Maximizing trainee Cognitive Behavioral Therapists use of clinical supervision: Can a bespoke workshop help to broaden their horizons?

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Abstract:

Previous research in the field has consistently found that the use of Cognitive Behavioral Therapy (CBT) supervision is often limited to case discussion. This potentially limits supervisee exposure to wider methods such as self-practice and self-reflection. At present, little is known about how CBT therapists use supervision and the decisions that underpin these choices. It is therefore important to gain a better understanding of supervisees' beliefs about what supervision can be used for so that barriers to broadening supervision topics can be identified. CBT training is a critical time when career long habits could be formed therefore it is appropriate to investigate the role that specific training methods play in their use of supervision. This action research study set out to establish whether a bespoke workshop delivered to a cohort of (*N*=13) trainee CBT Therapists would change how trainees think about and use supervision. Trainees attended an optional workshop 'Models and Modes of Supervision'. Feedback was elicited via a brief online questionnaire one month later. Thematic Analysis was applied to participant responses (n=9) following the steps outlined by Braun and Clarke (2006) with three themes identified – "Understanding of the breadth of supervision", "Meta-cognitive awareness" and "Opportunity to make changes". Overall, these themes suggested that following the workshop, trainees had a deeper understanding of supervision and had begun to consider expanding its use by bringing more interpersonal and self- reflective issues. The findings indicate that future cohorts may benefit from this workshop being integrated within the course structure. Further research is also required to understand if qualified therapists hold similar views about supervision and to investigate the role that supervisors have in influencing the topics and techniques that are utilized within clinical supervision.

Keywords: CBT, supervision, self-reflection, training, DPR

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Cognitive Behavioral Therapy (CBT) is a talking treatment which utilizes evidence-based disorder specific treatment protocols to help treat anxiety disorders and depression (Butler et al., 2006). The Improving Access to Psychological Therapies (IAPT) program is a national government funded initiative which set out to train a high volume of CBT Therapists to work in primary care settings to address the increasing burden of common mental health problems on society (National Collaborating Centre for Mental Health, 2019). Training courses such as the one run at University of Cumbria are designed around the IAPT curriculum (Liness & Muston, 2011) and are tasked with helping trainees learn the theory and skills necessary to deliver these evidence-based interventions to clients.

Trainee CBT Therapists are taught CBT theory and acquire practical skills through a combination of university-based learning (didactic teaching, self-directed learning [reading books and journal articles], role-play with peers, clinical supervision and completion of a clinical placement where knowledge is transferred to action (Liness et al., 2019). One framework for conceptualizing therapist skill acquisition and refinement is the Declarative-Procedural-Reflective (DPR) Model (Bennett-Levy, 2006). A detailed explanation of this model is beyond the scope of this paper however in summary, according to DPR theory different training strategies may target different information processing systems in the mind of the learner (Bennett-Levy et al., 2001; Bennett-Levy et al., 2009).

DPR: The 'what', the 'how', and the 'why?'

Declarative knowledge can be developed by helping the trainee to recognize what a clinical problem looks like, for example panic disorder (see Clark & Salkovskis, 2009). This knowledge can be acquired through 'transmission' such as by reading a manual or attending a lecture (Pratt, 2002). Trainee understanding of the clinical hallmarks of panic disorder might be evidenced by them describing the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) criteria to their supervisor (American Psychiatric Association, 2013). The second pillar of the DPR model - Procedural knowledge - is characterized by knowing how to undertake a particular intervention. This could be acquired through a supervisor modelling how to deliver a therapeutic intervention or through peer role play (Bennett-Levy, 2006). This experiential element allows the trainee to see how an intervention they have read about in a textbook is converted into an everyday clinical activity. A demonstration of the

acquisition of procedural knowledge by the trainee would consist of knowing the interventions to use to treat a client with panic disorder such as a hyperventilation experiment (Clark & Salkovskis, 2009). The third component of the DPR model is the reflective system, described by Bennett-Levy et al. (2009) as the engine of learning. In clinical practice, one is required to reflect upon declarative and procedural knowledge to know how to a) formulate the problems that a client is presenting with and b) recognize the treatment plan that fits with these problems. Self-reflective knowledge on the other hand, characterized by self-awareness and interpersonal reflective skills such as empathic attunement to the client, cannot be acquired simply by reading about them or observing another displaying them (Bennett-Levy et al., 2003; Bennett-Levy, 2019; Thwaites et al., 2017). Whilst the 'reflective system' draws upon declarative and procedural knowledge, for example written vignettes and supervisor modelling of how to display empathy to a client, it may also be influenced by the personal history of the therapist referred to in the literature as the 'self-schema' (Bennett-Levy, 2006). There are times during therapy that it is necessary to explore one's own thoughts and feelings through deliberate and focused self-reflection (Haarhoff & Thwaites, 2016). This might be in relation to why one has chosen to use a particular technique especially when it is not the correct one, or why they react to some clients with hostility or frustration rather than empathy (Leahy, 2001).

In the same way that trainees need to be taught how to formulate and deliver interventions, specific training might be needed to harness interpersonal perceptual skills and to increase therapist self-awareness (Bennett-Levy & Finlay-Jones, 2018; Haarhoff, 2006). However, in comparison to the acquisition of technical (how) and conceptual (what) skills, there has been little emphasis in CBT literature certainly within the UK, on identifying and managing interpersonal processes such as one's own reactions to clients or self-cognitions and emotions that are triggered in routine clinical work (Moorey &Lavender, 2019). Furthermore, there has been even less written on addressing these issues in CBT Supervision (Leahy, 2008; Moorey & Byrne, 2019; Thwaites & Bennett-Levy, 2007).

Self-reflective tools have been developed and tested by researchers such as the Therapist Schema Questionnaire (Haarhoff, 2006; Leahy, 2001) and the Interpersonal Cycle Worksheet (Moorey, 2013) and a small number of textbooks have also been published to

assist CBT Therapists in better understanding relational issues such as transference and countertransference that can emerge in clinical practice (Leahy, 2001; Moorey & Lavender, 2019; Saffron & Segal, 1995). However, the degree to which they are utilized in everyday CBT training and post-qualification is unclear.

How much significance is placed upon self-reflective or interpersonal relational skills within UK based CBT training?

The IAPT program is the largest training provider for CBT Therapists in England (National Collaborating Centre for Mental Health, 2019). Training courses run for a year and must follow a national curriculum that is mainly focused on teaching specific protocols for a range of anxiety disorders and depression (Liness & Muston 2011; Roth & Pilling, 2008). This curriculum consists of learning about the fundamental theories underpinning CBT formulation and treatment. The focal point of teaching and supervision is to ensure therapists adhere to these protocols and achieve competence in their delivery before qualifying (Turpin & Wheeler, 2011). Trainees need to be able to identify specific disorders through their declarative and procedural knowledge of diagnostic classification systems such as DSM-5 (American Psychiatric Association, 2013) and the administering of disorder specific psychometric questionnaires (National Collaborating Centre for Mental Health, 2019). Trainees also need to have therapy sessions marked against an established competence measure – the Cognitive Therapy Rating Scale Revised (CTS-R; Blackburn et al., 2001). Two of the criteria within the CTS-R relevant to this discussion are Item 5 ‘Interpersonal Effectiveness’ and Item 11 ‘Application of change methods’. Within CBT, improvement in clients (i.e., the mechanism of change) is proposed to be largely due to the correct change methods being applied, for example exposure and response prevention for the treatment of obsessive-compulsive disorder (Roth & Pilling, 2008). Whilst a good therapeutic relationship is necessary it is viewed to be insufficient by itself.

On CBT training courses, supervision plays a key role in helping trainees convert declarative knowledge that has been acquired in lectures into procedural knowledge using supervisor modelling, role play and case discussion (Bennett-Levy et al., 2009). Supervision also provides an arena where supervisees can take a step back from their clinical work to reflect on action (Schon, 1983). Part of this reflection could be on interpersonal

processes between therapist and client or even supervisee and supervisor, however, historically CBT has tended to underplay the importance of relational issues, instead focusing on change methods (Leahy, 2008) and IAPT does not appear to differ from this trend (Scott, 2018). Consequently, CBT supervision at present, may lack the resources to adequately support trainees with interpersonal skills and self-reflection.

Deepening learning through Self-Practice and Self-Reflection

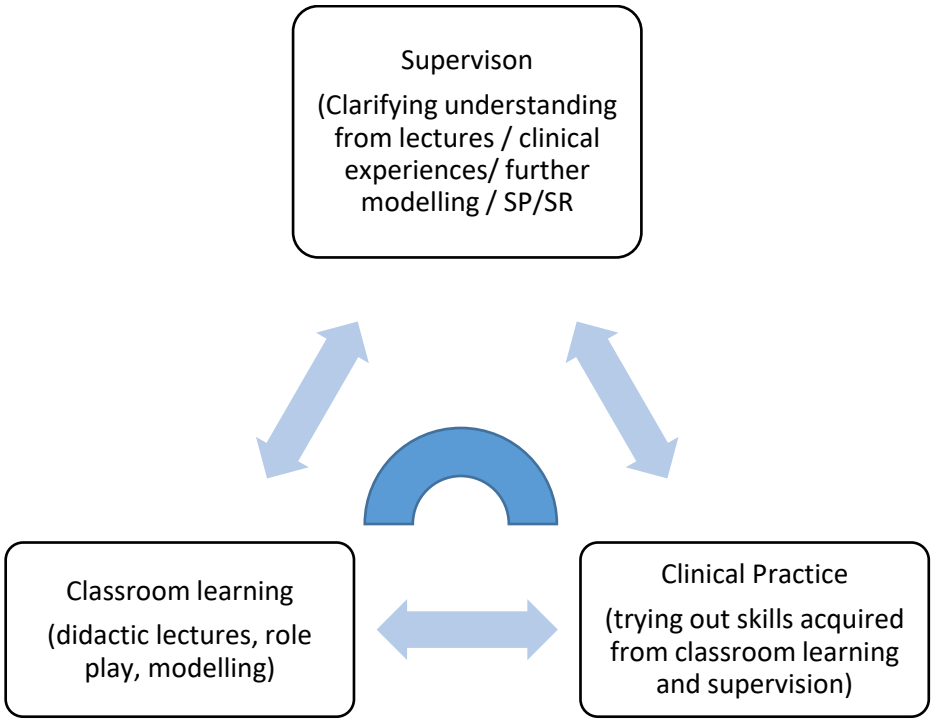
It is hypothesized that as one embarks on a career as a CBT practitioner, they begin to develop a self-as-therapist schema (Bennett-Levy, 2006). Engaging in self-reflection following clinical encounters with clients helps to develop the self-as-therapist schema which in turns impacts on the self-schema. For example, learning to become more assertive with clients who arrive late repeatedly for sessions may lead to one becoming more assertive in personal matters outside of the therapist role. Similarly, self-schema such as a tendency to avoid conflict can affect the self-as-therapist with a tendency to avoid discussing the client's poor punctuality. A further method of imbedding interpersonal knowledge and skills is using role play where trainees can potentially gain a deeper understanding of the theory and practice of CBT by applying interventions to their own difficulties (Bennett-Levy, 2019). Although not a core part of the IAPT CBT training curriculum, it has been shown that therapists at all levels of experience can benefit from engaging in a more structured form of experiential learning known as self-practice/self-reflection (SP/SR) where practicing applying CBT formulation and techniques to one's own life are written about and sometimes shared with peers (Davis et al., 2014). Studies in this area have found that CBT therapists describe improvement in aspects of their clinical practice such as enhanced technical skills and interpersonal skills (Davis et al.,2014). Bennett-Levy (2019), one of the founding fathers of SP/SR has argued that therapists should walk the talk by being willing to use CBT methods on oneself. However, despite an increasing body of research that indicates important therapist development emerging from SP/ SR use, several studies looking at the expansion of it have noted a consistent resistance and aversion from a minority of therapists towards engaging in the process (Chaddock et al., 2014; Farrand et al., 2010; Thwaites et al., 2017).

Supervision as the reflective bridge between the classroom and the treatment room

SP/SR has typically been formal where participants commit to a twelve-week program of applying CBT formulation to themselves whilst trying out common CBT techniques such as cognitive restructuring (Bennett-Levy et al, 2003; 2015). At present it is not included as standard in IAPT CBT supervision and there is little research around the use of SP/SR specifically in supervision (see Bennett-Levy & Thwaites, 2007; Milne et al., 2009). To borrow the term reflective bridge introduced by Bennett-Levy and Finlay-Jones (2018) to describe how personal practice helps to integrate personal self and therapist self-reflection, supervision can also be thought of as acting in the capacity of a reflective bridge as depicted in Figure 1.

Figure 1

Hypothesized reflective bridge between classroom learning, supervision and clinical practice



Note. Figure 1 demonstrates how supervision helps to convert declarative knowledge from lectures in procedural knowledge. It also shows how supervision can be used to reflect on procedural experiences in clinical practice.

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As Figure 1 shows, supervision sits above classroom learning and clinical practice however there is a tri-directional influence between the three avenues of learning. The supervisor can help the supervisee to link the declarative knowledge that has been acquired in classroom lectures (crossing the bridge) to the procedural knowledge of knowing how to deliver CBT in clinical practice. A loose grasp of concepts from a lecture can be ironed out with a more thorough recap in supervision or a different method may be used that better suits the learning style of the trainee (James et al., 2007), for example role playing with the supervisor. Supervision also provides the opportunity to reflect on clinical scenarios that require more flexible responses. A trainee might have a very rigid procedural understanding of how to deliver CBT (i.e., 'when X happens, I do Y'), however individual differences in clients means that therapists are required to drawn upon meta-competences (Grey et al., 2014), often making adaptations to what is stipulated in treatment manuals. Bringing a clinical case back to supervision after trying out skills acquired in the classroom and having this reinforced in supervision can lead the trainee to reflect on divergences between theory and practice.

Does CBT Supervision fulfil its potential?

Studies that have been carried out investigating supervision practices have consistently found an over-reliance on methods such as case discussion (Alfonsson et al., 2017; Weck et al., 2017) and an underutilization of more experiential methods which would include formal versions of SP/SR and less formal types of self-practice such as 'chair-work' or identification of problematic therapist schemas (Leahy, 2001; Pugh & Margetts, 2020; Townend et al., 2002). No precise definition of 'case discussion' exists in the CBT literature but based on the author's experience as a supervisor, it is likely to be a largely stale verbal interaction between supervisor and supervisee about matters such as case formulation, technical mastery of interventions or being stuck with what to do next in treatment. Whilst some case discussion is highly appropriate, such a narrow focus to supervision on a consistent basis is concerning (Weck et al., 2017). Career long supervision that relies on case discussion could lead to the omission of highly useful discussions and interventions around known issues such as collusion, therapist drift, problematic therapist schemas such as self-sacrifice and therapist avoidance of essential components of treatment (Haarhoff, 2006;

Meyer et al., 2014; Milne et al., 2009; Pugh & Margetts, 2020; Waller, 2009). On this basis, the integration of SP/SR and supervision requires further investigation in terms of the potential benefits it may offer for self-awareness and interpersonal skillfulness.

Whilst past research reported that CBT supervisees were largely content with the supervision they received (Townend et al., 2002), this sampling took place nineteen years ago, prior to IAPT's inception. It is therefore difficult to judge the ongoing validity of this. There is also the possibility that supervisees might not know what they are missing out on if they have always received the same type of supervision. More recent albeit smaller scale research suggests that some IAPT supervisees may be silently disenchanted as found in a recent qualitative study which looked at burnout in IAPT workers and stated that 'for nine participants supervision was insufficient; it was not what they expected, and they need more depth and support from their supervision' (Scott, 2018; p73). IAPT clinicians usually receive two types of supervision – one being clinical supervision which is the focus of the present study and case management supervision which tends to focus on the performance of the clinician against various measured outcomes such as patient recovery rates (Turpin & Wheeler, 2011).

Research context

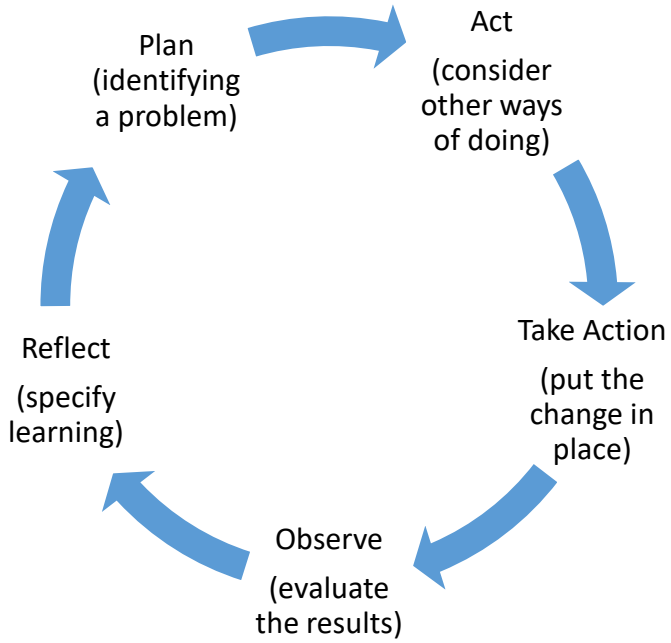
The present study was developed as an action research project by the author who is employed as a tutor and group supervisor on an IAPT CBT training course. Action research (AR) has been described as "a form of self-reflective problem solving" (McMahon, 2006; p166) where the practitioner creates new knowledge by investigating problems that have arisen through recognition of difficulties that they have experienced in their work. AR involves numerous stages including a) problem investigation b) working collaboratively with members of the system to make desired changes and c) reflecting on the outcomes from that action (McMahon, 2006). For this area of research, the author had identified a potential problem from their experience as a clinical supervisor. Reflecting on experiences of providing supervision to CBT trainees led the author to recognize a predictable pattern of supervisee use of supervision sessions. Supervisees, in the author's experience tended to bring mainly technical questions to supervision such as *'how do I conduct imaginal reliving with a PTSD client*?' or '*how do I differentiate Generalized Anxiety Disorder from Obsessive*

Compulsive Disorder?'. Whilst these questions are relevant and understandable in novice therapists, the concern was that they may be overlooking equally important aspects of their clinical work within the interpersonal domain (e.g., Leahy, 2001; Moorey & Lavender, 2019).

There are times in supervision where the supervisor might recognize unhelpful behaviors that the trainee has used within their clinical work such as failing to address homework non-compliance with a client. This could arise from hypothesized dysfunctional therapist schemas such as a need for approval (see Leahy, 2001). The absence of a shared language within supervision to discuss this problem can, in the author's experience, lead to awkward and challenging conversations with supervisees about aspects of their work that they may be blind to or defensive about. Despite there being CBT literature in existence on interpersonal processes in therapy, in the author's experience, they do not feature heavily within the IAPT training curriculum. This could offer one explanation for the perceived over-emphasis on technical questions in supervision. Figure 2 shows the stages of Action Research that informed the development and evaluation of this study.

Figure 2

The four steps of Action Research as applied to CBT trainee use of supervision (adapted from Tripp, 2005).



Identifying the problem

AR "involves a spiral of self-reflective cycles" (Koshey et al., 2011, p5) with the three-cycle approach as proposed by Piggot-Irvine (2006 cited in Brinsden, 2011) being used as a framework for this study. Cycle one arose from the researcher undertaking a Higher Education teaching qualification and needing to identify an aspect of their work that they wished to change. Currently little is known about how CBT therapists use clinical supervision and what they see the purpose of supervision as being. Previous quantitative research (e.g., Townend et al., 2002) only tells us what happens (i.e., minimal use of role play) rather than why. The tendency to rely on case discussion at the expense of more experiential methods might indicate a myopic view of what supervision can be used for. Furthermore, trainees may lack awareness of the full scope of clinical supervision and crucially, the existing course content may do little to address this.

At the time of the study being carried out, the supervision module on the IAPT course where the author is a tutor only included a basic introductory lecture to the practical aspects

of supervision (i.e., what is required to pass the course). This covered topics such as using the CTS-R (Blackburn et al., 2000) to self-rate technical competence in videos of therapy sessions, setting the supervision contract and mandatory requirements for the number of cases to be discussed. Whilst students are taught about the pragmatic elements of how to prepare for supervision, the nuances such as how to be an effective supervisee or how to get maximum use out of supervision may be overlooked. To quote Tripp (2005) "Educational action research is principally a strategy for the development of teachers as researchers so that they can use their research to improve their teaching and thus their students' learning" (p2). This AR study therefore sought to improve student learning by deepening their knowledge of how to use supervision.

Consider other ways of doing

Cycle two involved considering how this objective might be achieved. Making an adjustment to the CBT therapist training program is one option to help broaden the supervisees horizons in terms of what supervision can be used for. Specifically, providing trainees with declarative knowledge about interpersonal processes at the start of their career may help to identify early beliefs about supervision which could be modified with further learning. It may also introduce a shared language in which problematic therapist behaviors can be discussed in a less threatening way for the supervisee and supervisor.

The overall purpose of the study therefore was to assess the effect of providing trainees with a specific optional workshop that would:

1) Provide participants with a framework in which to understand how they might organize supervision questions using the DPR model
2) To better understand supervisees beliefs about the scope of CBT supervision
3) Provide a shared language for supervisor and supervisee to discuss interpersonal process issues
4) Explore participants' experience of attending the workshop and whether the material presented had changed how they think about and use clinical supervision

Method

Design

The students attended a half day workshop facilitated by the researcher during which they were introduced to the DPR model (Bennett-Levy, 2006) and key debates around the role of self-reflection and self-practice in CBT (see Table 1).

Table 1

Workshop content 'Models and Modes of Supervision'

Topic
Introduction to how therapists learn and develop (DPR model)
Examples of Declarative, Procedural and Interpersonal Reflective Knowledge
Trainee reflection on how much emphasis they place on declarative, procedural, or interpersonal reflection in supervision at present
Education about common trainee and supervisee behaviors (avoidance of bringing recordings, avoidance of implementing exposure-based interventions)
Completion of Therapist schema questionnaire (TSQ) to raise awareness of potential difficulties that may arise in clinical work or supervision due to one or more of these schemas
Examples of collusion and ruptures between supervisor and supervisee

Following this, an online questionnaire was selected to collate this data because it was thought that participants might feel able to give more honest answers in comparison to the researcher conducting interviews especially as they were known to the participants. It was also deemed to be an efficient way of gathering data within the time constraints required for the AR project. The author created a brief online questionnaire which incorporated three open questions and feedback was obtained through the internet via a link on blackboard which took them to Survey Monkey (www.surveymonkey.com). Participants were asked to complete the

questionnaire one month after attending the workshop as the author felt that this would provide a sufficient length of time to have attended several supervisions sessions and to have tried bringing different items to the supervision agenda.

A qualitative approach was chosen to allow the researcher to explore themes in participant responses. Survey responses were thematically analyzed following the six-step approach recommended by Braun and Clarke (2006). As a novice researcher, thematic analysis (TA) is "the first qualitative method of analysis that researchers should learn, as it provides core skills that will be useful for conducting many other forms of qualitative analysis (Braun & Clarke, 2006, p4).

Materials

Workshop content involved the use of a PowerPoint slideshow, group discussion including an introduction to DPR theory and examples of how various training strategies and specific supervision questions might target different elements of the model (see Bennett-Levy et al., 2009). Students were also asked to complete the Therapist Schema Questionnaire (Leahy, 2001; Phin, 2013) a forty-six item self-report measure which includes statements designed to capture a range of potentially problematic therapist beliefs. For example, 'demanding standards' where therapists might react with criticism towards a patient that has failed to complete a homework task. This workshop added to rather than replaced any existing course content and was held during the third month of an eleven-month training course. The timing of this was due to the research forming part of a module being completed for a Higher Education teaching qualification.

Participants

A convenience sample of 13 students undertaking the IAPT Post-Graduate Diploma in CBT during 2017 agreed to participate in an optional half day workshop led by the author. Participant information sheets were made available ahead of the workshop, consent forms administered and debrief sheets were emailed to all attendees following the end of the workshop. Demographic information was not collected due to the small number of students taking part as a means of protecting anonymity. This was especially important given that the researcher was also clinical supervisor for some of the trainees on the course.

Procedure

Students were asked to reflect on interpersonal dynamics within their work with clients and the supervisory relationship and to consider how these may be pertinent agenda items to bring to their future supervision sessions. The researcher provided some clinical examples from their own experiences as a clinician and supervisor to assist in linking theory to practice. During the workshop trainees also completed the Therapist Schema Questionnaire (Leahy, 2001; Phin, 2013) as described above to identify potentially unhelpful therapist beliefs that may influence their clinical practice or behavior within supervision (Haarhoff & Thwaites, 2016). The students were not asked to share their ratings for each answer with the researcher or peers however they were asked to notice items which they scored highest on and reflect on how this might influence their clinical work. Participants were then asked to consider if they tend to bring one type of question more frequently than others, for example mostly declarative 'what' questions. Finally, the workshop then focused on the interpersonal aspects of clinical work and of supervision by explaining common issues involving avoidance, collusion or conflict (see Milne et al., 2009; Moorey, 2013).

Online survey questions

A range of questions were developed with the aim of enabling trainees to reflect on both the impact of the workshop on their declarative knowledge of interpersonal processes (i.e., understanding of different types of therapist schema) and on any changes they have made to how they use supervision (procedural knowledge).

Q1. Has the models of supervision lecture changed your understanding of the purpose of supervision? If yes, please explain, if no please explain

Q2. Has the lecture changed the way that you prepare for supervision sessions? If yes, please explain, if no please explain

Q3. Have you used subsequent supervision sessions to discuss any of the topics covered in the lecture? If so which ones, If not please explain

Analytical procedure

Of the 13 that attended, nine completed the follow up questionnaire by using a hyperlink to the website 'Survey Monkey'. Thematic Analysis (TA) following the six stages

outlined by Braun and Clarke (2006) was utilized. The main reasons for selecting TA were its flexibility in that this methodology is not exclusively wed to a particular epistemological position. As the researcher identifies as being a pragmatist (Morgan, 2014), TA was deemed a good fit. The focus on what is helpful gives the pragmatic researcher freedom to explore methods that will provide the most helpful avenues of enquiry. Coding was carried out manually for each of the three questions within the questionnaire reflecting a 'theoretical' approach to TA (Braun & Clarke, 2006). All nine responses were extracted from survey monkey and placed into a table where the researcher looked for patterns in the participant responses to each question. Themes were then generated to represent either the most predominant or significant codes. Responses to each question were coded with recurring words used to generate themes and sub-themes. The author was not part of a wider research team and therefore was unable to draw on a second researcher to corroborate the findings.

Ethics

The author abided by the Ethical Principles of Psychologists and Code of Conduct as set out by the British Association for Behavioral and Cognitive Psychotherapies (BABCP; 2017) and the British Psychological Society (BPS; 2018). Ethical approval was granted by University of Cumbria.

Reflexivity

It is important for qualitative researchers to recognize how their own beliefs and experiences may influence study design and interpretation of results (Patnaik, 2013). The researcher is also a CBT lecturer, supervisor and supervisee (an 'insider-outsider') with an interest in interpersonal processes in therapy and supervision and their position is captured aptly in the quote "*There is no neutrality. There is only greater or less awareness of one's biases. And if you do not appreciate the force of what you're leaving out, you are not fully in command of what you're doing*" (Rose, 1985; p. 77 in Dwyer & Buckle, 2009).

For these reasons, firstly, it was important that the questions selected were not leading participants to a particular response. For example, it was the researcher's hypothesis based on their experiences of receiving supervision and providing supervision to trainees that they would not typically think about bringing questions on interpersonal processes in therapy to

supervision. It is therefore imperative that the reflexive researcher recognizes how "our unconscious cognitive errors prompt us to see and value highly what we expect to find or what fits with our pre-existing beliefs" (Dodgson, 2019, p 220).

To minimize the possibility of bias, questions were designed to elicit open rather than closed answers. Secondly, elaboration of responses was invited (e.g., if yes, please explain, if not please explain) so that richer data was available for analysis. Thirdly, when generating codes and themes, the researcher should look for data that does not directly fit with what they expect to find. Finally, member checking was utilized by the author, posting a summary of the themes on Blackboard inviting comments from the cohort however no feedback was received.

Analysis

Themes

Three main themes emerged – 1) Understanding of the breadth of supervision; 2) Meta-cognitive awareness; and 3) Opportunity to make changes. Several sub-themes were also identified across all three questions (see Table 2).

Table 2

Themes and sub-themes

Themes	Sub-themes
Understanding of the breadth of supervision	Awareness of options
	Bringing more personal issues to supervision
Meta-cognitive awareness	Considering their own reactions to clients
	Increase in general self-reflection
Opportunity to make changes	Not had chance
	Prioritizing items for discussion

Theme 1: Understanding of the breadth of supervision

This theme captured a general sense of participants realizing that supervision was broader in scope than they had originally thought. Participant responses to question one revealed that the experience of attending the lecture had led to gains in their declarative understanding (factual understanding of what supervision can cover). There had also been changes to their behavior within supervision and this was reflected in two sub-themes – the first being "Awareness of options" and "Bringing more personal issues to supervision".

Subtheme 1a: Awareness of options. Part of this new understanding of the breadth of supervision was characterized by several participants becoming more aware of the range of options they could choose to focus on. Participant two appeared to have certain preconceptions about what supervision did and did not entail, and the workshop made them realize the scope of matters that could be addressed.

> "I was unaware that supervision had so many different areas that could be discussed". (P2)

Unfortunately, the brevity of their response did not reveal what these pre-conceptions consisted of. Also, they did not say which areas they now know about which they were previously unaware of. Participant 4 offered some insight as to what had changed about their understanding of supervision by commenting:

> "I have a greater awareness of relationship issues in therapy" (P4)

Again, the lack of detail in the response did not reveal which relationships they were referring to (e.g., supervisor and supervisee, or therapist and client) or the type of issues they had in mind (e.g., transference/countertransference, ruptures).

Subtheme 1b: Bringing more personal issues to supervision. This sub-theme reflected a broadening of topics that participants would consider bringing to supervision in future. A couple of the participants provided ambiguous responses to Question 2: Has the lecture changed the way that you prepare for supervision sessions? Participant 1 said that they had:

> "Decided to take more of my own personal issues instead of just client-based questions" (P1)

Given that this feedback was provided through an anonymous questionnaire there was no means of clarifying what they considered to be 'personal issues' and the role that supervision might play in managing these. Participant 2 offered equally vague feedback on what they intended to add to their supervision use although they have used the word 'lectures'. It is unclear whether this is by mistake or not.

> "I mainly concentrate on bringing cases to lectures instead of my own personal development issues" (P2)

Theme 2: Meta-cognitive awareness

This theme appeared to show an increase in what has been termed 'meta-cognitive awareness (see James et al., 2006 and Butler et al, .2008 for examples). In short, it is defined as the ability to take a step back from one's thoughts, emotions and behavioral urges through developing a curious and self-compassionate stance (Butler et al., 2008). It can be helpful for therapists to develop this skill especially when working with clients who may trigger strong

emotions reactions within the therapist (Moorey, 2013). The Therapist Schema Questionnaire (Leahy, 2001) which participants completed during the workshop, is a tool that can also be applied in supervision to enable therapists to become more self-aware (Haarhoff, 2006).

There were several examples of how attending the workshop had led participants to reconsider the breadth of CBT supervision. Several questionnaire responses indicated that participants had now started to consider supervision as an arena for exploring 'self-as-therapist' issues (Bennett-Levy, 2006) such as noticing their emotional reactions to their clients.

Subtheme 2a: Considering their own reactions to clients. One aspect of meta-cognitive awareness is noticing the thoughts that arise in response to clients either during a therapy session (reflection in action) or within supervision (reflection on action; Schon, 1983). Participant 6 had noted that attending the workshop had led them to:

> *"*Look more into how I reacted during a session and what my behavior was which enabled me to bring different ideas to supervision" (P6)

Unfortunately, they did not expand on what types of reactions they had in therapy sessions or the kinds of behaviors which they had reflected upon. It was also impossible to decipher whether this self-reflection was taking place during the session, in supervision or both. Noticing one's reactions to clients and the consequences of this, allows the therapist to consider ways in which they might change these responses. For example, a therapist with a self-sacrifice schema might start to notice their urge to please a client by rescheduling an appointment to their own inconvenience (Leahy, 2001).

Participant 8 gave a more concrete answer stating that they:

> "Have a better understanding that self-reflection and practice is vital in CBT training and practice. And how my feelings/NATs [negative automatic thoughts] /Schema can impact on therapy." (P8)

They did not elaborate on which components of the workshop had helped them to identify how their own beliefs and emotions might impact the therapy they provide.

Subtheme 2b: Increase in general self-reflection. The second sub-theme related to understanding was *"Increase in general self-reflection".* Two participants provided examples of how this had changed for them with participant 7 stating that:

> "I have focused more on reflecting on action aspect when bringing videos to supervision" (P7)

Participant 7 had clearly been considering the differences between 'reflection-in-action' – noticing owns own reactions during a therapy session and 'reflection-on-action' which had been discussed during the workshop.

Participant 5 merely stated that they would "*put more emphasis on self-reflection'.* The responses of these two participants made it difficult to pinpoint what they would reflect on per se. Other participants (1 and 9) appeared to take less new knowledge from the workshop. Participant 9 stated that the workshop had:

> "Not specifically changed my 'understanding' as such, but made me think more about the areas that normally I may not." (P9)

It appears as if they still reported a shift towards thinking more consciously about choice of supervision topic even if it had not changed their initial understanding of what could be covered in supervision. Conversely, when considering if any new learning had taken place Participant 5 stated:

> "Not that much as I was aware of this from a previous course" (P5).

Finally, Participant 1 also hinted that the workshop had not taught them anything they do not already know:

> "No, only due to my extensive use of supervision within my previous role" (P1).

Theme 3: Opportunity to make changes

Theme 3 arose from participant responses to Q3. "Have you used subsequent supervision sessions to discuss any of the topics covered in the lecture? If so which ones?". This theme captured barriers to putting new knowledge into practice within supervision sessions. Whilst five of the participants had discussed topics which were introduced in the

workshop, the four that had not, cited the opportunity to do so as the main barrier. Two sub-themes 'Not had chance' and 'Prioritizing items for discussion' are highlighted below.

Subtheme 3a: Not had chance. For participants who had not yet made changes to their use of supervision there appeared to be two main reasons, the first was that they had not received supervision since the workshop as participant 2 explained:

> "No, but only because I have not had a supervision session since the lecture" (P2)

This was echoed by participant 6:

> "No not yet I have not had any other supervision yet" (P6)

Participant 7 stated that they had "*not had the opportunity to do so"* but did not go on to explain what had prevented this opportunity.

Subtheme 3b: Prioritizing items for discussion. The other reason given which may or may not relate to the experience of participant 7 was that they had prioritized what they consider to be more 'pressing' issues for discussion ahead of matters within the interpersonal domain during this time. Participant 8 gave a clear explanation for this:

> "Not discussed at present because more pressing issue arose and the end of module now. But will bear in mind for the next module and supervision" (P8).

It would have been interesting to find out what they classed as 'pressing' and 'non-pressing'. Without further feedback one can only speculate on their views of the importance of interpersonal factors and where they sit in a hierarchy of topics that might be brought to supervision.

Discussion

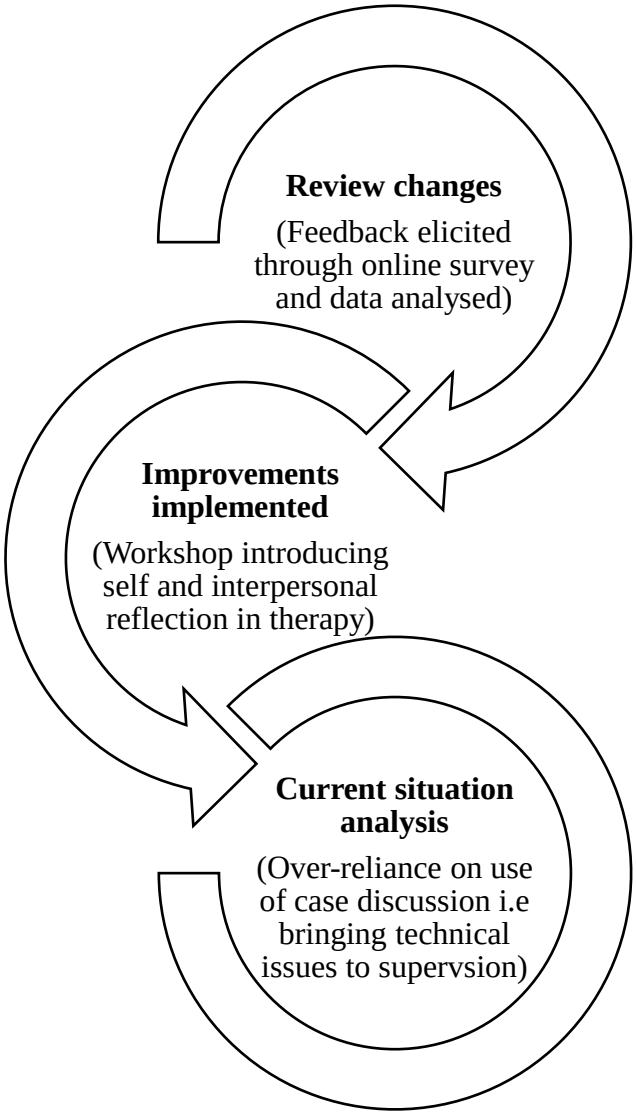
The aim of this small scale study was to assess whether providing CBT trainees with a bespoke workshop on understanding interpersonal processes in therapy and supervision would change how they used supervision sessions in the future. There is limited understanding within the field on how and when supervisee schemas (e.g., beliefs about what supervision consists of) develop. To begin to address this, the present study was conducted using action research which in the context of being a supervisor led the author to reflect on

"What am I doing? What do I need to improve? How do I improve it?' (McNiff & Whitehead, 2006, p7). Recognizing a tendency for trainee supervisees to stick to case discussion about technical aspects of therapy in supervision, the key aim was to establish whether providing trainee CBT Therapists with a workshop built around the DPR model and detailing the interpersonal and self-reflective capacity of supervision would change their perspective on the scope and functions of clinical supervision.

Cycle Three in Action Research requires an exploration of the impact of changes that has been made to how we do things. Most respondents appeared to find the workshop useful either in terms of changing their understanding of supervision, reviewing their preparation for supervision or changing their behavior in supervision. Overall, the feedback also seems to suggest that students did tend to have a narrower view of the scope of supervision prior to attending the workshop. The conclusion of the current three cycles is summarized in Figure 3.

Figure 3

The three cycles of Action Research using Piggot-Irivine's model (2006)



The findings in this small-scale study suggest that prior to attending the workshop, the trainees were unaware that certain topics such as therapist schemas (Leahy, 2001) and reactions to clients (Moorey, 2013) could be addressed with their supervisor. Attending the

workshop allowed them to consider a broader range of topics that might be presented in supervision however the majority had not yet had the opportunity to try this out.

The findings contribute to the existing literature on CBT Therapist skill development and use of supervision is several ways. Firstly, the data did reveal a shift towards considering the more interpersonal aspects of therapy including placing more importance on recognizing when problematic therapist schemas had been activated by a client. This supports Bennett-Levy's (2006) assertion that specific training strategies are required to develop specific skills. In this case, interpersonal perceptual skills and self-reflection were targeted by the Models and Modes of Supervision workshop. During the workshop, when the author explained the DPR model, trainees commented that they previously only brought declarative or procedural questions to supervision about the technical aspects of therapy however they did not explicitly state this in the questionnaire responses.

It was unclear if some of the trainees had fully understood the inclusion of self-reflective issues within supervision and that the intention was to keep reflection focused on therapist and client rather than the personal struggles of the therapist outside of the clinical context. Milne (2018) cautions that supervision is predominantly an educational enterprise and whilst there is a restorative role, personal issues outside of those which concern the supervisees client work are best addressed through personal therapy. Ambiguity in some of the participant responses might indicate that it would be necessary in future to clearly stipulate the differences between SP/SR and personal therapy (see Bennett-Levy, 2019).

Secondly, it is of note that none of the respondents appeared to display any resistance or negative reactions towards incorporating interpersonal self-reflection into their supervision, something that previous SP/SR studies had identified (Chaddock et al., 2014). Whilst the methods described in the workshop would not be considered 'formal' SP/SR (e.g., the participants were not enlisted in a structured program for a set number of weeks and did not have to write reflections on their engagement with personal material) the tasks such as completing the Therapist Schema Questionnaire might be considered 'informal' SP/SR. Finally, prioritizing interpersonal topics for supervision is of relevance to trainees. As Thwaites and Bennett-Levy (2007) point out, having to acquire a range of technical skills during training can make it difficult for the trainee to be as empathically attuned to their

clients as they would like to be. Several participants in the present study recognized the potential benefits of bringing these issues to supervision however the reality is that doing what they need to pass the course is likely to take precedence.

Limitations

There are several methodological weaknesses related to study design and data analysis some of which owe to this being an AR project that was undertaken by the author as part of a Higher Education teacher training course. Firstly, a convenience sample was used meaning that without a comparison to the expectations and behaviors of trainees at another training institution it is difficult to determine to what degree the results were influenced by the style of the supervisors employed on this course. Conducting the study across at least one other independent site would have improved validity. Secondly, demographic information was not requested during data collection and therefore failed to capture the potential significance of prior experiences such as job role which might play a part in expectations of supervision. Thirdly, the small number of participants makes claims of generalizability to all CBT trainees difficult. This is negated by the fact that qualitative research does not seek to make bold claims about the universality of experiences.

In terms of data analysis, the small number of questions that were asked made it difficult to draw wider conclusions from participant responses. Many of the participant responses were vague and only inferences can be made about certain positions held by trainees prior to attending the workshop. Upon reflection, a wider range of questions would have been useful to elicit specific elements of the workshop that were key to changing student perspectives. Alternatively, semi-structured interviews rather than an online questionnaire might have allowed for elaboration of feedback. Due to the workshop containing material around wider aspects of self-reflection, it is difficult to establish how much the DPR model influenced changes in perspective and how much therapist schema knowledge (i.e., completion of the therapist schema questionnaire) assisted in these changes to how they view and use supervision. Furthermore, a month may not be a sufficient period for supervisees to have the opportunities to make changes to how they use supervision. As the participants were trainees receiving weekly supervision it had been hoped that there would be at least some supervision sessions that had taken place for most. Increasing the feedback time

to two months may have allowed for more supervision experiences to be captured. Finally, due to the research team being limited to the author there was no independent checking of codes and themes. Although member checking was utilized, no participants responded to this. For all of the reasons provided, researcher bias and lack of generalizability needs to be considered.

Conclusion

Good or bad supervision habits may start during CBT training and continue into other supervisory relationships once qualified. The prevalence of restrictive supervision methods amongst qualified CBT Therapists (e.g., Pugh & Margetts, 2020; Townend et al., 2002) points to there being a need to examine how supervision is conceptualized and applied early in one's career. Prior to this research being carried out, little was known about the decision-making processes of CBT supervisees in terms of what agenda items they bring to supervision. Furthermore, little has been written about how CBT trainees develop specific skills for interpersonal self-reflection (Thwaites & Bennett-Levy, 2007). To the author's knowledge, this is the first piece of research that specifically aimed to test out whether CBT trainees understanding of the interpersonal aspects of supervision and subsequent use of supervision can be improved using a novel training method. This study indicates that the DPR model through its consideration of declarative, procedural and self/interpersonal reflection, may be a useful framework for helping trainees to understand the breadth of supervision and therefore allow supervisees to broaden their horizons of what supervision can offer. Similarly, the therapist schema questionnaire could be a useful tool to incorporate within either supervision or the lecture content of CBT training courses to aid the recognition of potentially problematic therapist behaviors.

Future research

As a next step, it could be beneficial to share findings and workshop materials with other CBT training institutions. Future iterative cycles might look to build on this study by extending this workshop to multiple cohorts across several institutions to establish if these preliminary findings are further supported. In the data collection phase, it would also be useful to expand on the range of questions that are asked for example, to clarify which

elements of the workshop assisted most with a change in perspective. In addition, asking participants to state their profession prior to training might reveal differences in attitudes towards supervision and baseline interpersonal relational skills. Future research in this area might also look to build on these findings by examining the beliefs and behaviors of qualified therapists. It is possible that experienced therapists or trainees at a later stage of their course might naturally begin to develop meta-cognitive awareness and include interpersonal processes within supervision. Alternatively, there might be inherent problems within CBT training and the culture of supervision which extend beyond the first year of practice (e.g., Townend et al., 2002). Semi-structured interviews with experienced therapists about their use of supervision might offer one means of capturing this data. Finally, it would also be useful to examine supervisor beliefs and behaviors to consider the role they might play in the topics and techniques that are included within their supervisory practice.

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