were enhanced. Autonomy, competence and relatedness are prerequisites for the development of intrinsic motivation (Deci & Ryan, 2000) and have been found to be strongly positively related to achievement (Cerasoli et al., 2014). A sense of being involved/having influence over the process was reported as being a positive aspect of the supervisee-centred method.

4.2 | Development

In this main theme, we have collected the statements that describe how the student therapists experienced that DP, FIT and SC in supervision influenced their development in conducting psychotherapy. The main theme intends to answer how the student therapists describe how DP, FIT and SC have influenced their development in therapeutic skills and how the students describe the importance of the working method for their personal development.

4.2.1 | Therapeutic skills

Supervisees described that the ongoing use of the Leeds Alliance in Supervision Scale (LASS; Wainwright, 2010) across the supervision sessions was found to be valuable as it captured and evaluated the working alliance between the supervisee and the supervisor. This enabled the supervisees to immediately note any problems and find measures as well as behavioural changes that may be appropriate to improve the situation. This process outlines the development of mental representations that automatically discern, understand and interpret patterns of the potential alliance in the supervisor/supervisee relationship (Ericsson & Pool, 2016). Supervisees reported that pausing to review critical occurrences in the supervision can be effective when developing therapeutic skills training.

Previous research highlights that feedback as a working tool is not completely straightforward and requires an 'error-centred' atmosphere in which error (i.e., errors, mistakes and delusions) is viewed as an opportunity for learning (Bargmann, 2017). Importantly, a nonjudgemental attitude is also required within the group setting; however, supervisees reported a desire not to share the aspects of supervision that would actually be relevant to the development of therapeutic skills. Aten et al. (2008) believed that the desire to avoid reporting sensitive estimates can be overcome by allowing the supervisee to create a permissive climate in which problems and alternatives to the solutions are highlighted.

The unwillingness to report unfavourable/sensitive results from evaluations also appears in the self-assessment forms that the clients fill in at the end of the therapy sessions. The supervisees believed the forms were difficult to use as evaluation tools, as the answers were difficult to interpret. For example, a high estimate could mean either a good outcome of the therapy or a weak alliance, where the client did not respond honestly. On the contrary, the supervisees considered that the forms provided a good structure and

a good discussion basis for both the educational therapies and the supervision process.

The supervisees expressed that the training and therapy became more focussed on avoiding errors rather than becoming more effective as a therapist (Prescott, 2017). The supervisees initially described that the practical use of the forms was limited because they lacked the experience needed to use them naturally during the therapy sessions. The supervisees described that the forms initially felt removed from the therapy as a whole and that they lost their own motivation to use them. The perception that the forms were not felt to be useful in therapy undermined the supervision process and limited their utility in evaluating the outcome of the therapy.

Miller et al. (2016) describe that the purpose of the forms is to be able to better follow the alliance and treatment effect, as well as to customise treatment and systematically quality-assure the therapy sessions and the treatment outcomes. As such, the purpose of using the forms can be described as an alternative method of learning during the period of training to be a therapist, where the emphasis is usually placed on learning a specific technique. However, Prescott (2017) argues the continuous use of feedback-based forms promotes the opportunity to develop the supervisee's professional skills. The progression in client work becomes more nuanced with feedback from the client and can create more humility in the therapist. Therapy then becomes a collaboration between client and therapist, which has widely been shown to influence the outcome of the therapy (see, e.g., Cameron et al., 2018). This provides a clearer picture that the therapist as a person is a part of the therapeutic process and affects its outcome (Norcross & Wampold, 2018). The importance of good supervision also becomes clear to support the supervisee in this process, which is in line with previous findings (see, e.g., Rønnestad et al., 2019). The supervisee-centred working method can be considered to have the potential to support the supervisee with a focus on interpersonal processes (e.g., elements of SC). This was also reflected in the interviews with the supervisees, where they described that they experienced a greater focus on their own development in unison with the development of therapeutic skills.

4.2.2 | Personal development

In the subtheme personal development, it appears that the supervisees believed that personal development was visible, fast and rooted in personal goals. According to Rousmaniere (2017, 2019), these are aspects that make DP not only a successful model for development but also perceived as being stimulating and rewarding. According to some of the supervisees, the working method has contributed to a permissive climate in which the difference between a 'thing' and a person became clearer; they were able to openly practise what they considered to be their undeveloped skills. This is in line with what Hilsenroth and Diener (2017) describe as parts of the basic context for training in psychotherapy, specifically, a safe environment in which people are working towards specific goals and taking advantage of opportunities for improvements that arise through

error. The awareness of the fact that learning and development is an ongoing process seems to increase the supervisees' confidence in themselves, besides the training increasing their self-confidence. Based on the transtheoretical model of clinical supervision, this can be understood as the idea that the supervisees have to negotiate within themselves and overcome feelings of ambivalence, fears and anxiety, in order to be ready to take on the challenges presented. Increased confidence in oneself indicates emotional development and relates to SC (Neff, 2009). Increased confidence in oneself also reflects reduced self-criticism, which results in improved mental health (Neff, 2018; Patsiopoulos & Buchanan, 2011; Ying, 2009). Neff (2003b) argues that SC provides a social affiliation that can also be drawn in parallel with the security that supervisees experience in their groups. The reports from the supervisees in this study indicate that they felt the working method gave them coping strategies in the event of failure and helped them achieve their personal goals.

The focus of the work on the inner ability is what the supervisees' interviews expressed most strongly. The shift that took place in education from being theory-based to more affect-based seems to be what mattered most to supervisees. When they focussed on their own emotions and were compassionate with themselves during the supervision process, they could get a helpful release of emotions which enabled them to become more intimately involved with the therapeutic process (Aten et al., 2008). When supervisees can be more 'true/present' in the situation, this promotes positive experiences, which can lead to a more effective evaluation of one's own performance. This process has been shown to lead to increased confidence in one's own abilities (Aten et al., 2008).

The findings from the interviews highlight the different elements that are optimal for learning and which aspects can vary across situations. Some supervisees described learning as mainly occurring using self-assessment forms in therapy, whereas others described that learning happened in the supervision situation. Some described that working with role-plays was of the greatest importance, whereas others believed that learning developed most by setting and striving for goals. The experiences of learning and development can thus be seen as individually unique and differing across supervisees. This is in line with the transtheoretical model of clinical supervision, which highlights the importance of the level of maturity of the individual in training and in the spiral development process (Aten et al., 2008; Matzke, 2011). The results of this study indicate that the supervisee-centred method increased the supervisees' awareness of themselves, as well as their ability to perform psychotherapy and undergo professional development. The approach was unique and rewarding for both learning and development, and it seems to have created both commitment and interest among the supervisees. The supervisee-centred supervision helped in complex and sometimes frightening situations by making them more manageable. The importance of personal development in the training of therapeutic skills is also evident; the ability to show SC in all of the learning phases and the courage to 'allow oneself' to develop were noted to be important. This indicates that regardless of the supervision method or model,

SC is an important element for being able to stop and reflect on 'What did I do?' and 'Why did I do this?', which creates the potential for the development of skills. This approach, comprised of a holistic approach to development and supervision, can enable the supervisee to be well prepared for the multifaceted challenges that await them in their future professional career.

This study has a number of limitations that warrant discussion; specifically, the qualitative method of analysis means that the selection of data can be perceived as subjective and difficult to repeat; furthermore, the transparency of the process of analysis can be limited due to the nature of the method. An effort to limit potential bias and increase clarity was made by focussing on a fewer number of quotes in both the Results and Discussion sections. Additionally, the complexity of the questions may have meant that relevant perspectives do not appear in the participants' responses, which may have negatively affected their reliability. To minimise this risk, participants were given the opportunity to make additions to their statements if they felt that relevant perspectives/experiences had not been reported.

It is also important to emphasise that the number of participants was limited to six and the results therefore are not generalisable; thus, no causal assumptions can be made. However, the present study can contribute to method development and can be an indication of the possible benefits and limitations of this form of supervision. In addition, this study can offer considerations for the development of new approaches to supervision. An additional potential limitation of the sample used in the present study was that the participants had previous experience with supervision during psychotherapy training; it is possible that the development reported in the interviews in this study could have, in part, been derived from previous supervision. Attempts were made to avoid this, for example, by focussing on the differences between experiences of this supervisee-centred supervision and previous supervision.

In summary, the findings from the present study suggest the supervisees' experiences of supervisee-centred supervision were generally positive and they felt that it promoted their personal and professional development. One of the greatest stress factors for supervisees before supervision meetings was having to discuss moments that did not transpire as intended. This was clearly reported during the interviews and is noted as a contributor to widespread burnout in this professional group. This finding is a clear signal for future studies, when implementing this type of supervision in clinical settings, to place an emphasis on the supportive and restorative aspects of supervision. A helpful way to de-dramatise this aspect was to break down the development areas into smaller steps, which assisted supervisees with a process of compartmentalisation that evaluated the different parts, both those that they succeeded with and those that needed more training. This was found to contribute to a clarity of focus and segmentation that was appreciated. It also became more evident to the supervisees that they were making progress, which increased their confidence in their role as therapists. A further benefit was that supervisees indicated it was easier for them to identify their areas

of development and to find ways to work on them, rather than just experiencing struggle and failure. Fear of failure and the demands placed on oneself to be competent with all aspects of therapeutic practice are common in this professional group, and these perceived pressures are particularly influential in the early stages of the creation of an identity as a therapist. This study offers a starting point for future studies to examine aspects of DP, FIT and SC in the supervision context and can contribute to the development of effective clinical supervision.

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APPENDIX 1

Application

The supervision had the following structure according to E. Rosén (personal communication, 7 April 2019):

1. The student's goals were defined in a taxonomy (scientific systematics) based on deliberate practice (Miller et al., 2020). The supervisor then focussed on these goals throughout the supervision period.
2. Training based on deliberate practice was carried out in groups under the supervision and control of the supervisor (Miller et al., 2018; Rousmaniere, 2017, 2019). The training included role-play and individual purposeful training based on material from the films from the client work and the students' personal goals for the supervision. In cases where the instruments in ORS, SRS, LASS and/or SC stated that the objectives should be modified, this was done in this phase. These three parts, DP, the goals and FIT, thus support each other.
3. The instruments for the evaluation of SRS, ORS and LASS (Miller et al., 2016) and the instrument for SC are self-assessment scales and constitute both evaluation and basis for discussion in both treatment and supervision. This was done as follows:
 - a. The student's and supervisor's SC was measured at the end of each supervision session by both student and supervisor during the entire training period.
 - b. The alliance in the supervision was measured via LASS and filled in by the student at the end of each supervision session. The SRS, which measures alliances in therapy, was also filled in by the client at the end of each therapy session.

- c. Change in the client's well-being between therapy sessions was measured by the client filling in the ORS at the beginning of each therapy session.

The results were then used as the basis for discussion during the session.

The students are responsible for the estimates of ORS and SRS with clients, while the supervisors were responsible for the estimates of SC and LASS in the supervision. Estimates were made every week with the aim of continuously adjusting the focus in the supervision, in the training and in the clinical work. The goal of this was to create the best possible basis for the student's learning and, in the long run, a good client outcome. A prerequisite for performing the repetitive measurements was that the scales were short, which are SRS, ORS and LASS. The SC scale in the present structure for supervision has therefore been modified and gathered under a single overarching question about self-compassion (based on Hayes et al., 2016; McCullough & Thornes, 2007; Neff, 2018; Raes et al., 2011).

The parallel measurements of the alliance in both supervision and treatment and SC for both supervisor and student aimed to give the supervisor the opportunity to act as a role model for the student therapist. This was done by the supervisor by openly sharing his reflections on receiving and giving feedback both in supervision and in psychotherapy.

APPENDIX 2

Information letter.

Dear student!

Thank you for participating in the study of student therapists' stories about experiences of supervision based on deliberate practice (DP) and feedback-informed treatment (FIT).

We are two students at Umeå University who are writing a master's thesis on work, life and health. Our thesis is linked to a parallel quantitative evaluation of the working method made by Elisabet Rosén, who is affiliated with another/other position at the Department of Psychology at Umeå University. The purpose of our thesis is to collect stories about psychology students' experiences of supervision based on DP and FIT. It may be about experiences of practically using the working method, experience of it and what one's own development has looked like.

The content of DP has meant that you as a psychology student have participated more actively during the supervision compared with traditional supervision. This has been done through role-play and individual goal-oriented training with films from the therapies and based on your personal goals for the supervision. Feedback-informed treatment (FIT) has meant that you have used different instruments in FIT at each supervision and therapy opportunity: SRS, ORS, LASS and SC scale, to follow the alliance process and the client's mood during the therapy. In the therapies, ORS has been used in the beginning of the therapy session and SRS at the end of the session. In the supervision, you as a student have used LASS and SC at the end of each supervision (even on occasions where the group

has met without a supervisor). The supervisor has also estimated his or her own self-compassion (SC) in connection with the end of each supervision session. In the supervision, time has been set aside for a short round of reflection on the estimates, and in the therapies, the clients have been given the opportunity to reflect on both ORS and SRS.

The interview will take place individually based on a semistructured interview guide where you choose to tell what you want about your experience of the working method. You have the right to cancel the interview if and when you want. When transcribing, the material will be anonymised, and it will be reported so that individuals cannot be identified. You will have the opportunity to take part in the material before and after the completion of the thesis. The interview is estimated to take about 30–45 min, but feel free to set aside an hour if you have the opportunity so that we have some time both before and afterwards for questions. We will get back to you to decide the time and place for the interview. If you have any questions, please do not hesitate to reach out to us.

We look forward to meeting you!

With kind regards,

The first author (telephone)

The listener (telephone)

^[1]The information guide for students and supervisors regarding courses 11 and 12 in client work was a course document from the Department of Psychology at Umeå University containing starting points for client work regarding the supervisor and the student therapist. A new point for 2018 was that the supervisor has a responsibility to actively introduce and follow up a reflective work on the student's emotional development as part of the therapist training (K. Vretsjö, personal communication, 23 May 2019).

^[2]A working document of the taxonomy can be obtained from daryl@darylchow.com according to Miller, Hubble & Chow (2017).

APPENDIX 3

Interview manual students

INTRODUCTION

Purpose of the interview: You have been part of a group that during two semesters of client work has received supervision based on deliberate practice (DP) and feedback-informed treatment (FIT), instead of traditional supervision. The purpose of the interview today is to hear your perspective on how the new working method has worked in practice.

Deliberate practice has meant that you as a student have participated more actively during the supervision than with the usual method, through role-play and individual goal-oriented training using films from the therapies and based on your personal goals for the supervision. Feedback-informed treatment has meant that you have used different instruments in FIT at each supervision and

therapy opportunity: SRS, ORS, LASS and SC scale, to follow the alliance process and the client's mood during the therapy.

How the material will be used: The results of the evaluation will be used for method development in the supervision of the psychology programme. The interviews we do now will be presented in a master's thesis on the programme Work, Life and Health in the spring of 2019. The interview consists of four main themes with a total of seven questions. They are about your previous experience of the working method, about its usefulness, how it has affected learning and your future benefits from the method.

Do you have any questions before we start?

Theme 1: Previous experience of the method

1. Have you used DP or FIT before, in any other context? How in that case?

Theme 2: Usability

1. What have been the advantages and disadvantages of supervision based on DP and FIT? How?
2. What can be changed to make the method a better tool in the supervision and in the work with the clients?
3. What is your perception of the intention of working with the method in supervision and client work?

Theme 3: Effect

The pedagogical goals of introducing the working method have been to 1. increase the learning effects of the supervision and 2. to foster a learning approach (to teach how to learn) by A: to establish small goals just beyond the current ability, goal-oriented training and B: continuous evaluation.

1. How do you think the method has affected your knowledge and skills development compared with the traditional supervision you had in terms 7-8? (to reach the learning goals, your knowledge and ability).
2. Has the method affected your approach to learning, and if so, in what way?

Theme 4: Professional benefit

1. If you were to continue to use something from the working method in your work-life, what would it be?

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