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The Supervision Needs of Senior Clinical Psychologists

Section A - What sustains clinical psychologists in their careers over time? A systematic review

Word Count: 6024 (833)

Section B - A Delphi survey to explore experienced clinical psychologists' views on best practice regarding supervision needs in senior roles

Word Count: 7743 (500)

Overall Word Count: 13767 (1300)

A thesis submitted in partial fulfilment of the requirements of Canterbury Christ Church University for the degree of Doctor of Clinical Psychology

DECEMBER 2021

SALOMONS INSTITUTE FOR APPLIED PSYCHOLOGY CANTERBURY CHRIST CHURCH UNIVERSITY

Acknowledgements

Firstly, I want to sincerely thank the participants of this study who gave their time and made this study possible.

I want to thank my supervisors Maria and Georgia for their guidance and patience over the past three years.

Thanks to my family and friends for your tireless encouragement.

Finally, thank you to my girlfriend Hannah for all your love and support.

Summary of MRP

Section A

This review critically evaluates the published literature regarding what sustains clinical psychologists in their careers over time. A systematic literature search of three online databases (PsychInfo, Assia and Web of Science) and a manual search of relevant reference lists resulted in 10 papers addressing this aim. Eight studies utilised a cross sectional design, two studies used a mixed methods design combining qualitative and quantitative methods. Themes were generated from the findings in these papers and collated. Clinical and research implications were also discussed.

Section B

A Delphi survey investigated what experts consider best practice for the supervision of senior clinical psychologists. Three rounds of online survey were used to gather opinions and assess the level of consensus that existed for the group. The findings of the study are presented and the clinical and research implications are considered.

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Section A: A Literature Review

Title: What sustains clinical psychologists in their careers over time? A systematic review

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Words in Tables and Figures: 1675

DECEMBER 2021

Abstract

Objectives

The NHS Long Term Plan has set out plans to improve service delivery. However, currently the NHS is facing a crisis of staff retention. Knowing what sustains clinical psychologists in their careers over time is important to retaining these professionals in the NHS. This review critically evaluates the published literature regarding what sustains clinical psychologists in their careers over time.

Method

A systematic literature search of three online databases (PsychInfo, Assia and Web of Science) and a manual search of relevance reference lists resulted in 10 papers addressing this aim. Eight studies utilised a cross sectional design, two studies used a mixed methods design combining qualitative and quantitative methods.

Results and conclusion

Themes were generated from the findings in these papers and collated. The results suggest that there are aspects of work, and coping strategies at the individual level that enable clinical psychologists to sustain in their careers. The papers reviewed had some methodological limitations including issues with sampling and clarity of reporting. Clinical and research implications were also discussed.

Keywords: Job Satisfaction, Clinical Psychology, Career Stages, Professional Well-being

Introduction

The Role of Clinical Psychologists

Broadly speaking clinical psychologists work with people to increase well-being and reduce stress (Randall, 2019). Clinical psychologists support people, and those in their social network, to overcome periods of difficulty through a knowledge of evidence-based theory and research. A unique skill of the clinical psychologist is their capacity to work at wider levels such as with families, staff teams, at the level of policy, and across multiple agencies.

National Health Service Context

Currently the National Health Service (NHS) in the United Kingdom (UK) is facing a crisis of staff retention. The recent report conducted by the Health Foundation charts the rates of staff retention and turnover (Buchan, et al., 2019). The report examines changes in the profile of the NHS workforce, identifying key trends and focusing on specific workforce 'pressure points'. The findings of the report are that staff retention has worsened since 2011 and that there are high rates of staff turnover and a high number of vacant posts. Particularly in community trusts, where on average one in five staff left their role over the course of 2017 and 2018. NHS trusts currently report a shortfall of more than 100,000 staff.

The NHS Long Term Plan (LTP), published in January 2019, outlines objectives for service delivery expansion and change. The LTP recognises the crucial role that the NHS workforce plays in reaching these goals. The findings from the Health Foundation's report have consequences for the future of the NHS and the aims outlined in the LTP. The report highlights that there is an ever-increasing demand for health care due to population growth, people living for longer and living with more chronic disease. As staff leave the NHS they take crucial skills and expertise with them. If current trends continue the report predicts that the gap between the

number of staff needed and those available will reach almost 250,000 by 2030. One of the recommendations of the report is that the NHS should place a greater focus on investment in its existing workforce.

The NHS is the largest employer of clinical psychologists in the UK across a large range of settings (Randall, 2019). Lavender and Chatfield (2016) conducted the longest term follow up study of retention of trainees in the NHS with 446 respondents. Results indicated that 78.1% of trainees qualifying since 1980 were working in the NHS, representing an annual wastage rate of less than 1%. Ninety-one per cent of trainees took jobs in the NHS or within clinical training institutes within six months of completing training. The results demonstrated that for clinical psychologists' retention rates in the NHS over a long period are high compared with other professionals. This compares favourably with wastage from nursing and newly qualified doctors. However, these results do not help understand why this is the case. Despite high retention rates one emerging trend the Lavender and Chatfield study highlighted was an increasing move of clinical psychologists from the NHS to private practice (13.8% compared with 8.2% in 2012).

More recently in 2019 the British Psychological Society (BPS) conducted a survey of 5700 of its members composed of students, graduates and chartered psychologists. Among the respondents, clinical psychologists were most prone to reporting stress and burnout, with two-fifths indicating emotional exhaustion and 50 per cent stating they were worn out. Burnout can be defined as 'a psychological syndrome whereby professionals feel emotionally exhausted by their work and disengaged from their patients' (Demerouti & Bakker, 2008, p. 2). When there are high levels of staff burnout within an organisation this can have a negative impact on patient care (Hall, et al., 2016). The survey results highlight how these issues apply to clinical psychologists working in the NHS. The survey draws attention to organisational issues affecting well-being, for example, one third of respondents indicated that they felt the support they received at work was unsatisfactory. The authors of the BPS survey highlight the need for cultivating a supportive and rewarding work culture that sustains across the career of the professionals the NHS employs.

Career Lifespan

A career can be defined as "the pattern of work-related experiences that span the course of a person's life" (Greenhaus, et al., 1999, p. 9). In terms of the literature on career research, careers are often conceptualised as evolving across distinct stages with different needs and challenges at each stage (Ornstein, et al., 1989; Nagy, et al., 2019). Across the span of a career people go through several stages and face different expectations and needs regarding their work. Super's (1957) model proposes that there are four major career stages. These four stages are known as trial, establishment, maintenance, and decline. Super (1957) proposes that older workers need to draw from previous experience and career stages. For example, the proposed tasks of the 'maintenance' and 'decline' phases consist of becoming aware of one's own

mortality and the limitations of future achievements, settling the identity concerns brought on by such experience. Therefore, meaningful work becomes increasingly important as workers progress through their careers (Froidevaux & Hirschi, 2015). However, due to the societal change that has occurred since and the complexity and flexibility of career paths today, the usefulness of a model with linear stages has been called into question (Nagy, et al., 2019: Sullivan, 1999). Since the workforce is progressively varied in terms of life values and career, it is imperative that workers cultivate an idiosyncratic definition of career success (Arthur et al., 2005). The idea of having a sustainable career is promoted within the current literature as a result (Newman, 2011). It is proposed that sustainable careers should facilitate workers having positive career experiences that allow for long-term engagement and which benefit individual well-being alongside improving organisational effectiveness (Newman, 2011).

There is a small literature focused on psychologists at key stages of their careers and provides examples of how different career stages can be defined within the profession of psychology. The American Psychological Association (APA) has attempted to define different career stages of psychologists in terms of early career, mid-career, senior career and late senior career. An early career psychologist is defined as an individual who is within 1-10 years of receipt of their doctorate degree, a midcareer psychologist is within 11–20 years, senior career is within 21–30 years and late senior career 31 or more years (APA, 2017). In this case the career stage is defined by length of service post-qualification.

During the course of their career clinical psychologists face varied professional challenges. Some are linked to the emotional strain of clinical work and others are related to administrative or organisational demands (Dorociak, et al., 2017). For example, in the NHS context as clinical psychologists progress to increasingly senior roles in accordance with Agenda

for Change their tasks and level of responsibility changes (BPS, 2012; NHS Employers, 2021). As psychologists progress to more senior roles they are expected to engage in work activity with a wider organisational focus as opposed to delivering direct clinical intervention. Much of the focus in the career literature to date has been on early career psychologists and exploring their stresses and needs as they complete training programmes and enter the workforce (Doran, et al., 2016; Green & Hawley, 2009).

Clarifying Concepts

Career sustainability is a concept which is in the early stages of development. There is an absence of consensus in the literature of what the construct entails and how to measure it (De Vos et Al., 2018). However, there are studies that measure related constructs and based on study results propose implications for career sustainability.

It is necessary when focusing on sustaining in careers to consider the variety of terms used in the literature to understand the views and feelings of workers in relation to their work. Job satisfaction is one such concept that has been used to predict certain work-based outcomes including staff performance and organisational commitment (Judge, et al., 2001; Tett & Meyer, 1993). There are different ways of defining job satisfaction in the literature from organisational psychology. Job satisfaction can be defined as occurring when goals, expectations and desires that an individual has are met by their job (Herzberg, et al., 1959). Alternatively, job satisfaction has been defined as an emotional response to tasks and events at work (Acker, 1999; Locke, 1976). Job satisfaction can be measured globally in addition to measuring satisfaction with specific aspects of work like supervision, salary and opportunity for promotion (Smith, et al., 1969). In the case of healthcare workers, job satisfaction has been considered influential in terms of motivation, staff retention and performance (Wang, et al., 2017).

One of the most prominent theories of job satisfaction is Herzberg's 'two factor theory' (Herzberg, et al., 1959). Herzberg's two-factor theory has been applied in studies on the satisfaction of healthcare workers and management (Alrawahi, et al., 2020; Byrne, 2006). However, the theory has mostly been studied in other industries and various occupational groups (Hsiao, et al., 2017). Herzberg proposes that there are effectively two sets of factors which relate to job satisfaction (1959). The first set of factors are referred to as 'hygiene' or 'maintenance' factors which will not encourage employees to work harder but they will cause them to become unsatisfied if they are not present e.g salary, job security. The other set of factors are more related to job content and are termed 'growth' or 'motivator' factors. These factors will contribute to a sense of satisfaction but not dissatisfaction e.g. recognition, advancement.

Although job satisfaction and motivation can be considered related concepts, they are not equivalent terms. Motivation is primarily concerned with goal directed behaviour and job satisfaction with the sense of fulfillment gained through work activity and the resulting rewards (Anwar & Quadir, 2017). It can be the case that a worker enjoys the activities of their job but still have low levels of motivation (Ali & Anwar, 2021).

There are a number of related but different terms which capture the feelings about one's work over a period of time. 'Career Satisfaction' as a subjective measure is conceptually differentiated from job satisfaction, which is usually a person's satisfaction with a single job, typically the job he or she currently holds or most recently held (Greenhaus & Callanan, 2006). 'Well-functioning', on the other hand, refers to 'the enduring quality in one's professional functioning over time and in the face of professional and personal stressors' (Coster & Schwebel, 1997, p. 5). 'Career commitment' is defined by 'the development of personal career goals, the attachment to, identification with, and involvement in those goals' (Colarelli & Bishop, 1990,

p.159). ‘Career sustaining behaviors’ (CSBs) is a term used to refer to activities or strategies to ‘enhance, prolong, or make more comfortable one’s work experience’ (Kramen-Kahn & Hansen, 1998, p. 130). ‘Subjective well-being’ or ‘well-being’ is defined as ‘a person’s cognitive and affective evaluations of his or her life’ (Diener, et al., 2002, p. 63).

Additionally, there are related terms which connect the personal life of the worker to their career. ‘Work-life balance’ is ‘a state of equilibrium in which the demands of both a person’s job and personal life are equal’ (AlHazemi &Ali, 2016, p. 74). 'Self-care’ refers to ‘those activities individuals undertake in promoting their own health, preventing their own disease, limiting their own illness, and restoring their own health. These activities are undertaken without professional assistance, although individuals are informed by technical knowledge and skills derived from the pool of both professional and lay experience’ (Levin & Idler, 1983, p. 181).

The idea of sustaining in a career is a practical concern as well as an academic and scholarly one, as such there are a number of distinct but overlapping concepts used to understand this.

Comparing Different Careers

In terms of the general workforce, DeVos et Al., (2016), review existing literature and identify a range of ways through which sustainable careers can be cultivated by the employee and the employer. These include developing professional networks, investing in employability and reflecting on the personal meaning of career success.

According to positive psychology research, people thrive at work when they are able to use their signature strengths (Peterson & Seligman, 2004). These are defined as the personal traits and skills that come organically and provide fulfillment and purpose when utilised. In one study investigating the role of applying individual signature strengths at work and positive work

experiences, employees from various occupations were sampled (Harzer & Ruch, 2012). In this case the level of positive experiences were higher when a greater number of signature strengths were applied at work.

In terms of findings relevant to health professionals, Newton et al., (2009) explore what is likely to support and sustain a long nursing career. Using a thematic analysis resulted in themes representing individual's motivations to enter nursing and what sustained them in their careers. Included in these themes were; A desire to help others, ensuring positive affirmation and appreciation of care is given to the practitioner, and celebrating worker achievements. Similar research has investigated how community psychiatrists are motivated and sustained in their work. Results have indicated that what sustains these professionals is cultivating relationships with patients/colleagues and engaging with clinical practice which is intellectually stimulating (Carpenter-Song & Torny, 2015).

Rationale and Aims of Current Review

In the case of clinical psychology, there are some studies which have assessed the global satisfaction of clinical psychologists with their choice of career (Garfield, et al., 1975; Waifish, 1985; Norcross, 2005). However, little insight is gained from these studies into what sustains clinical psychologists in their work over time and what aspects of their work are satisfying. Knowing what helps clinical psychologists sustain in their careers over time is important for retaining psychologists within the NHS. Without knowing this it is uncertain whether retention rates can be maintained in a rapidly changing health service context.

Therefore, the current paper aims to carry out a systematic review, seeking to address the following question:

'What sustains clinical psychologist in their careers over time?'

Method

Grant and Booth (2009) define a systematic review as “seeking to systematically search for, appraise and synthesis[e] research evidence, often adhering to guidelines on the conduct of a review” (p. 95). This review was conducted in line with the Preferred Reporting Items for Systematic Review and Meta-Analyses (PRISMA; Moher, et al., 2009).

Literature Search Strategy

A systematic search was conducted of three electronic databases in September 2021 - PsychInfo, ASSIA and Web of science. In addition, reference sections from relevant articles were hand searched to identify suitable articles not identified by the database searches. Google Scholar forwards and backwards searching was used to determine presence of additional relevant studies.

Inclusion and Exclusion Criteria

To establish the relevance of sources titles, abstracts and full texts were read. Studies meeting the inclusion and exclusion criteria below were included in the review. See Table 1 for search terms and limits used. ‘Sustain’ was defined broadly to reflect what facilitates workers having positive career experiences that allow for long-term engagement and which benefit individual well-being alongside improving organisational effectiveness (Newman, 2011). Relevant search terms were chosen to reflect the topic area and included; ‘Career Satisfaction’, ‘Job satisfaction’, ‘Career commitment’, 'Career sustaining behaviours’, ‘Career satisfaction’, ‘Wellbeing', 'Self-Care’, ‘Work-life balance’, and 'Well-functioning’.

Studies which simply asked respondents if they were satisfied with their work were excluded, as were studies which simply reported rates of satisfaction in the profession of psychology. As the focus of the review was on the career of clinical psychology, studies were

included so long as clinical psychologists were represented in the sample. No date limits were applied and research utilising qualitative and quantitative and mixed methods designs were included order to increase the scope of the study. Only English language sources were included.

A source was included if

- It explored what sustains clinical psychologists in their careers

A source was excluded if

- It did not meet the inclusion criteria above
- It was not primary research (e.g. a systematic review)
- It was unpublished research

Table 1

Terms Used for Systematic Search

Psychologist* **OR** Clinical Psychologist	**AND**	Career stage* **OR** Professional life span **OR** Develop* **OR** life span **OR** advancement **OR** Matur* OR Evol* **OR** Seniority	**AND**	Career Satisfaction **OR** Job satisfaction **OR** Career commitment **OR** Career sustaining behaviours **OR** Career satisfaction **OR** Wellbeing **OR** Self-Care **OR** Work-life balance **OR** Well-function* **OR** Sustain*

Quality Appraisal

The QualSyst tool was used and studies were rated on each item and scored a 'Yes', 'No', 'Partial' or N/A. The author's of the tool note that there is a risk of bias in calculating a summary of quality score and so this was not calculated (Kmet et al., 2004).

Results

The PRISMA flow diagram (Moher, et al., 2009) displays the results from the database searches, including eligible articles identified from the manual hand search (Figure 1). The number of sources eliminated after screening is displayed in keeping with the inclusion and exclusion criteria. Table 2 shows study characteristics for each of the final articles included.

Figure 1

PRISMA Diagram

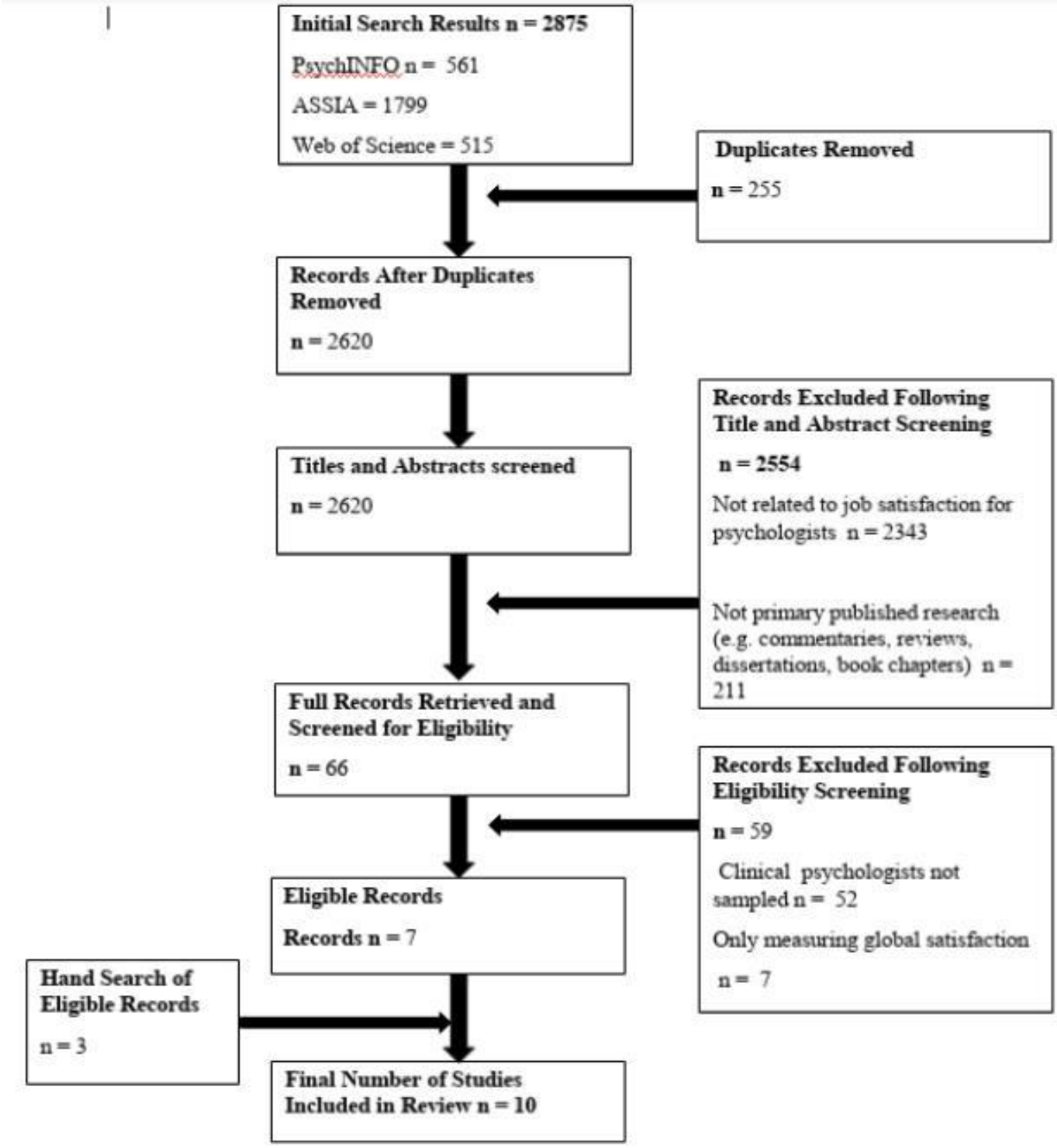

Table 2

Study Characteristics

Article	Relevant Aim/Research Question	Participants	Design and Methodology	Relevant Outcome Measures	Relevant Reported Findings
Paper 1 **Dorociak et al., 2007** USA	Compared early, mid and late career psychologists to see (a) Do personal and professional well-being differ across career stages? b) Do work-related demands and resources vary across career (c) Does use of self-care strategies differ across career stages?	333 psychologists. 108 were in the early career stage, 106 were mid-career, and 119 were late-career.	Cross sectional	The Perceived Stress Scale; The Satisfaction with Life Scale; two items adapted from the Behavioral Risk Factor Surveillance System Questionnaire, The Professional Self-Care Scale, The Maslach Burnout Inventory, Three subscales from the Psychologist Burnout Inventory–Revised	That professional wellbeing varies across the professional life span, with a general trend toward greater well-being as one's career progresses.
Paper 2 **Stevanovic et al., 2004** USA	a) to gather information about sources of satisfaction, stress, and CSBs of professional psychologists (b) to examine the relationship between CSBs and perceptions of well-functioning and overall career satisfaction (c) to examine gender differences in sources of satisfaction and CSBs.	286 psychologists, 157 women (54.9%) and 129 men (45.1%). Nearly all respondents were White (95.1%), (92%) reported either clinical or counseling psychology as their primary specialty area	Cross sectional	Respondents asked to indicate how important CSBs were in helping them function effectively and maintain a positive attitude toward their work.	Overall, more satisfied respondents reported greater importance of CSBs.
Paper 3 **Rupert et al., 2012** USA	(a)Describe the career satisfaction of psychologists practicing in today's health care environment (b)To identify specific personal and job characteristics that predict high levels of career satisfaction.	595 respondents 248 men (41.7%) and 347 women (58.3%), the majority was Caucasian (95.3%) Respondents identified clinical or counseling psychology as their major field	Cross sectional	Respondents rated their general career satisfaction. In addition, a set of items asked respondents to rate satisfaction with eight aspects of their professional lives	Career satisfaction was associated with high ratings of the importance of many career sustaining behaviors

Article	Relevant Aim/Research Question	Participants	Design and Methodology	Relevant Outcome Measures	Relevant Reported Findings
Paper 4 **Roncalli et al., 2016** Republic of Ireland	To explore the relationship between the perceived level of teamwork and liaison with one's supervisor and team co-ordinator/line manager, and the Job satisfaction and burnout levels of psychologists working in CMHTs in Ireland	77 clinical psychologists currently working in Community mental health teams nationwide or who had left a CMHT in the previous three years	Mixed methods *Quantitative:* Survey *Qualitative:* Open-ended survey questions subjected to thematic analysis	Reasons for having left a CMHT Mental Health Team Development Audit Tool Maslach Burnout Inventory short form of the Minnesota Satisfaction Questionnaire	Liaison with management/supervisor and teamwork emerged as significant predictors of JS but not of burnout. Relationships among co-workers emerged as a significant predictor of two dimensions of burnout. JS and burnout levels had no overall significant association with absenteeism or turnover potential
Paper 5 **Walfish et al., 1991** USA	To follow up with the graduates in Walfish et al.'s (1985) study eight years after the initial polling. This time to examine several dimensions of career satisfaction, rather than simply asking the global question of making the same career choice once again.	87 clinical psychologists, 46% were women and 54% were men	Longitudinal/Cross sectional	Examined differences between respondents who would and who would not choose psychology again as a career, on aspects of graduate training and dimensions of career satisfaction.	The group who would choose psychology again as a career was significantly more satisfied with the role models that they were exposed to in training, relevancy of their training, level of intellectual stimulation, and level of success than the group who would not choose psychology again as a career.
Paper 6 **Boothby et al., 2002** USA	This article explores issues of job satisfaction based on data from a recent survey of psychologists working in correctional settings	830 psychologists most were trained in either clinical psychology (53%) or counseling psychology (26%), Approximately 62% of respondents were male and 38% were female. The mean age of respondents was 45 years, and an overwhelming majority (92%) identified themselves as Caucasian.	Cross sectional	18 survey items were created to address a myriad of job dimensions. Items were generated from organizational literature on work satisfaction and from discussions with prison mental health professionals	Age, gender and number of years employed in a correctional setting was not related to satisfaction Overall, these professionals described a moderate level of job satisfaction. Job dimensions such as safety, job security, and relationships with clients were ranked as most satisfying, whereas opportunities for advancement and professional atmosphere were ranked as least satisfying.
Paper 7 **Rupert et al., 2007** USA	To examine gender and work setting differences in positive self-care or coping strategies that psychologists use to maintain their well-	595 participants 248 of these respondents (41.7%) were men and 347	Cross sectional	Respondents asked to rate satisfaction with their current position and career and to rate	Respondents in solo or group independent practice reported a greater sense of personal accomplishment, more

Article	Relevant Aim/Research Question	Participants	Design and Methodology	Relevant Outcome Measures	Relevant Reported Findings
	being and professional well-functioning	(58.3%) were women The majority of respondents were Caucasian (95.3%) Most identified themselves as clinical psychologists (83.2%)		satisfaction with eight aspects of their professional lives Maslach Burnout Inventory (MBI) Psychologist Burnout Inventory–Revised (PBI-R) a measure of career-sustaining behaviors	sources of satisfaction, fewer sources of stress, and more control at work than respondents in agency settings. Women in independent practice reported less emotional exhaustion than women in agency settings. In general, women tended to give higher ratings to the importance of career-sustaining behaviors 6 strategies emerged as highly important for all respondents: maintain sense of humor, maintain self-awareness/self-monitoring, maintain balance between personal and professional lives, maintain professional identity/values, engage in hobbies, and spend time with spouse, partner, or family
Paper 8 **Coster et al., 1997** USA	To obtain data from psychologists about reasons for their well-functioning and to collect information useful in further refining the Well-Functioning Questionnaire (WFQ). *Study 2* The purpose of this study was (a) to obtain attributions about well-functioning from a random sample of psychologists and (b) to make response comparisons based on gender, age, experience, work setting, and impairment status.	*Study 1* 6 psychologists in the specialties of clinical, counseling, and education who were at least 10 years postdoctoral training spending 50% or more of professional time in direct service *study 2* 339 randomly selected licensed psychologists. Respondents were 169 men, 168 women, and 2 of unidentified gender	Mixed methods	*Qualitative Study 1* Interviews subjected to content analysis Quantiative *Study 2* Well-Functioning Questionnaire (WFQ)	Content analysis resulted in 10 themes that the 6 psychologists considered important contributors to their well-functioning Collectively across both studies the results highlighted key aspects of well -functioning including: self-awareness and monitoring; support from peers, spouses, friends, mentors, therapists, and supervisors; values; and a balanced life,
Paper 9	To examine the antecedents of intent to	321 female (73%) and 116 male (27%)	Cross sectional	Career commitment scale	The findings showed that after controlling for a range of variables,

Article	Relevant Aim/Research Question	Participants	Design and Methodology	Relevant Outcome Measures	Relevant Reported Findings
Carless et al., 2007 Australia	change careers among psychologists Specifically, the research examined the importance of the following predictor variables: career commitment, job satisfaction, and conscientiousness	registered psychologists Respondents were 24% clinical psychologists		Conscientiousness was assessed using the 12 conscientiousness items from the NEO Five-Factor Inventory Job satisfaction was assessed with three items from the Michigan Organizational Assessment Questionnaire Satisfaction Subscale Career Stage Scale - Intent to change careers was assessed with a single item .	career planning, career resilience, and job satisfaction were important predictors of intention to change careers
Paper 10 **Farber, 1985** USA	Investigated clinical psychologists' perceptions of psychotherapeutic work	314 members (mean age 50.9 yrs) of the clinical psychology division of a large state psychological association. 63% male and 37% female, Participants were 99% White	Cross sectional	Modified version of the Maslach Burnout Inventory Psychotherapist Attitude Scale	Findings show that greater clinical experience was associated with a reduction in the perceived vulnerability to the inevitable stresses of therapeutic work 93.5% of respondents felt the satisfactions of therapeutic work outweighed the stresses

NOTE. * CMHTs = Community mental health teams, CSBs = Career sustaining behaviours

Quality Appraisal Summary

Studies were judged to be of acceptable quality in accordance with the QualSyst tool (Kmet et al., 2004). The appraisal of each study, in accordance with the checklist criteria, is presented in Table 3 below. Most papers outlined their research question and/or aim clearly and the study design was suitable to these aims. The majority of papers outlined the analytic methods used in sufficient detail and reported results in depth. There was inconsistency across the studies in discussing the reliability and validity of

outcome measures used. In general, the studies did not succinctly name the type of design used but did describe the procedure in sufficient detail to infer this. There were issues across the papers in reporting the specifics of those sampled and also how sample sizes were arrived at was inconsistently reported. Strengths and weaknesses are explored in detail in the context of the limitations of the review and implications considered in the discussion section.

Table 3

Quality Appraisal Summary

QualSyst Criteria	**Dorociak et al., 2007**	**Stevanovic et al., 2004**	**Rupert et al., 2012**	**Roncalli et al., 2015**	**Walfish et al., 1991**
1.Question / objective sufficiently described?	Yes	Yes	Yes	Yes	Partial
2.Study design evident and appropriate?	Partial	Partial	Partial	Partial	Partial
3.Method of subject/comparison group selection or source of information/input variables described and appropriate?	Yes	Yes	Yes	Yes	Yes
4.Subject (and comparison group, if applicable) characteristics sufficiently described?	Yes	Partial	Yes	Yes	Partial
5.If interventional and random allocation was possible, was it described?	N/A	N/A	N/A	N/A	N/A
6.If interventional and blinding of	N/A	N/A	N/A	N/A	N/A

investigators was possible, was it reported?					
7.If interventional and blinding of subjects was possible, was it reported?	N/A	N/A	N/A	N/A	N/A
10.Analytic methods described/justified and appropriate?	No	Partial	Yes	Yes	Partial
11.Some estimate of variance is reported for the main results?	No	Partial	No	Yes	Partial
12.Controlled for confounding?	Yes	Yes	Yes	Yes	Yes
13.Results reported in sufficient detail?	Yes	Yes	Yes	Yes	Partial
14.Conclusions supported by the results?	Yes	Yes	Yes	Yes	Yes

QualSyst Criteria	**Boothby et al., 2002**	**Rupert et al., 2007**	**Coster et al., 1997**	**Carless et al., (2007)**	**Farber (1985)**
1.Question / objective sufficiently described?	Yes	Yes	Yes	Yes	Yes

2.Study design evident and appropriate?	Partial	Partial	Yes	Yes	Partial
3.Method of subject/comparison group selection or source of information/input variables described and appropriate?	Yes	Yes	Yes	Partial	Yes
4.Subject (and comparison group, if applicable) characteristics sufficiently described?	Partial	Yes	Yes	Partial	Yes
5.If interventional and random allocation was possible, was it described?	N/A	N/A	N/A	N/A	N/A
6.If interventional and blinding of investigators was possible, was it reported?	N/A	N/A	N/A	N/A	N/A
9.Sample size appropriate?	Yes	Partial	Yes	Partial	Partial

10.Analytic methods described/justified and appropriate?	Yes	Yes	Yes	Yes	Yes
11.Some estimate of variance is reported for the main results?	Partial	Yes	Yes	Yes	Yes
12.Controlled for confounding?	Yes	Yes	Yes	Yes	Yes
13.Results reported in sufficient detail?	Yes	Yes	Yes	Yes	Yes
14.Conclusions supported by the results?	Yes	Yes	Yes	Yes	Yes

Collated Findings

The results of these papers have been organised into themes based on similar findings across the papers. Following this there is an acknowledgement of the limitations of this review. Finally, the clinical and research implications will also be considered. The papers included for review varied in their approach and their results highlighted some of the key variables that sustain clinical psychologists in their careers over time. Due to the different approaches taken each paper contributed findings which were unique and added to the aim of this review.

Changing Needs Across Career Stages

Paper 1 was the only paper included in this review to directly compare clinical psychologists across early, mid and late-career stages. The findings indicated that professional well-being varies over the psychologist's life span, with greater well-being linked to career progression. Results drew attention to how early and mid- career psychologists made less use of

professional development, work-life balance and daily balance strategies than late career psychologists. Early career psychologists appeared to be more affected by negative client behaviours than mid or late career psychologists. However, early and mid- career psychologists reported greater levels of workplace support than those in the late career stage.

The focus of Paper 10 was on clinical psychologist's experiences of therapeutic work and the satisfaction derived from this. Although psychologists at different career stages were not directly compared, reduced perceived vulnerability to the stress of therapeutic work was associated with having greater clinical experience.

There was a somewhat different finding from Paper 6 which sampled psychologists working in forensic settings. In this study age and number of years service in a forensic setting was not related to satisfaction.

Relationships at Work

The results across several studies in this review indicated that having strong, positive relationships at work sustains clinical psychologists in their careers. For example, in Paper 4 the study aimed to explore the relationship between the perceived level of teamwork, supervision and job satisfaction of psychologists. Liaison with management or supervisor and teamwork emerged as significant predictors of job satisfaction. In terms of supervision, participants indicated that the praise or feedback they received on their work was an important aspect of this process. This study was one of only two studies (also Paper 9) included in this review which investigated what leads to psychologists leaving their posts. One of the main reported reasons for participants leaving a community team was that they felt a lack of interpersonal support. In terms of relationships with colleagues, participants felt that stronger relationships within their teams could be built by means of reflective practice and team supervision.

Supervision or mentoring also emerged in other papers as being related to job satisfaction. In Paper 5, based on participant responses, the authors divided participants up into who would and would not choose clinical psychology again if they had the chance to start over their career. For those who would choose psychology again, they were significantly more satisfied with the role models that they had during training.

In Paper 8 the author's identified 10 themes from their content analysis of interviews with six psychologists. Each theme described important contributors to the well-functioning of the psychologists interviewed. Peer support was of highest priority for five of the six well-functioning psychologists and deemed useful to the sixth. Participants reported benefiting from having colleagues, or friends within the same profession, that they could share personal and professional struggles with. In addition, contact with supervisors was perceived to be an important contributor to satisfaction and well-functioning. Both current and previous supervision was something that participants drew upon in their work.

There is a difference in this finding in the results from Paper 2 where the relationship between perceptions of well-functioning and CSBs. Of note is that strategies including being part of a peer support group and having regular supervision were some of the lowest rated strategies.

Work-life Balance

The findings of several papers in this review point to the importance of establishing a balance between work as a psychologist and having a personal life. In Papers 2 and 7 participants were asked to rate the importance of various 'well -functioning strategies' or CSBs for maintaining their job satisfaction or professional well-being. For both of these papers, maintaining a work- life balance was rated among the most important of these behaviours. In Paper 2 the sample was divided into a high satisfaction and low satisfaction group. Maintaining a

balance between personal and professional lives, was one of the highest rated career sustaining behaviours in terms of importance for the high satisfaction group of psychologists. Participants indicated that part of maintaining this balance involved having meaningful activity outside of work such as hobbies or getting support from family of origin or romantic partners.

In Paper 3 the author's conducted univariate analyses to determine the degree to which each individual work dimension was predictive of membership in the high- or moderate-satisfaction groups. These univariate analyses indicated that high ratings of the importance of many CSBs was correlated with career satisfaction. This was particularly the case for the composite scores involving cognitive and work-life balance strategies such as 'maintaining a sense of humour'.

In Paper 8 the authors conducted an interview with six psychologists and the resulting content analysis depicted 10 themes one of which was 'A Balanced Life'. Participants spoke of their desire for variety in their lives, not to have therapy and work be their sole focus. As previously noted, relationships were important in this regard, such as with family and friends.

Gender Differences

Paper 7 focused on exploring gender differences in CSBs among psychologists. The authors also examined whether there were any differences between respondents based on the type of setting they worked in. Women working on their own in independent practice reported less emotional exhaustion than those working in other settings. In contrast there were no differences observed in men across different work settings.

This was similar to the findings from paper 5 which explored several dimensions of career satisfaction. In terms of workplace setting, women in the study rated the variable of 'flexibility in hours' as a significant source of satisfaction. The authors in both papers reason that

this could be related to societal expectations on women. The authors propose that the flexible nature of working in private practice could be attractive to women due to their tendency to have primary childcare responsibility.

Paper 2 also explored gender differences in the use of CSBs. In general women reported greater use of CSBs and were more likely to endorse behaviours which were relational or educational in nature than male respondents.

Self-Monitoring

Paper 8 was designed to assess the variables psychologists believe contribute to well-functioning. In Paper 8 five out of six of the psychologists interviewed had undertaken personal therapy either before, during or after their professional training and the sixth participant was in favour of it. Personal therapy was considered an important way to cultivate self-awareness and ability to self-monitor. The experience of therapy was deemed to be satisfying on a personal as well as professional level and was described as 'growth-enhancing'.

Work Activity

There were specific work activities which appeared to be more satisfying than others across the papers. In Paper 6 an 18 survey items were created to address a myriad of job dimensions. Job dimensions such as 'job safety' and 'relations with clients' were rated as the most satisfying. In Paper 10 respondents noted that therapeutic work provided them with an opportunity for personal growth. In Paper 2, 'promoting growth in clients' or 'helping others' were the most highly rated sources of satisfaction at work for participants.

In Paper 3, participants spending less time on administrative work was associated with high job satisfaction. This is a finding that is noteworthy in comparison with the results from Paper 1. In Paper 1 early career psychologists spent more time in administrative work than mid

or late career psychologists and early career psychologists also reported comparatively lower levels of professional wellbeing.

Career Longevity

Paper 9 explored what contributes to psychologists wanting to change careers. Findings indicated that job satisfaction, career resilience and career planning were the most important predictors after controlling for a number of variables. The author's conclude that when psychologists are encouraged to develop career goals and strategies they are less likely to change professions. It is proposed that long-term career planning helps to protect the individual from the daily stresses of work out that are out of the worker's control.

Summary of Findings

There were a limited number of studies included in this review and the quality across the papers was generally acceptable. The similarity in some of the aims of the papers allowed for comparisons and differences to be highlighted. The findings indicate a number of variables which contribute to a satisfying work experience for clinical psychologists. However, the fact that only one study directly compared psychologists across career stages highlights the limited research in terms of the impact of these variables over time. It appears that what sustains clinical psychologists can change over time, though this may be different across different work settings. Results suggest that what sustains clinical psychologists in their careers is primarily down to psychologist's ability to cultivate coping strategies. However, there are other variables such as having quality supervision and peer support which involve the system the clinical psychologist is part of.

Discussion

This review sought to address the question of what sustains clinical psychologists in their careers over time. The 10 papers included in this review answer this by highlighting the importance of several variables including work activity, social support, balance between personal and professional life, career planning, and use of career sustaining behaviours. One of the most consistent findings across the papers was the importance of social support, both personal and professional in contributing to a sense of positive experience of working life. One of the strengths of the review is how the papers included explored the issue of sustaining as a clinical psychologist using a variety of concepts and outcome measures as this allowed for different perspectives to emerge. The use of particular concepts such as 'self-care', maintaining 'work-life balance' and 'career sustaining behaviour's' indicated a focus on the agency of the worker in sustaining in their career.

Due to the predominantly cross-sectional nature of the research design of studies included in the review, making causal inferences from the results is challenging. Also, given the nature of the study designs which capture the views of a cohort at a particular point in time it is challenging to answer how these variables impact participants over time.

However, the use of validated outcome measures such as the Minnesota Satisfaction Questionnaire (Weiss et al., 1967) and the Maslach's Burnout Inventory (Maslach, & Jackson, 1986) allowed for group comparisons to be made. For example, some studies made comparisons between high satisfaction and low satisfaction groups of participants and one study compared groups of psychologists at different career stages.

Limitations of the Review

This review includes research predominantly conducted in the United States (US) and countries outside the UK. This means that the extent to which the collated findings can be applied to clinical psychologists working for the NHS is limited to an extent. For example, in Paper 3 the researchers compare the satisfaction of psychologists whose clients are paying either directly or through a third-party. Such a comparison highlights aspects of the difference between the health systems in both countries. Several of the studies compare work in independent private practice to agency work which again has similar limitations when considering NHS clinical psychologists in the UK context.

Several of the studies recruit different types of professional applied psychologists. It is worth noting that the US studies tend to use mixed samples which include clinical psychologists, psychiatrists, and counselling psychologists or psychotherapists. In some of the studies clinical psychologists form a small part of the overall sample. For several studies included in this review the data relating to clinical psychologists was presented in such a way as to prevent the disaggregation of this information from counselling psychologists. In several of the studies participants are included in the sample if they indicate either clinical or counselling psychology are their primary specialty. This makes it challenging to determine the unique experience of clinical psychologists. Nevertheless, there is sufficient overlap in the stresses faced by counselling psychologists and clinical psychologists to make meaningful comparisons. In addition, the demographic information across the studies demonstrates that overwhelmingly white psychologists were sampled. According to latest British Psychological Society (BPS) demographics, 88% of psychologists are white and 80% are female (BPS, 2015), and this has been the case for the profession for over 40 years or more (Goodbody & Burns, 2011). Across

the papers the percentage of white participants tends to be clearly noted, however, other racial demographics are not described. This is an issue for determining whether there are cultural and racial differences in what sustains clinical psychologists in their career.

Three of the studies included (Paper 5, Paper 8 and Paper 10) are now over 20 years old. This is an issue when considering the changes that have occurred given that as previously highlighted, older career lifespan theories can quickly become outdated due to the rapid rate of societal change (Nagy, et al., 2019: Sullivan, 1999).

Some studies tended to use similar measures devised by the researchers. This means that there are possibly a wide range of aspects of work as a clinical psychologist were not assessed. Reviewing the collated findings in light of Herzberg's theory. This may reflect a tendency among researchers to focus more on 'hygiene' than 'motivating' factors to conceptualise job satisfaction.

Implications

Clinical Implications

Application of findings to guide practice should be taken with caution. Nonetheless collated findings are suggestive of the idea that there are ways at an organisational and individual level that can sustain clinical psychologists during their career. The results also suggest that high satisfaction with work as a clinical psychologist is an active process and requires support from others to maintain. As such some findings can be considered by NHS trusts and teams where clinical psychologists are working.

The results in this review have some crossover with the literature on job satisfaction in other disciplines such as psychiatry where the number of years in service and being in a higher position have been found to be positively associated with job satisfaction (Ranz, et al., 2001).

This is possibly due to increasing job autonomy and sense of achievement. The findings also relate to results from research on what sustains nurses in their careers. This includes ensuring positive affirmation and appreciation of care is given to the practitioner, and celebrating worker achievements (Newton et al., 2009).

The findings across the papers highlight the relational aspect of sustaining in the career of clinical psychology. In particular supervision and relationships with co-workers are important in this regard. This is worth taking into consideration given the results of the recent BPS (2019) survey which indicates a lack of support for psychologists in the NHS. The indication that psychologists in the late career phase may have less access to support is therefore concerning.

Seager (2006) identifies the need for organisations that are focused on providing psychologically safe environments for practitioners and the importance of developing and maintaining compassionate working relationships, in which supervision may play a significant part. The BPS Division of Clinical Psychology (2017) recommendation is that a clinical psychologist should have clinical supervision for a minimum of one hour per month. It may be worth considering what the needs are for supervisees at different career levels and tailoring support accordingly.

Results indicate that in terms of work activity, therapeutic work is a source of satisfaction whilst administrative work is less satisfying. Similar research has investigated how community psychiatrists sustain in their work. Results have indicated that what sustains these professionals is cultivating relationships with patients/colleagues and engaging with clinical practice which is intellectually stimulating (Carpenter-Song & Torny, 2015). This has implications for psychologists as they become increasingly senior in the NHS context where the amount of time spent in direct clinical work decreases (BPS, 2012). The LTP, and its associated workforce

development plan, will mean less direct clinical work and more service development and supervision of other junior staff for most qualified psychologists. Health Education England have commissioned a massive expansion in training places because there are so many persistent vacancies in clinical psychology posts (BPS DCP, 2021). It is worth considering the recent context at this time of this review where the UK and the rest of the world is continuing to face challenges as a result of the COVID-19 pandemic (Hite & McDonald, 2020). It is likely that this has impacted what CSBs and sources of support clinical psychologists have had available to them. Organisations should be mindful of circumstances in which typical CSBs are compromised. In the literature on workforce management, it is proposed that organisations can design interventions to positively influence job satisfaction (Munyewende, et al., 2014). Organisations may need to consider how those clinical psychologists in later career stages are supported with this.

Returning to the literature on signature strengths, there is evidence to suggest that more these personal traits and skills that come naturally, and that give us a sense of fulfillment can be used at work the greater the positive work experience (Harzer & Ruch, 2012). It has been argued that an important mechanism in terms of sustainable careers is career-person fit. This is considered to be the extent to which an individual's career experiences are compatible with their talents (Parasuraman et Al., 2000). Measures used to assess and describe satisfaction across the papers may not capture the entire range of relevant job or personal characteristics that may change over the professional life span. For example, the review studies did not focus on dispositional traits such as personality in relation to sustaining in a career. It is unclear whether individuals with particular personality traits for example are better suited to having a sustained and enduring positive experience with their career as a clinical psychologist.

Research Implications

Barriers to what sustains clinical psychologists in their careers and how these evolve over time have not been considered by papers included in this review. It could be argued that the views of those who have left the profession due to stress or dissatisfaction are not well represented. A qualitative study using interpretative phenomenological analysis conducted by Charlemagne-Odle and colleagues (2014) that aimed to investigate the experience of distress in clinical psychologists (N=11) working in Britain, highlighted excessive working hours and organisational expectations experienced by participants. This sample tended to delay or not engage in help-seeking behaviour due to fear of being seen as "a client". Further research is needed to determine the barriers to what sustains clinical psychologists in their careers and how these could be overcome.

Research has been conducted which highlighted how within the academic context, workers at early mid and late career stages attributed having a mentor as part of their career success (van Eck Peluchette & Jeanquart, 2000). To date existing theory and research on supervision in clinical psychology has focused heavily on the training and development of trainees, with comparatively little focus on supervision post-qualification, let alone for those in positions of seniority (Fleming & Steen, 2012). Where there is consideration in the literature of post qualification clinical psychologists, this tends to be in relation to how they develop to become supervisors of trainees. With a relative absence of empirical descriptions of post qualification supervision to date it is difficult to say exactly what the needs of senior clinical psychologists working in the NHS might be.

Papers included in this review all used a cross sectional design. In two of the studies a cross sectional design was supplemented by more qualitative investigation into the experience of

psychologists. More varied research design is needed to expand upon some of the themes raised in the collated findings of this review. More longitudinal research could be useful in understanding the experiences of clinical psychologists as they progress through their careers and what sustains them in their work. This could be done by following one cohort as they advance through the profession.

In terms of workplace setting, the variable of ‘flexibility in hours’ as a source of satisfaction in terms of independent practice (Walfish et al., 1991). Kossek and Ollier-Malaterre (2013) explored the experiences of HR managers and executives utilising a reduced load (RL) work approach. This is a flexible approach to part-time work whereby a full-time job is redesigned to reduce work hours and workload for a reduction in pay. The outcomes of this qualitative study stress how a RL work approach can protect career sustainability and the and the importance of collaboration between the organisation and the individual to facilitate this. Given the emerging trend in the Lavender and Chatfield (2016) study of clinical psychologists moving into private practice, it may be worth considering what makes this attractive. Further research could be conducted to investigate clinical psychologists in the NHS adopting similarly flexible work practice and how this shapes their experience of their work.

Conclusion

This review sought to investigate the question 'what sustains clinical psychologists in their careers over time?' The 10 papers included in this current review answered this question and findings are suggestive of ways psychologists can maintain positive experiences towards their work but without direct reference to how this evolves over time. It is advised that a critical approach is taken to findings. Future researchers are encouraged to investigate the relationship

between the sources of support within organisations and the career progression of clinical psychologists.

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Section B: Empirical Paper

A Delphi survey to explore experienced clinical psychologists' views on best practice regarding supervision needs in senior roles

A thesis submitted in partial fulfilment of the requirements of Canterbury Christ Church University for the degree of Doctor of Clinical Psychology

Word Count: 7743 (500)

Words in Figures and Tables: 1885

December 2021

Abstract

Objectives

With a relative absence of empirical descriptions of post qualification supervision to date it is difficult to determine what the supervision needs are for senior clinical psychologists working in the NHS. This project investigated how these needs are described by experienced psychologists and what could be considered best practice in this area as well as the barriers to best practice.

Method

This study used a three- round Delphi survey. In total 35 participants who were clinical psychologists working in the NHS at band 8B and above took part. Twenty-four participants completed R1Q, 22 completed R2Q and 19 completed R3Q. Eleven completed all three rounds.

Results and conclusion

Results indicated that supervision needs at the senior level are highly relational. Participants endorsed items that indicated supervision should support further learning and development at this level. The results highlighted the ongoing need for bringing clinical issues to supervision. Participants agreed that being considered an ‘expert’ or ‘consultant’ could be a barrier to getting needs met as it implies an advanced knowledge with less need for supervision. The results challenge some of the assumptions of developmental supervision models. The clinical and research implications were described.

Keywords: Clinical Psychology, Supervision, Delphi Survey, Senior

Introduction

Defining Supervision

Supervision has been defined in several ways (Milne, 2009), however, one of the most commonly cited definitions is that of Bernard and Goodyear (2004, p. 8):

‘An intervention that is provided by a senior member of a profession to a junior member or members of that same profession. This relationship is evaluative, extends over time and has the simultaneous purposes of enhancing the professional functioning of the junior member(s), monitoring the quality of professional services offered to the clients that she, he or they see(s), and serving as a gatekeeper for those who are to enter the particular profession’.

Functions of Supervision

Inskipp and Proctor (1993) have proposed a model of supervision consisting of three key tasks; the monitoring or normative task, the emotional support or restorative task, and the learning or formative task. This model places an emphasis on the process as well as the content of supervision and these aspects are also recognised across many other supervision models (Bernard & Goodyear, 2004; Falendar & Shafrankse, 2004; Scaife, 2001).

Supervision can take many forms including internal managerial, internal reflective, external professional, and external personal (Morgan, 2014). At one end of this continuum, managerial supervision takes place within the supervisee's organisation and is primarily focused on task and process. At the other end of the spectrum, personal supervision is focused on the supervisee and the narrative they bring. This personal type of supervision has been viewed favourably by supervisees as a safe space to bring feelings, to connect and engage in reflective practice (Morgan, 2014).

There is a lack of consensus in the existing supervision literature as to whether multiple types of supervision should be provided by the same person or whether, for example, there should be separate supervisors for line management, evaluative tasks and organisational concerns from those more reflective and personal development issues (Morgan, 2014).

Supervision and Clinical Psychology

The overall purpose of supervision is to benefit service users by supporting safe and competent practice (Bernard & Goodyear, 2004). Although supervision is not a legal requirement it is regarded as "a critical element of clinical practice" by The British Psychological Society (BPS; 2014, p.3).

Current BPS Practice Guidelines (2017), state that supervision is considered an integral part of practice as a clinical psychologist and should be engaged in at all career levels. The BPS Practice Guidelines emphasise the importance of supervision not just for trainee or newly qualified clinical psychologists but also those working at senior levels in the profession. The British Association for Counselling and Psychotherapy (BACP; 2018) describe it as "essential to how practitioners sustain good practice" (p.22).

Ellis et al., (2014) have reported the pernicious effects that deficient supervision can have on supervisees. Seager (2006) identifies the need for organisations that are focused on providing psychologically safe environments for practitioners and the importance of developing and maintaining compassionate working relationships, in which supervision may play a significant part. There is a growing study of burnout and compassion fatigue among healthcare professionals in general (Dobbin, 2013) and Hawkins (1986) describes how burnout can result in poorer quality care for service-users if professionals at more advanced career stages begin to treat

clients as just repeat representations of service-users they met earlier in their career rather than a more individualised approach.

Effectiveness of Supervision

Measurement is crucial to improving the quality of mental health services. The only way to determine the effectiveness of changes or interventions is by measuring processes and outcomes (Kilbourne et al., 2018). However, it is challenging to quantify and define quality of care. Measuring the experiences of service users allows for greater clarity in the face of this complexity. Evaluating the effectiveness of supervision in relation to service user outcomes is difficult because of the number of variables operating between supervisor, supervisee and service user (Bambling & King, 2000). Instead of studying a system of supervision the dominant approach by researchers has been to focus on either an aspect or several aspects of this supervisory triad (Watkins & Milne, 2014). Supervision does appear to have a positive impact on service user outcomes but currently there is scant data to explain the mechanisms by which supervision achieves these outcomes (Beinart & Clohessy, 2017; Watkins Jr., 2019).

Defining Senior Clinical Psychologist

To date existing theory and research on supervision in clinical psychology has focused heavily on the training and development of trainees, with comparatively little focus on supervision post-qualification, let alone for those in positions of seniority (Fleming & Steen, 2012). As can be seen from the widely accepted definition of supervision above by Bernard and Goodyear, the supervisee is often considered to be less experienced than the supervisor. Where there is consideration in the literature of post qualification clinical psychologists, this tends to be in relation to how they develop to become supervisors of trainees (Peacock, 2011).

This is a concern when considering a Northwest England study by Gabbay, et al., (1999) who reported that supervision arrangements for clinical psychologists were felt to be largely unsatisfactory and how access to supervision was less likely for those occupying more senior posts. For all participants receiving at least some clinical supervision 17% were satisfied with the quality of their current arrangements, while the remaining participants felt either their supervision was dissatisfying or needed improvement.

However, there is ambiguity in defining what constitutes a 'senior' clinical psychologist. The American Psychological Association (APA, 2017) has defined different career stages for psychologists based on years of service. The Agenda for Change (AFC) is the current National Health Service (NHS) grading and pay system for NHS staff which came into operation in 2004 (NHS Employers, 2021). The AFC was introduced to establish greater equality in the distribution of rewards for all NHS staff, irrespective of profession. In the NHS as clinical psychologists progress through the AFC banding system the description of their job role changes. As psychologists in the NHS become increasingly senior there is a shift in emphasis from clinical work to more systems level work activity such as service development (BPS, 2012). This shift occurs at the band 8B level and then continues for the remaining bands. Psychologists at this level and above will usually be expected to manage and supervise other qualified psychologists. In this regard the work of clinical psychologists above band 8B becomes distinctly different from trainee and newly qualified clinical psychologists.

Models of Supervision Across Career Stages

One of the most popular approaches to conceptualising supervision is based on lifespan development theory (Milne, 2009). Initial applications of developmental theory to the supervision process can be attributed to Fleming (1953), Hogan (1964) and Worthington (1987).

Generally, within these theories an implicit stage theory of supervisee development is assumed. The research into developmental models of supervision has been considerable to the point that they have been referred to as the ‘Zeitgeist of supervision thinking and research’ (Holloway, 1987, p. 209).

The Integrated Developmental Model (IDM) (Stoltenberg & Delworth, 1987) is a well-cited example of a developmental process in supervision. Within this model, supervisee progression is viewed as a continuous growth process in stages, with qualitative differences in the needs of the supervisee across the stages. The IDM proposed that the supervisee ultimately reaches a final fourth stage in their development where they become a 'master therapist'. This conceptualised trajectory, from the inexperienced supervisee to the skilled and autonomous expert practitioner, is shared across developmental theories of supervision (Kühne et al., 2019). Within the IDM supervisee development is considered to progress at different rates across a range of professional activity. The IDM also identifies different tasks for supervisors at each development level. The following categories are considered professional tasks or domains: intervention skill competence, assessment techniques, interpersonal assessment, client conceptualization, individual differences, theoretical orientation, agreeing treatment goals and plans, and professional ethics (Stoltenberg & Delworth, 1987).

A potential criticism of current developmental stage theories of supervision is that they focus on describing stages rather than how transitions take place between stages. The descriptions of higher-level skills and suggested interventions for the supervisor at each stage are vague (Salvador, 2016). Given the lack of empirical research into the supervisory practices of more senior clinical psychologists, it is currently unclear whether the IDM can be used to explain supervisee needs across more advanced career stages. For example, it was noted earlier that

senior NHS psychologists do less clinical work, however, the categories of professional tasks considered by the IDM are all concerned primarily with clinical work.

A common thread through existing supervision models is the importance of the relational aspect between supervisor and supervisee. Particular theorists have used attachment theory to understand the supervision process, such as the Attachment-Caregiving Model of Supervision (Fitch, et al., 2010). This model suggests that the supervisory working alliance can function as a safe base that provides containment for the emotional burden of often stressful work within the healthcare profession. Bordin's model of the supervisory working alliance proposes that the supervisory relationship emerges from the agreed aims between the supervisor and supervisee and is facilitated by the bond between them (Bordin, 1983).

The concept of parallel process has emerged from the psychodynamic concepts of transference and countertransference in the context of the supervisory relationship between the service user, the supervisee and the supervisor. Parallel process considers how the dynamics between the supervisor and supervisee can mirror dynamics within the therapeutic relationship (Hawkins & Shohet, 1989).

Kilminster and Joy (2000) conducted a large-scale interdisciplinary review of literature addressing supervision from a medical education perspective. The review highlighted that in terms of supervision quality, the supervisory relationship was the most important factor across the papers, even more important than the supervision methods used. Beinart (2002) recruited just under 100 trainee and newly qualified clinical psychologists as part of a study investigating experiences of the supervisory relationship. Participants were asked to rate and describe the qualities of the supervision relationships that had contributed to their effectiveness as a clinical psychologist. A grounded theory analysis suggested nine categories that described the

supervisory relationship. These were: boundaried, supportive, respectful, open relationship, committed, sensitive to needs, collaborative, educative and evaluative. In terms of more experienced clinicians, Weaks (2002) inviting invited nine experienced counsellors to share their views on what good supervision meant for them. Grounded theory analysis indicated that the supervisory relationship was the central component of good supervision with three core conditions considered necessary for an effective supervisory relationship: equality, safety, and challenge.

A more recent systematic rapid review conducted by Rothwell and colleagues (2021) focused on the international literature on supervision needs across different disciplines in the health professions. The review highlighted barriers to getting supervision needs met such as an organisational culture and attitude towards supervision which viewed it as unimportant. The clinical environment had the potential to be a barrier such as when there are insufficient numbers of staff with high caseloads resulting in less protection of time for supervision. Many studies noted that when supervision did occur there was often a lack of time given to reflection leaving staff feeling as though they needed to navigate their work independently without adequate support. Overall, the review highlighted that the purpose of supervision can be interpreted differently by managers and that the tendency was for managers to focus more on service delivery rather than on staff developments.

Current Project

With a relative absence of empirical descriptions of post qualification supervision to date it is difficult to say exactly what the needs of senior clinical psychologists working in the NHS are. This project hopes to investigate what these needs are and what could be considered best practice in this area. It will also highlight what factors may contribute to, or inhibit, the creation

of the kinds of compassionate working relationships and psychologically safe environments discussed by Seager (2006). Through the creation of a working environment that is psychologically containing, clinical psychologists may be better placed to provide that same containment to those they are supporting.

By ensuring that NHS staff are supported in their work, this project is grounded in the NHS values of 'Commitment to Quality of Care' and 'Improving lives' for those who use its services. This study will address the following question:

> How do senior clinical psychologists describe best practice in supervision for the profession at this advanced stage of the career in general?

This will be explored further by the following questions in order to obtain a rich account of what constitutes best practice in this area:

a. How do senior clinical psychologists describe their own supervision needs at this stage of their career?

b. How do senior clinical psychologists describe changes in their own supervision needs, over their career progression?

c. What do senior clinical psychologists consider to be the conditions that might promote and prevent effective supervision at this stage of their career?

Method

Design

The Delphi method is frequently used when there is little existing research in an area (Skulmoski, et al., 2007). The method is used to organise group opinion in order to establish a consensus between a group of experts in a particular area (Hsu & Sandford, 2007). The Delphi method involves an iterative process across two or more rounds of data collection. It is a mixed methods approach and combines qualitative and quantitative methods (Norcross, et al., 2002).

There is no definitive published protocol for utilising the method and it has been applied in various ways across different disciplines (Skuthski et al., 2007). This study will use the most common format which has been used in previous research in related areas (Dressel, et al., 2007; Green & Dye, 2002).

There were advantages to using this technique that benefitted the project over other exploratory methods such as grounded theory. Senior clinical psychologists may have been hesitant to openly discuss their personal supervision needs face to face as part of a project being conducted by a trainee clinical psychologist. It could have also felt potentially exposing and uncomfortable for participants to reveal anything that might imply still having to learn and develop at this advanced career stage. The fact that the Delphi survey allowed for respondents to contribute opinions through an anonymous online survey helped to mitigate this. It was also felt that face to face interviews or focus groups would perhaps be too time intensive for the participants and might not result in as much openness to the researcher.

Face to face interviews would also have limited the geographical range and number of possible types of clinical psychologists working across a wider range of services that could be

recruited. The anonymous nature of the method allowed for expert opinions to be expressed without one particular voice of influence dominating.

Participants

The Delphi method recruits participants considered experts in a particular area. The definition of expert has flexibility within the Delphi design (Adler & Ziglio, 1996). In the case of this project, an expert on supervision for senior clinical psychologists was identified as someone currently working as a senior clinical psychologist in the NHS. The individuals recruited for this study were considered experts by virtue of their lived experience working as psychologists, and also having received formal training or practice in supervising others through their work. Participants were considered 'senior' when working at band 8B level, or above in the NHS. This was due to the shift in work activity that occurs at the 8B level which differentiates clinical psychologists at this level from newly qualified and early career psychologists. It was deemed necessary for participants to have had enough time working at this level or above to be able to reflect sufficiently on their supervision needs and experiences.

Therefore, the following inclusion criterion was used in this study to ensure a sufficient level of expertise to contribute:

- Clinical Psychologists working in the NHS in a job role at Band 8B level, or above, for at least six months.

Currently there are no published guidelines for the Delphi method in terms of a minimum number of required participants; these can range from 10-50 (Hsu & Sandford, 2007). There are typically a smaller number of participants in the initial qualitative round, which is then augmented in subsequent rounds (Hsu & Sandford, 2007). Given rough estimates of the number

of clinical psychologists working at band 8B, or above, across the recruitment sites it was hoped that an initial response of 15-20 for the first qualitative round of the Delphi might be feasible, and from 20-30 participants for the subsequent two rounds.

Twenty-four participants completed R1Q, 22 completed R2Q and 19 completed R3Q. Eleven completed all three rounds. In total, 35 participants took part in the study. A table showing participant demographics and completion rates is shown below.

Table 1

Participant Characteristics

Participant Characteristic		**R1 N = 24 n(%)**	**R2 N = 22 n(%)**	**R3 N = 19 n(%)**
NHS Band	Band 8B	11 (45.83)	12 (54.55)	10 (52.63)
	Band 8C	10 (41.67)	6 (27.27)	5 (26.32)
	Band 8D	3 (12.5)	3 (13.64)	3 (15.79)
	Band 9	0 (0)	1 (4.55)	1 (5.26)
Duration of time in Band 8B role or above	> 6 months < 2 years	1 (4.77)	3 (13.64)	2 (10.53)
	2-4 years	6 (25)	6 (27.27)	5 (26.32)
	5-7 years	1 (4.17)	1 (4.55)	1 (5.26)
	8-10 years	4 (16.67)	3 (13.64)	2 (10.53)

Participant Characteristic		R1 N = 24 n(%)	R2 N = 22 n(%)	R3 N = 19 n(%)
	11-12 years	3 (12.50)	2 (9.09)	2 (10.53)
	>12 years	9 (37.50)	7 (31.82)	7 (38.84)
Ethnicity	White - English / Welsh / Scottish / Northern Irish / British	24 (100)	20 (90.91)	18 (94.74)
	White and Asian	_	1 (4.55)	-
	Any other white background	_	1 (4.55)	1 (5.26)
Gender	Male	9 (37.50)	6 (27.27)	5 (26.32)
	Female	15 (62.5)	16 (72.73)	14 (73.68)
Therapeutic Orientation	Cognitive behavioural	3 (12.5)	4 (18.18)	3 (15.79)
	Psychodynamic	1 (4.17)	3 (13.64)	3 (15.79)
	Systemic	5 (20.83)	2 (9.09)	1 (5.26)
	Integrative	5 (20.83)	4 (18.18)	4 (21.05)
	Cognitive Analytic	2 (8.33)	4 (18.18)	3 (15.79)
	Other	8 (33.33)	5 (22.73)	5 (26.32)

Participant Characteristic		R1 N = 24 n(%)	R2 N = 22 n(%)	R3 N = 19 n(%)
Number of clinical psychologists supervised	1-5	2 (8.33)	1 (4.55)	1 (5.26)
	6-10	5 (20.80)	3 (13.64)	2 (10.53)
	11-15	6 (25)	3 (13.64)	3 (15.79)
	15-20	2 (8.33)	5 (22.73)	3 (15.79)
	>21	9 (37.50)	10 (45.45)	10 (52.63)

The following table depicts the percentage of time on average participants spent engaged in various types of work activity and working in different types of services over the previous six months.

Table 2

Participant Work Activity

Participant Characteristic		R1 Mean % of time (SD)	R2 Mean % of time (SD)	R3 Mean % of time (SD)
Work Activity over the past 6 months	Direct Clinical Work	22.25 (14.20)	22.86 (12.01)	23.58 (12.11)
	Indirect Clinical Work	21.92 (13.20)	19.27 (9.87)	19.95 (10.08)

Participant Characteristic		**R1 Mean % of time (SD)**	**R2 Mean % of time (SD)**	**R3 Mean % of time (SD)**
	Team and Psychology Related Work	20.04 (10.79)	20.09 (10.63)	20.37 (10.78)
	Management, Strategic Work and Service Development	26.63 (14.67)	29.00 (20.43)	27.53 (18.15)
	Research	2.67 (2.92)	2.32 (3.78)	2.42 (3.95)
	Continued Professional Development	4.42 (2.81)	6.05 (3.71)	5.95 (3.87)
	Other	2.08 (6.28)	0.41 (1.30)	0.21 (0.89)
Time spent in different types of services over the past 6 months	Adult Mental Health	23.17 (35.13)	20.45 (38.90)	23.64 (40.94)
	Child and Adolescent Mental Health	8.75 (27.59)	9.09 (28.75)	5.26 (22.33)
	Learning Disability	39.29 (45.82)	49.09 (49.17)	52.11 (49.48)
	Older Adult	8.75 (22.52)	2.27 (10.41)	2.63 (11.16)
	Neuropsychology	2.54 (8.21)	_	_
	Specialist	16.46 (34.57)	18.64 (38.41)	15.79 (36.46)
	Other	1.04 (5.00)	0.45 (2.08)	0.53 (2.23)

Measures

For this study there were three questionnaires, one for each round and each one slightly different. In the first round (R1Q) participants were asked open ended questions to generate material relevant to the primary research question (Appendix A). This material was subject to thematic analysis and a list of statements was drafted on the basis of the themes. This list of statements formed the basis of the second-round questionnaire (R2Q, Appendix B) in which participants rated the extent of their agreement or disagreement with each item on a Likert-type scale. For the third-round questionnaire an individualised questionnaire was created for each participant (R3Q, Appendix C). This questionnaire showed the same list of statements from R2Q but also displayed the participants' response for each item as well as the percentage of all participants who selected each response. Participants were instructed to consider either keeping or changing their original response in light of this information.

The primary outcome of this research was the percentage of agreement for each item and the level of high, moderate and low consensus on R3Q, including qualitative comments related to why participants may have revised or retained their responses from R2Q.

Round One Questionnaire Development

The first round of the study was composed of two distinct sections. The first section involved completing a questionnaire with demographic questions and questions on work patterns to provide context. Demographic information including gender, ethnicity, and years of service was collected. In addition, participants were asked to state the percentage of their time spent working in different types of NHS services, their experience supervising other psychologists, and how much of their time they spent on different work activities. The second section involved completing open-ended qualitative questions. Schmidt (1997) recommends participants be asked

for at least six opinions for the qualitative Delphi round. Participants were asked six open-ended questions that the researcher and project supervisors considered useful in getting participants to reflect on their views of supervision at the senior level.

Prior to responding participants were prompted to draw not only on their own experiences of supervision but also about what they might consider relevant for other clinical psychologists working at Band 8B and above, across different settings. They were encouraged to consider not only the practical arrangements and content of supervision but also the relational, learning and emotional processes occurring within supervision and the supervisory alliance. This may have primed participants to respond in a certain way but served the purpose of helping them to consider multiple aspects of the supervision experience regardless of whether they engaged in supervision themselves.

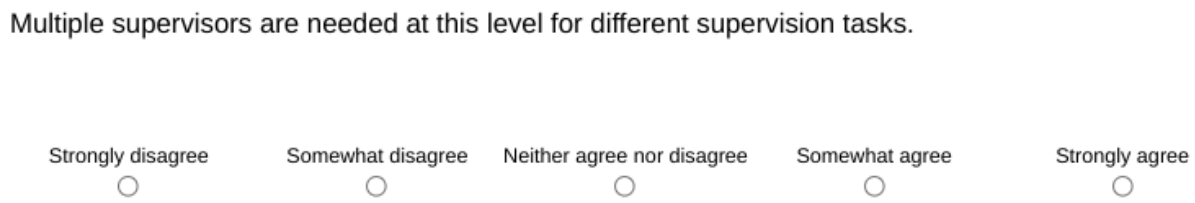
Data was collected by means of the online survey tool Qualtrics. Any data collected through the questionnaire was initially stored online by means of the online survey tool and protected by password. Qualtrics was chosen as the most suitable software given its built-in capability to conduct basic statistical analysis of resulting quantitative data.

Round Two Questionnaire Development

Qualitative data from round one was subjected to thematic analysis. A thorough description of this analysis can be found in the results section. To summarise, the resulting themes and raw data that supported these themes were used to generate a series of statements used for items in R2Q, as seen in Figure 1 below. Items were rated on a five-point Likert scale from strongly disagree to strongly agree.

Figure 1

Example Item from R2Q

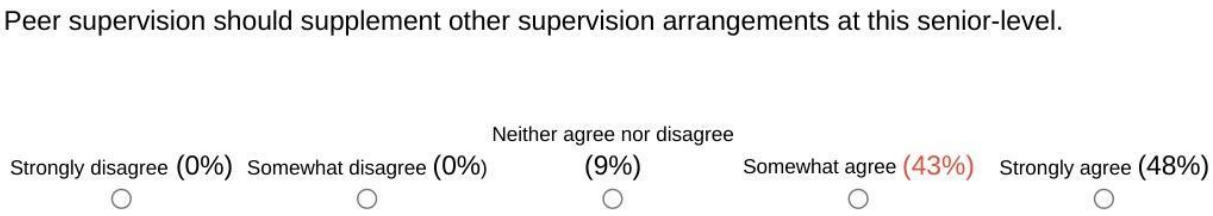


Round Three Questionnaire Development

After R2Q, participant's' rates of agreement with each statement were collated. For R3Q, the rates of agreement for each item in R2Q were expressed as percentages and displayed over each response item. Participants were shown their response highlighted in red. Participants were directed to either maintain their current response or to revise their initial response in relation to the range of responses from R2Q. Figure 2 below depicts a typical item in R3Q.

Figure 2

Example R3Q Item



Procedure

Snowball sampling was used to recruit participants for R1Q and additional participants for R2Q. Participants for R1Q were recruited from BPS discussion lists which the project supervisors have access to which included the management discussion list. For recruitment through BPS discussion lists, a post on the message boards was created (with information on the project including a poster for the study (Appendix D). Potential participants were also recruited via the UK based Clinical Psychology Facebook Group which requires a valid Health Care Profession's Council registration number as a clinical psychologist for membership. The researcher's academic manager also advertised the study poster via their Twitter account. Once a participant had indicated their interest through making contact with the researcher, an invitation email (Appendix E) with a link to R1Q was sent and the participant's email recorded on an Excel spreadsheet to facilitate contact for subsequent rounds. Each participant's email address was stored separately to their responses. For all rounds, participants were given four weeks to complete the survey and were sent a reminder email after two weeks. After data collection for R1Q was completed, the researcher made contact with round one participants inviting them to take part in R2Q.

For R2Q the recruitment was conducted by the same means as described for R1Q but the researcher aimed to increase the sample size. In addition to online recruitment sites, recruitment for R2Q was expanded to two NHS trusts: South London and Maudsley NHS Foundation Trust and Kent and Medway NHS and Social Care Partnership Trust. An invitation email with brief information about the study and an invitation to contact the researcher if interested in participating or for further information about the study was circulated (Appendix F). If the participant indicated their interest in proceeding, an email with a link to the R2Q Qualtrics

survey was sent to them. Each person was assigned a unique participant ID code to enable matching their responses between R2Q and R3Q.

Once data collection for R2Q concluded, the researcher made contact with all RQ2 participants inviting them to take part in R3Q. Only participants who took part in R3Q were recruited for R3Q. R3Q participants were able to indicate reasons as to why they chose to retain or change a response from the previous round.

Data Analysis

A detailed account of the data analysis is presented in the results section. To summarise, thematic analysis was conducted on the qualitative data for R1Q and a Likert scale questionnaire developed to form R2Q. The results of the thematic analysis were reviewed with the research supervisors. Frequency data was collated from R2Q to create R3Q. Following R3Q a Wilcoxon test was used to investigate the extent of change in responses between R2Q and R3Q.

Ethics

Research approval was granted by the Health Research Authority (Appendix G) and ethical approval was granted by the researcher's university (Appendix H). The study was conducted in accordance with the British Psychological Society's Code of Human Research Ethics (British Psychological Society, 2014).

Prior to commencing the survey on Qualtrics, participants indicated that they understood what taking part involved, and provided their consent to take part. Data was then transferred and kept on a password protected USB. This was only accessible to the researcher and the internal and external supervisors. Once participants had indicated their intent to take part, they were given a unique identifying number, generated at random, which was used to identify them. Any

data collected was saved with allocated participant identification numbers; any identifying information such as demographic data was removed and stored in a separate password protected document. Respondents may have not been completely comfortable in sharing personal negative supervisory experiences. As such participants were directed to share as much as felt comfortable for them. The Delphi survey has limited anonymity in that the researcher needs to match the participants to their R2Q responses in order to feedback results for R3Q and participants were made aware of this. Upon conclusion of the project, all participants received a summarised copy of the results (Appendix K).

Results

Supporting Research Questions:

a. How do senior clinical psychologists describe their own supervision needs at this stage of their career?

b. How do senior clinical psychologists describe changes in their own supervision needs, over their career progression?

c. What do senior clinical psychologists consider to be the conditions that might promote and prevent effective supervision at this stage of their career?

In R1 participants were asked 6 open-ended questions:

1. Please describe your supervision needs at the current stage of your career.

2. What would you consider to be best practice in the provision of supervision for the profession, once clinical psychologists have reached more senior roles in the NHS?

3. What do you consider to be the conditions that might promote effective supervision for psychologists at a similar stage of their career in general? Please also comment on any barriers and how these might be overcome.

4. Please describe how you think your own supervision needs have changed over the course of your career. Please consider the following areas or any others that seem relevant: Attention given in supervision to process issues, differences in areas of content

5. What qualities in a supervisor are most helpful to you at this stage of your career? Please consider the following areas or any others that seem relevant: Relational aspects and the supervisory alliance, experience, expertise, different types of knowledge

6. What is helpful or unhelpful to you in your current supervision arrangements? Please consider the following areas and any others that seem relevant: Choice of supervisor, timing and frequency of meetings, any conflicts or overlap with line management arrangements, other practical issues

Twenty-four participants answered these questions, and their answers were subject to a thematic analysis as outlined by Braun and Clarke (2014). Braun and Clarke (2014) describe six stages to conducting a thematic analysis; familiarisation, generating initial codes, searching for themes, reviewing themes, defining and naming themes, producing a report. Braun et al. (2014) advise that the researcher should be aware of and make explicit their epistemological position and how it influences the interpretation of the data. A social constructionist perspective was

taken for this analysis where the researcher recognised that themes found in the data would be constructed by the interaction between the raw data and the researcher's pre-existing ideas.

Data analysis was conducted at the latent level in order to organise and provide a rich description of the whole data set. This approach was considered beneficial due to the fact that some participant responses were brief and it was not possible to follow up with clarifying questions.

The process of familiarisation involves repeated reading of the data set. This was particularly important for this project where the data was already written and did not need to be transcribed. During this process the author made notes of what was emerging from the data.

Utilising a data driven approach initial codes were generated keeping closely related to the raw data (Appendix I). Extracts of the data with similar meaning were grouped together and labelled as codes. Codes were grouped subsequently into named themes. The initial analysis of the data resulted in 281 statements organised into 16 themes. Following an interactive process of reviewing, defining and naming themes, the final analysis yielded 55 statements for inclusion in R2Q organised into 12 themes, as seen in Table 3. This formed section A of R2Q. Throughout the process the research supervisors were consulted to ensure that coding and themes had internal validity.

Table 3

Final Themes Forming R2Q

Theme	**Number of Items**
Multiple Sources	7
Organising Time	3

Theme	Number of Items
Organisational Agenda and Strategic Influence	4
Expertise	6
Development	4
Task-Based Supervision	3
Keep Learning	6
Leadership	4
Meta-Supervision	3
Emotions and Reflections	6
Relational Safety	6
Process	4

It was considered important by the research team to be able to determine whether there was consensus on what the barriers to best practice in supervision were. Given the data participants provided on barriers to supervision needs a separate theme comprising 13 items was formed. To ensure clarity for participants in completing the survey, items relating to barriers to best practice were placed in a separate section. This formed section B of R2Q.

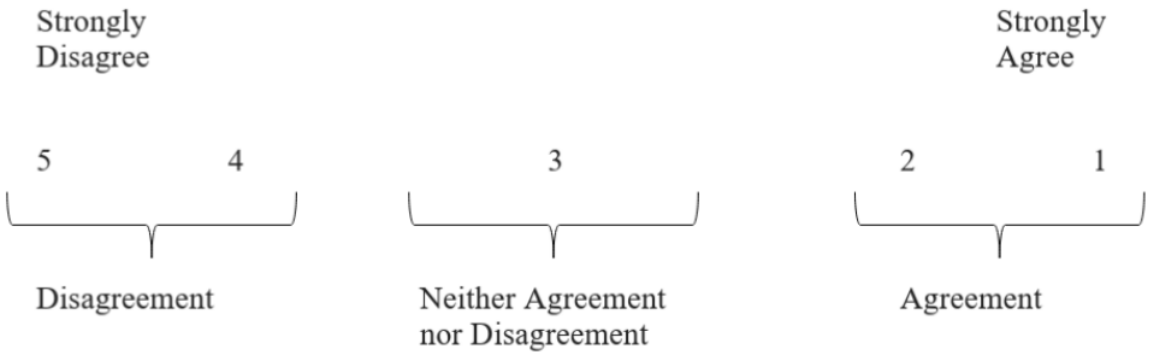
Primary Research Question:

How do senior clinical psychologists describe best practice in supervision for the profession at this stage of the career in general?

There is no standardised measure of consensus in the Delphi method (Hsu & Sandford, 2007). This study uses the method as described by Van Hecke et al. (2015) of collapsing the five-point likert scale into three. This is shown in Figure 3 below.

Figure 3

Calculations of Consensus



The percentage of participants agreeing, disagreeing and neither agreeing nor disagreeing with each statement was calculated. The description of consensus levels from South et al. (2015) was used to determine weak, moderate, and high consensus. This is shown in Table 4.

Table 4

Levels of Consensus

Consensus Categories	**% of Panelist's rating**
High Consensus	>83.3%
Moderate Consensus	66.6%< - <83.3%
Weak Consensus	50% - <66.6%
No Consensus	<50%

Under 50% endorsement was considered to be a lack of consensus at either end of the scale and 50-100% endorsement was divided into three where 50-66.7% represented weak

consensus, 66.8-83.3% moderate consensus and greater than 83.3% high consensus to either include or exclude the statement from best practice for supervision.

For participants who completed R2Q but not R3Q, their R2Q data was taken as their final response and used in the analysis. Items will now be considered according to the level at which there was consensus among participants to include or exclude them as being representative of best practice.

Table 5 shows the items and the levels of consensus to be included as representative of best practice.

Table 5

Best Practice Items and Levels of Consensus

Theme	Strong Agreement	Moderate Agreement	Weak Agreement	Neither Agree nor Disagree	Strong Disagreement	Moderate Disagreement	Weak Disagreement	No Consensus
Multiple Sources	Where no suitable supervisors are available within the organisation of the supervisee, supervisors should be sought externally.	Practices and learning from disciplines other than clinical psychology should be incorporated into supervision.	The supervisor should be sufficiently external to the supervisee's team to be able to offer a fresh perspective as an impartial outsider.			The supervisee should change supervisor periodically so they do not become too at ease in the supervisory relationship.		
	Peer supervision should supplement other supervision arrangements at this senior-level.	Clinical, reflective supervision should be entirely separate from line management and delivered by different people.	Multiple supervisors are needed at this level for different supervision tasks.					
Organising Time	At the outset of the supervision process there should be an explicit contracting process where supervision arrangements are agreed.		Supervision should be less frequent for senior level clinical psychologists than for clinical psychologists at earlier stages in their career.					

Theme	Strong Agreement	Moderate Agreement	Weak Agreement	Neither Agree nor Disagree	Strong Disagreement	Moderate Disagreement	Weak Disagreement	No Consensus
	The supervisor and supervisee have a shared responsibility to ensure that all items on the agenda for a supervision meeting get to be addressed.							
Organisational Agenda and Strategic Influence	The supervision process should support the supervisee with innovating the service they work in. For example, initiating new service development projects.	Supervision should involve creating collaborative formulations of the supervisee's organisation.		More time should be given in supervision to discussing organisations and systems rather than to clinical work				
	The supervisor should ensure that thinking about the functioning of systems and organisations is always on the agenda.							

Theme	Strong Agreement	Moderate Agreement	Weak Agreement	Neither Agree nor Disagree	Strong Disagreement	Moderate Disagreement	Weak Disagreement	No Consensus
Expertise	When conducting specialised work the supervisee should seek out a supervisor with the specia list knowledge required.	The supervisor should be evaluating the supervisee to ensure that their work is meeting required standards.						Supervision at this level should be less focused on the advancement of clinical skills than at earlier career stages.
	The pressure at this senior level to appear like an expert and how this can impact the supervisory relationship should be explicitly addressed.							The supervisor should be an expert in the preferred therapy model of the supervisee.
								The supervisor should have more experience of similarly sized and types of teams as the supervisee than experience of the preferred therapeutic model of the supervisee.

Theme	Strong Agreement	Moderate Agreement	Weak Agreement	Neither Agree nor Disagree	Strong Disagreement	Moderate Disagreement	Weak Disagreement	No Consensus
Development	Attention should be given to the inter-personal process of supervision.	The emphasis should be on a mutual exchange of ideas in supervision rather than being guided by the supervisor.				Only clinical work involving a high level of complexity should be discussed in supervision at this level.		
	Supervision at the senior level should be considered as being just as important and necessary as it is at earlier career stages.							
Task-Based Supervision	Both supervisor and supervisee should prioritise supervision meetings above other demands.		Discussion of the supervisor's work issues should be kept separate from supervisory meetings unless these have a direct bearing on the work of the supervisee.	Peer supervision at the senior level should occur in group formats.				

Theme	Strong Agreement	Moderate Agreement	Weak Agreement	Neither Agree nor Disagree	Strong Disagreement	Moderate Disagreement	Weak Disagreement	No Consensus
Keep Learning	The supervisor must be able to have humility even if highly experienced and knowledgeable.	Blind spots in issues of diversity should be recurring items on the supervision agenda.						
	The balance between being supported and being challenged should be explicitly negotiated with the supervisor.	There should be consideration given to how the supervisee can avoid becoming complacent in their role.						
	Both the supervisor and supervisee should be willing to discuss issues which may be uncomfortable or unfamiliar.							
	The supervisor should show an awareness of the limits of their knowledge.							

Theme	Strong Agreement	Moderate Agreement	Weak Agreement	Neither Agree nor Disagree	Strong Disagreement	Moderate Disagreement	Weak Disagreement	No Consensus
Leadership	The supervisor should set an example of leadership in their own service that the supervisee can learn from.	Supervision of leadership skills should draw on the expertise of professionals from disciplines other than clinical psychology.				Discussion of leadership issues should occur in a separate supervision meeting to discussion of clinical issues.		
	Supervision should be used to make theory-practice links with regard to leadership.							
Meta Supervision	If the supervisee is supervising other psychologists there should be routine attention given to this process.	Supervision should be a place where difficult managerial decisions can be made about people the supervisee is managing or supervising.						
	Supervision should offer a space where difficult feelings about people the supervisee is managing or supervising can be thought about and understood.							
Emotions and Reflections	Both the supervisor and supervisee should feel comfortable showing vulnerability about the struggles with work at this level.							

Theme	Strong Agreement	Moderate Agreement	Weak Agreement	Neither Agree nor Disagree	Strong Disagreement	Moderate Disagreement	Weak Disagreement	No Consensus
	There should be a concerted effort to address the personal and emotional impact of the work at this level in supervision meetings.							
	One of the main tasks of the supervision should be facilitating self-care in order to prevent supervisee burnout.							
	Supervision should be a space to address the high expectations senior-level psychologists face in their role.							
	Both supervisor and supervisee should acknowledge the fear that can be present around bringing strong feelings to supervision at this level.							
	Consideration must be given to how the supervisee will hold onto strong feelings between supervision meetings given the level of independent practice at this level.							

Theme	Strong Agreement	Moderate Agreement	Weak Agreement	Neither Agree nor Disagree	Strong Disagreement	Moderate Disagreement	Weak Disagreement	No Consensus
Relational Safety	Service leads should be aware of the risk of senior psychologists becoming isolated without regular supervision.	The supervisor must communicate explicitly their belief in the ability of the supervisee to perform well in their role.					Given that discussions are likely to be about other staff members, the supervisor should be someone who is external to, or at least not directly involved with, the service the supervisee is working in.	
	The supervisory alliance is the most important aspect of supervision at this senior level.							
	The supervisor should ensure that supervision meetings function as a safe space to bring concerns about the work of any kind.							
	There should be a mutual respect for different epistemologies in the supervisory process.							
Process	Supervision should involve addressing what staff from other disciplines project onto senior level psychologist.	Discussing transference and countertransference across all aspects of work at the senior level is fundamental to the supervision process.						
	Any power imbalances between the supervisor and supervisee must be acknowledged and openly discussed.	Supervisors at this level should be willing to self-disclose, with regard to their own vulnerabilities, when this is for the benefit of the supervisee.						

Table 6

Barrier Items and Levels of Consensus

Theme	Strong Agreement	Moderate Agreement	Weak Agreement	No Consensus
Barriers	Having a consultant model and 'expert' roles which can imply that the supervisee has reached an apex of knowledge, skills, & experience and does not need to be clinically supervised.	Not being challenged enough by the supervisor, such as, not being asked what your formulation is for a case.	Having all clinical supervision in a group format.	Supervision not being logged so that it cannot be audited.
	Not having a space to bring concerns about day to day decision making.	Having only peer supervision without supervision from a more senior supervisor.		
	Lacking access to ad hoc supervision conversations when needed.	Clinical Psychologists not always considering supervision as paramount at this career stage.		
		Clinical issues being sidelined in supervision because of more pressing management concerns.		
		The supervisor not supporting the supervisee to balance their time between implementing strategic plans and conducting clinical work.		

Changes In Response Between Rounds

Eight participants changed their responses from R2Q to R3Q. A Wilcoxon test was conducted to determine the influence of being able to see other participant's choices on responses between R2Q and R3Q. There was no statistically significant difference was found between participants'answers to R2Q and R3Q. In terms of relevant participants comments on why they had changed responses or not in R3Q, one participant noted that:

'...seeing other people's responses made me think more broadly about the range of supervision needs of psychologist band 8b and above which made me tweak some of my responses to be more inclusive of a range of considerations'

Summary of Items with Consensus Considered Best Practice

Overall, there was high and moderate consensus across a range of supervision behaviours and actions. Participants endorsed items across all 12 themes. It was unanimous across participants that supervision is just as important at the senior career stage as at earlier career stages. There was high consensus that supervision should be prioritised above other demands and that service leads need to be aware of the risk to senior psychologists without supervision.

Participants highly endorsed items which placed importance on establishing shared goals and expectations between the supervisor and supervisee. Participants supported the item suggesting that addressing all items of a supervision agenda is the shared responsibility of supervisor and supervisee. There was high consensus for the importance of an explicit contracting process at the outset of the supervisory relationship. Participants strongly endorsed the idea of giving routine attention in supervision to particular issues. These included the supervision of other psychologists and thinking about the functioning of systems. There was

moderate consensus that supervision should facilitate creating collaborative formulations of the supervisee's organisation.

There was moderate agreement for the consideration of blind spots in issues of diversity to be a recurring item also. There was moderate support for supervision being a mutual exchange of ideas rather than a process of the supervisee guiding the supervisor.

There was strong support for seeking out a supervisor externally if there was no one suitable available in the organisation of the supervisee and for supplementing formal supervision arrangements with peer supervision. Participants moderately supported the idea that clinical, reflective supervision should be kept separate from line management and delivered by a different person.

Participants had strong support for supervision being a safe space for vulnerability and the inter-personal supervisory relationship. Participants had strong support for items related to willingness to discussing uncomfortable issues and that this should be a shared vulnerability by the supervisor and supervisee. There was high and moderate consensus related to two items referring to concepts such as transference and projection from psychodynamic theory.

Participants endorsed items relating to how supervision can support further learning and development at this level. In fact, there was a moderate level of agreement that supervision process should consider how the supervisee can avoid complacency in their work. Participants had moderate support for supervision being a mutual exchange of ideas between supervisee and supervisor rather than the supervisor directing practice. Similarly, there was endorsement of having a mutual respect for different epistemologies between supervisor and supervisee. There was moderate support for learning from disciplines other than clinical psychology and being open to adopting these practices. In terms of facilitating learning, participants had strong support

for supervision being used as a space where theory-practice links regarding leadership can be made.

There was weak consensus for three items. Participants had weak consensus that the supervisor should be external to the supervisee's team in order to offer an outsider perspective. There was also weak endorsement for supervision occurring less frequently at this career stage than at earlier stages. Finally, participants had weak support for the supervisor keeping their work issues separate to formal supervision.

There were three items with no consensus to be included in best practice, all of which related to the theme of 'Expertise'. Two of these items related to the supervisor needing to be experienced in the same therapeutic model as the supervisee or in working in similarly sized and types of teams as the supervisee. The other item referred to clinical issues being less important at this career stage than at earlier stages.

There were three items which participants disagreed should represent best practice for senior clinical psychologists.

Summary of Items with Consensus Considered Barriers to Best Practice

Three items achieved high consensus to be considered barriers to best practice in supervision at the senior level. In terms of the barriers to best practice in supervision participants reached high consensus on items regarding the lack of opportunity to bring day to day, ad-hoc concerns. Not feeling able to approach supervisors in between formal supervision times was seen as one of the barriers to getting supervision needs met. Participants agreed that being considered an 'expert' or 'consultant' could be a barrier to getting needs met as it implies an advanced knowledge with less need for supervision.

Five items achieve moderate consensus to be considered barriers to best practice. Participants had moderate support for items related to supervision being considered less important by other clinical psychologists at the senior stage. Other barriers with moderate endorsement related to the process of supervision, such as not being challenged enough by the supervisor or having organisational issues prioritised over clinical issues. In addition, participants moderately endorsed not being supported to manage time between clinical and other types of work and only having access to peers for supervision.

One item achieved weak consensus to be considered a barrier to best practice. This item was related to having all supervision occur in a group format.

Discussion

A three round Delphi was used to investigate expert opinion on what constitutes best practice regarding supervision for senior clinical psychologists. The experts who took part contributed plentiful data to describe what constitutes best practice and there was extensive consensus within the sample. In this section the findings of the study will be discussed and the research and clinical implications will be considered.

The study's primary aim was to investigate what constitutes best practice for the supervision of senior clinical psychologists. The initial draft of R2Q consisted of 281 items and 16 themes which demonstrates that the qualitative data was expansive. Thematic analysis yielded themes that overlap with findings from previous research. For instance, the nine categories from Beinart's (2002) study which outlined nine qualities of an influential supervisory relationship. Overall, there was high consensus across a range of supervision behaviours and actions.

Supervision was seen as just as important at the senior career stage as at earlier career stages. Participants deemed prioritising supervision above competing work demands as

important and that service leads should be mindful of the negative impact of going without supervision. In fact, participants considered it a barrier to best practice when colleagues do not consider supervision to be as important at this senior level. This has crossover with findings from the systemic review conducted by Rothwell et al., (2021). In this review findings across the supervision literature point to how being in a service or organisation where supervision is not considered necessary is a common barrier to supervision.

Participants supported items suggesting that best practice involves acknowledging that there is a fear of bringing strong feelings at this level. All items under the theme of 'Emotions and Reflections' achieved high consensus to be included as representative of best practice. In addition, all except one item under the theme of 'Relational Safety' achieve either high or moderate level of consensus. This indicates that supervision needs at the senior level are highly relational in keeping with previous research into supervision highlighted in the introduction (Kilminster & Joy, 2000). Participants had unanimous consensus for the supervisory relationship being the most important aspect of supervision at the senior level.

There was support for consideration of psychodynamic concepts such as projection and transference in the supervision space and being supported to supervise others was also an important aspect of supervision at this stage. This indicated support for relational and attachment-based models of supervision such as the seven-eyed model of supervision (Hawkins & Shohet, 1989).

It appeared across the items endorsed by participants highlighted the ongoing need for bringing clinical issues to supervision. This is in spite of the fact that as psychologists become more senior the percentage of time involved in clinical work gradually decreases. Participants disagreed that only clinical work with a high degree of complexity should be brought to

supervision at this level. In fact, participants considered it a barrier when clinical issues were sidelined in supervision because of other organisational or management concerns.

Results in this study challenged the idea that senior clinical psychologists have reached an advanced level of expertise and simply require support and consolidation of learning. One barrier to supervision which was agreed upon by participants was when supervisees are not challenged enough by their supervisor. There are similar related findings in the research conducted by Weaks (2002) where experienced counsellors highlighted the need for 'challenge' as an important element of 'good' supervision. Another barrier which achieved consensus among participants was that the pressure to act like an expert at this senior level was a barrier to getting supervision needs met. Participants endorsed having an openness to adopt the practices and learning from disciplines outside of clinical psychology into the supervisory experience. Supervision was considered a space to continue learning about making theory practice links regarding leadership and for the supervisee to learn about leadership from the example set by the supervisor in their own practice. The item related to using supervision to consider how supervisees can avoid complacency was supported. There was no consensus on items regarding matching the supervisee and supervisor based on a shared therapeutic model. In contrast, an appreciation and openness to different epistemologies was endorsed by participants or 'mutual epistemic trust'.

The items with strong endorsement by participants indicate that best practice in supervision involves an ongoing focus on learning and development of the supervisee. This challenges some of the arguments proposed by a developmental model of supervision such as the IDM referred to previously. The professional tasks described by the IDM refer predominantly to psychotherapeutic work and reaching an autonomous 'master' position once sufficient

experience is gained. However, the participants in this study were highly experienced clinicians supporting items indicating that supervision should be used as a space to develop understanding of leadership and make related theory -practice links. The role and professional tasks of the clinical psychologist in the NHS do not remain static over time. As clinical psychologists become increasingly senior their work moves beyond direct and indirect client work to an application of their skill to wider systems and organisational influence. It is uncertain whether an existing developmental model of supervision which does not capture this can be used to guide supervision needs at this level. Returning to the Inskipp and Proctor (1993) model, these results highlight that the formative, learning task of supervision is still relevant and as important as at earlier career stages.

Strengths and Limitations

The online nature of this Delphi survey enabled rich data to be collected on a complex issue from an expansive geographical area. Often with the Delphi method there is an expected high level of attrition across survey rounds, however, this was not the case for the present study.

The sample used in this study was predominantly white and female. However, according to latest British Psychological Society (BPS) demographics, 88% of psychologists are white and 80% are female (BPS, 2015), a demographic which has shaped the profession since the 1970s (Goodbody & Burns, 2011).

There was some brief informal service user consultation in the early stages of conceptualising this project. However, there was an absence of service user consultation in the later stages of the project. The justification for this was that the primary audience for the results would be professionals.

One of the limitations of the project was that it recruited clinical psychologists working in the NHS and may not reflect the opinions of those who may have left the NHS to work exclusively in the third sector or in private practice. Clinical psychologists may have left the NHS due to not having their supervision needs met. In addition, participants from learning disability services were over-represented. The sample was comprised predominantly of clinical psychologists working at Band 8B and 8C. This makes it more difficult to infer what may describe best practice in supervision for the very most senior psychologists working in the NHS.

Clinical Implications

In terms of barriers, participants pointed to a lack of space to bring day to day concerns and where senior psychologists can go to consult with someone on issues as and when they arise. This has implications for the frequency of supervision. If supervision is occurring monthly, supervisors and superviseees should consider how they are going to get their needs met outside of this formal consultation. Morgan (2014) outlines how there is a lack of consensus in the existing literature as to whether multiple types of supervision should be delivered by different people. Participants in this study had weak agreement in favour of having multiple supervisors at this level for different supervision tasks. However, participants moderately agreed that separating out line management from clinical reflective supervision constituted best practice.

Supervisors and supervisees may need to revisit current supervisory arrangements to see how well these correspond to the results of this study. Giving consideration to the training needs of senior clinical psychologists and their supervisors. It appears that there is a balance to strike between making time for clinical issues and organisational concerns. There is a shift to learning about leadership theory and to formulate at the level of the organisation. With regards to what sustains clinical psychologists in their careers over time, research indicates that work activity

plays a role. Specifically, therapeutic work appears to be a source of satisfaction whilst administrative work is less satisfying (Boothby et Al., 2002; Stevanovic et Al., 2004; Farber, 1985). In terms of how participants described best practice, supervision at this level should allow space for discussion of clinical work with organisational issues.

This will be relevant given recent and upcoming changes in the NHS. Health Education England has announced that there will be a very significant increase in clinical psychology commissions for the 2021 training in England (BPS DCP, 2021). It will mean services and supervisors offering an increased number of placements on a routine basis in order to meet the growing demand for psychological services. The NHS Long Term Plan, and its associated workforce development plan, will mean less direct clinical work and more service development. Together with the increase in training places this will mean more supervision of other junior staff for most qualified psychologists. It will be a challenge in this context to keep clinical issues on the supervision agenda for senior psychologists.

Charlemagne-Odle et al., (2014) investigated the experience of distress in clinical psychologists working in Britain. The sample tended to delay or not engage in help-seeking due to fear of being seen as a 'client'. This has crossover with results from this research where participants strongly agreed that pressure to act like an expert should be addressed in supervision and also the fear around bringing strong feelings at this level should be addressed.

In terms of what sustains clinical psychologists over the course of their career, the results across several studies indicate that having strong, positive relationships at work sustains clinical psychologists. This has parallels with the current study where the high number of items with high consensus to be included as best practice center on the supervisory relationship.

A high level of consensus was found with items relating to having a contracting process where a mutual vision for what the supervision process should achieve is shared as well as an agreement of supervisory boundaries. Participants endorsed items which placed importance on establishing shared goals and expectations between the supervisor and supervisee. This supports research conducted by Rabinowitz et al. (1986) which drew attention to the need for structure and support at the beginning of any new supervisory relationship regardless of experience. For example, participants strongly endorsed a shared discussion about negotiating the balance between being challenged and supported by the supervisor. There were particular items which were considered important to have as recurring items on the agenda such as considering the systems the supervisee is working within. Participants highlighted the importance of having an explicit contracting process at the outset of supervision and that this is a shared responsibility of the supervisor and supervisee. It may be that the more these shared responsibilities can be established early on in the supervisory relationship the better.

Research Implications

There were a number of organisational and clinical implications for change emerging from the results of the study. However, existing literature points to a multitude of barriers to implementing such change (Rothwell et al., 2021). Further research is needed to show how barriers to supervision best practice and needs can be overcome. Future studies may need to explore further the opinions of senior psychologists who have left the profession once they have reached a senior level.

Given the small sample size in this study, a broad investigation across the discipline of senior clinical psychologists in the NHS to determine to what extent they are satisfied with their current access to supervision and supervisory practices is needed. This study provides some

insight into the supervision needs of senior clinical psychologists. However, in order to fully understand how such needs evolve over time in a meaningful way, longitudinal research is needed.

In terms of the literature on what sustains clinical psychologists in their careers the feedback received as part of the supervisory process was an important aspect (Ronaldo et Al., 2016). One thing that is absent from the data in this study is how best to facilitate feedback, ongoing learning and challenge. In terms of the research on workers in earlier career stages there have been investigations into what could be considered the most effective methods. DeRoma et al., (2007) highlighted direct observation, progress notes review in addition to verbal reports as the preferred methods of supervisory feedback. Other researchers have delineated the benefits of direct observation via live/recorded clinical work on supervisee skill development (Wark, 1995). Again, these methods have been used in relation to clinical work. It is unclear whether these kinds of techniques could be employed in supervision for tasks outside of clinical work. For example, participants have agreed that supervision the senior level should involve making theory-practice links.

Conclusion

The results of this study establish that there is extensive consensus amid experts on what is considered to be best practice for senior clinical psychologists. Many items comprising this consensus have an overlap with existing literature regarding supervision needs across different health professionals and clinical psychologists at earlier career stages. However, the results challenge some of the assumptions of developmental supervision models and highlight the importance of ongoing learning and development at the senior level. Future research should focus on the organisational barriers to getting supervision needs met.

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Section C: Appendix of Supporting Material

December, 2021

Appendix A: Round one questionnaire

Before proceeding to the participant information sheet, please select ALL the following statements that apply to you:

- [ ] I am a clinical psychologist employed currently by the NHS at Band 8B or above
- [ ] I have at least 6 months experience in a clinical psychologist post at Band 8B or above

Page Break

Participant Information Sheet - Round One Questionnaire 05-10-2020 Version 2.0

1. Research project title

A Delphi survey to explore best practice regarding the supervision of senior clinical psychologists

2. Invitation

My name is Conor Deegan and I am a trainee clinical psychologist at Canterbury Christ Church University (Salomons Institute). I am writing to invite you to take part in a research project. This project is being supervised by Dr. Maria Griffiths (Salomons Institute, Canterbury Christ Church University/ South London and Maudsley NHS Foundation Trust) and Dr. Georgia Juett (Oxleas NHS Foundation Trust).

3. What is the purpose of the study?

There is currently little published literature on the supervision needs of senior clinical psychologists and little guidance around what best practice might look like, specifically for this stage of the career. This research project aims to explore how senior clinical psychologists describe their current supervision needs, how these needs may have changed over their career progression, what they consider to be best practice at this career stage and effective ways of promoting this. A Delphi survey method, over three rounds of questionnaire will be used with the aim of reaching consensus.

4. Why have you been invited to participate?

You have been asked to participate as you are a clinical psychologist employed by the NHS and working at least six months at Band 8b or above.

Please feel free to pass on details of the study on to anyone who you feel might be interested in taking part and would meet the above criteria.

5. What will you have to do if you take part?

The first round of this study comprises a number of demographic questions and several open-ended questions asking for your views which will take you approximately 20 minutes.

Once all data for round one have been collected and analysed, I will invite all participants to join round two. This will comprise a list of statements derived from round one responses, requiring participants to rate their level of agreement. This process will then be repeated for round three, showing you your previous response, where the consensus is and inviting you to consider changing your response or leaving it unchanged. Consequently, I would like to retain your involvement from one round to the next if you are willing.

Data presented in the results will be anonymous. Questionnaires will be sent and collected electronically and results stored on a password protected university file.

6. Do you have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part you will be able to keep a copy of this information sheet and you should indicate your agreement on the online consent form.

The link for round one will be active for four weeks after which point round one will be closed. If you leave the Qualtrics site, before concluding this survey, your data will not be saved. Following round one data will be anonymised and amalgamated for analysis. This process will be repeated following rounds two and three. Once data has been anonymised and amalgamated it will not be possible to remove an individual data set. Participants will be will be notified of the deadline date for which they can withdraw and have their data removed following each round. You do not have to provide a reason if you wish to withdraw from the study.

7. What are the possible advantages and disadvantages of taking part?

It is not anticipated that participating in the research will cause you any disadvantages or discomfort. However, the Delphi methodology involves repetition in the questions asked in rounds two and three which may become tiresome. This is done with the aim of achieving consensus.

Taking part in this project offers an opportunity to reflect on your supervision needs. You can contact a member of the research team with any queries or if you are negatively affected by any aspect of taking part in the study.
A potential benefit of your participation is that you will be contributing to a study which aims to develop practice in this area and which I hope you will find personally interesting.

8. Will your taking part in this project be kept confidential?

Any data collected will only be saved with allocated participant identification numbers; any identifying information such as demographic data will be removed and stored in a separate password protected document. This will only be accessible to the researcher and the internal and external supervisor of the project. People who do not need to know who you are will not be able to see your name or contact details.

Any data collected about you in the online questionnaire will be initially stored online by means of the online survey tool Qualtrics and protected by password. Data will then be removed and kept on a password protected USB. Each participant in the study will be assigned an identification number. Once we have finished the study, we will keep some of the data so we can check the results. Anonymised data collected as part of this project will be held for 10 years following its conclusion.

9. How will your information be used?

The research team will need to use information from you for this research project, this will include your email address which will be used to make contact with you as the study progresses.

Everyone involved in this study will keep your data safe and secure. We will also follow all privacy rules and we will only use information that we need for the research study.

Results of the research will be published in an academic journal. You will not be identified in any report or publication. Your institution will not be identified in any report or publication. If you wish to be given a copy of any reports resulting from the research, please get in contact via the email address below.

10. Who can you contact about this project?

This research is being conducted as part of academic requirements for the Doctorate of Clinical Psychology at the Salomons Institute, Canterbury Christ Church University.

Canterbury Christ Church University is the sponsor and data controller for this project.

You can contact me at cd548@canterbury.ac.uk for further information, a copy of this participant information sheet, or with queries about the project.

If you have a concern about any aspect of this study, you should ask to speak to me and I will do my best to address your concerns. You can contact me by leaving a message on the 24-hour voicemail phone number 01227 927070. Please leave a contact number and say that the message

is for me Conor Deegan and I will get back to you as soon as possible. If you remain dissatisfied and wish to complain formally, you can do this by contacting Dr. Fergal Jones, Clinical Psychology Programme Research Director, Salomons Institute for Applied Psychology – fergal.jones@canterbury.ac.uk

11. Where can you find out more about how your information is used? You can find out more about how we use your information - at www.hra.nhs.uk/information-about-patients

- by contacting me at cd548@canterbury.ac.uk
- by contacting the Data Protection Officer for Canterbury Christ Church University, Mr Robert Melville at dp.officer@canterbury.ac.uk

Page Break

- I confirm that I have read the information sheet dated 05/10/2020 (Version 2.0) for this study.

- I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

- I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason.

- I understand that the information collected about me will be used to support other research in the future, and may be shared anonymously with other researchers.

- I understand that the information I provide will be used for a doctoral thesis and that the information will be anonymised.

- I feel that my experience constitutes a sufficient level to participate in this study.

○ I have read and give my consent to participate

Page Break

Round One Questionnaire

Section A

This section asks you for some demographic information about yourself and your current supervision practices. Please answer the following 9 questions in this section:

Q1 of 9
What NHS band are you currently employed at?

- ○ Band 8B
- ○ Band 8C
- ○ Band 8D
- ○ Band 9

Q2 of 9 How long have you been in a senior role (Band 8B or above) for?

- ○ > 6 months < 2 years
- ○ 2-4 years
- ○ 5-7 years
- ○ 8-10 years
- ○ 11-12 years
- ○ >12 years

Q3 of 9 Which of the following best describes your ethnicity?

- ○ English / Welsh / Scottish / Northern Irish / British
- ○ Irish
- ○ Gypsy/Irish traveller
- ○ Any other White background
- ○ White and Black Carribean
- ○ White and Black African
- ○ White and Asian
- ○ Any other Mixed/Multiple ethnic background, please describe

_____

- ○ Indian
- ○ Pakistani
- ○ Bangladeshi
- ○ Any other Asian background, please describe

_____

- ○ African
- ○ Carribean
- ○ Any other Black/African/Carribean background, please describe

_____

- ○ Arab
- ○ Any other ethnic group, please describe

_____

- ○ Prefer not to say

Q4 of 9 What gender do you identify as?

- ○ Male
- ○ Female
- ○ Other (please state) _____
- ○ Prefer not to say

Q5 of 9 What therapeutic orientation do you mainly draw upon in your work?

- ○ Cognitive behavioural
- ○ Psychodynamic
- ○ Systemic
- ○ Cognitive analytic
- ○ Narrative
- ○ Integrative
- ○ Other, please describe _____

Q6 of 9 Please estimate the percentage of your time at work engaged in each of the following over the past 6 months: (please note that responses must total 100)

_____ Direct clinical work
_____ Indirect clinical work
_____ Team and psychology related work
_____ Management, strategic work and service development
_____ Research
_____ Continued professional development
_____ Other (please state)

Q7 of 9 Please estimate the percentage of your time spent working across the following types of services over the past 6 months: (please note that responses must total 100)

_____ Adult mental health
_____ Child and adolescent mental health
_____ Learning disability
_____ Older adult
_____ Neuropsychology
_____ Specialist, please describe
_____ Other, please describe

Q8 of 9 Have you received any formal training on being a supervisor for clinical psychologists?

- ○ Yes (if selected please elaborate)

  _____

- ○ No

Q9 of 9 Please estimate the number of clinical psychologists you have supervised over the course of your career?

- ○ 0
- ○ 1-5
- ○ 6-10
- ○ 11-15
- ○ 15-20
- ○ >21

Section B

This section asks you to draw not only on your own experiences of supervision but also about what you might consider relevant for other clinical psychologists working at Band 8b and above, across different settings. Please make reference to specific examples where relevant, sharing as much as feels comfortable. I would really value your opinion on this topic,whether you currently engage in supervision or not, and regardless of the view you may hold.

Inskipp and Proctor (1993) have proposed a model of supervision consisting of three key tasks; The monitoring or normative task, the emotional support or restorative task, and the learning or formative task. This model places an emphasis on the process as well as the content of supervision and these aspects are also recognised across many other supervision models (Bernard & Goodyear, 2004; Falendar & Shafrankse, 2004; Scaife, 2001).

Please hold this in mind when responding to the questions below and consider not only the practical arrangements and content of supervision but also the relational, learning and emotional processes occurring within supervision and the supervisory alliance. Please answer the following 7 questions:

Q1 of 7

Please describe your supervision needs at the current stage of your career.

_____

_____

_____

_____

_____

Q2 of 7

What would you consider to be best practice in the provision of supervision for the profession, once clinical psychologists have reached more senior roles in the NHS?

_____

_____

_____

_____

_____

Q3 of 7

What do you consider to be the conditions that might promote effective supervision for psychologists at a similar stage of their career in general? Please also comment on any barriers and how these might be overcome.

_____

_____

_____

_____

_____

Q4 of 7

Please describe how you think your own supervision needs have changed over the course of your career. Please consider the following areas or any others that seem relevant:
- Attention given in supervision to process issues, differences in areas of content

_____

_____

_____

_____

_____

Q5 of 7

What qualities in a supervisor are most helpful to you at this stage of your career?
Please consider the following areas or any others that seem relevant:
- Relational aspects and the supervisory alliance, experience, expertise, different types of knowledge

_____

_____

_____

_____

_____

Q6 of 7

What is helpful or unhelpful to you in your current supervision arrangements?
Please consider the following areas and any others that seem relevant:
- Choice of supervisor, timing and frequency of meetings, any conflicts or overlap with line management arrangements, other practical issues

_____

_____

_____

_____

_____

Q7 of 7 Any other comments?

_____

_____

_____

_____

_____

Appendix B: Round two questionnaire

Q Before proceeding to the participant information sheet, please select ALL the following statements that apply to you:

- ▢ I am a clinical psychologist employed currently by the NHS at Band 8B or above
- ▢ I have at least 6 months experience in a clinical psychologist post at Band 8B or above

Page Break

Q Participant Information Sheet - Round Two Questionnaire 05-08-2021 Version 1.0

1. Research project title

A Delphi survey to explore best practice regarding the supervision of senior clinical psychologists

2. Invitation

My name is Conor Deegan and I am a trainee clinical psychologist at Canterbury Christ Church University (Salomons Institute). I am writing to invite you to take part in a research project. This project is being supervised by Dr. Maria Griffiths (Salomons Institute, Canterbury Christ Church University) and Dr. Georgia Juett (Sinclair-Strong Consultants LTD).

3. What is the purpose of the study?

There is currently little published literature on the supervision needs of senior clinical psychologists and little guidance around what best practice might look like, specifically for this stage of the career. This research project aims to explore how senior clinical psychologists describe their current supervision needs, how these needs may have changed over their career progression, what they consider to be best practice at this career stage and effective ways of promoting this. A Delphi survey method, over three rounds of questionnaire will be used with the aim of reaching consensus.

4. Why have you been invited to participate?

You have been asked to participate as you are a clinical psychologist employed by the NHS and working at least six months at Band 8b or above.

Please feel free to pass on details of the study on to anyone who you feel might be interested in taking part and would meet the above criteria.

5. What will you have to do if you take part?

This is the second round of the study and comprises a number of demographic questions followed by a list of statements derived from round one responses, requiring participants to rate their level of agreement. This process will then be repeated for round three, showing you your previous response, where the consensus is and inviting you to consider changing your response or leaving it unchanged. Consequently, I would like to retain your involvement from round two to round three if you are willing.

Data presented in the results will be anonymous. Questionnaires will be sent and collected electronically and results stored on a password protected university file.

6. Do you have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part you will be able to keep a copy of this information sheet and you should indicate your agreement on the online consent form.

The link for round two will be active for four weeks after which point round two will be closed. If you leave the Qualtrics site, before concluding this survey, your data will not be saved. Following round two data will be anonymised and amalgamated for analysis. This process will be repeated following round three.

Once data has been anonymised and amalgamated it will not be possible to remove an individual data set. Participants will be notified of the deadline date by which they can withdraw and have their data removed following each round. You do not have to provide a reason if you wish to withdraw from the study.

7. What are the possible advantages and disadvantages of taking part?

It is not anticipated that participating in the research will cause you any disadvantages or discomfort. However, the Delphi methodology involves repetition in the questions asked in rounds two and three which may become tiresome. This is done with the aim of achieving consensus.

Taking part in this project offers an opportunity to reflect on your supervision needs. You can contact a member of the research team with any queries or if you are negatively affected by any aspect of taking part in the study.

A potential benefit of your participation is that you will be contributing to a study which aims to develop practice in this area and which I hope you will find personally interesting.

8. Will your taking part in this project be kept confidential?

Any data collected will only be saved with allocated participant identification numbers; any identifying information such as demographic data will be removed and stored in a separate password protected document. This will only be accessible to the researcher and the internal and external supervisor of the project. People who do not need to know who you are will not be able to see your name or contact details.

Any data collected about you in the online questionnaire will be initially stored online by means of the online survey tool Qualtrics and protected by password. Data will then be removed and kept on a password protected USB. Each participant in the study will be assigned an identification number. Once we have finished the study, we will keep some of the data so we

can check the results. Anonymised data collected as part of this project will be held for 10 years following its conclusion.

9. How will your information be used?

The research team will need to use information from you for this research project, this will include your email address which will be used to make contact with you as the study progresses.

Everyone involved in this study will keep your data safe and secure. We will also follow all privacy rules and we will only use information that we need for the research study.

Results of the research will be published in an academic journal. You will not be identified in any report or publication. Your institution will not be identified in any report or publication. If you wish to be given a copy of any reports resulting from the research, please get in contact via the email address below.

10. Who can you contact about this project?

This research is being conducted as part of academic requirements for the Doctorate of Clinical Psychology at the Salomons Institute, Canterbury Christ Church University.

Canterbury Christ Church University is the sponsor and data controller for this project.

You can contact me at cd548@canterbury.ac.uk for further information, a copy of this participant information sheet, or with queries about the project.

If you have a concern about any aspect of this study, you should ask to speak to me and I will do my best to address your concerns. You can contact me by leaving a message on the 24-hour voicemail phone number 01227 927070. Please leave a contact number and say that the message is for me Conor Deegan and I will get back to you as soon as possible. If you remain dissatisfied and wish to complain formally, you can do this by contacting Dr. Fergal Jones, Clinical Psychology Programme Research Director, Salomons Institute for Applied Psychology – fergal.jones@canterbury.ac.uk

11. Where can you find out more about how your information is used?

You can find out more about how we use your information

- at www.hra.nhs.uk/information-about-patients

- by contacting me at cd548@canterbury.ac.uk

- by contacting the Data Protection Officer for Canterbury Christ Church University, Mr Robert Melville at

dp.officer@canterbury.ac.uk

Page Break

Q - I confirm that I have read the information sheet dated 05.08.2021 (Version 1.0) for this study.

- I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

- I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason.

- I understand that the information collected about me will be used to support other research in the future, and may be shared anonymously with other researchers.

- I understand that the information I provide will be used for a doctoral thesis and that the information will be anonymised.

- I feel that my experience constitutes a sufficient level to participate in this study.

o I have read and give my consent to participate

Page Break

Q You were sent a 6 digit unique identification number along with the link for this survey.

As outlined in the participant information sheet this number will be used to identify your response in order to send you an individualised Round 3 Questionnaire.

Please enter this number now.

_____

Round Two Questionnaire

Section A

This section asks you for some demographic information about yourself and your current supervision practices.

Please answer the following 9 questions in this section:

Q1

What NHS band are you currently employed at?

- o Band 8B
- o Band 8C
- o Band 8D
- o Band 9

Q2 How long have you been in a senior role (Band 8B or above) for?

- o > 6 months < 2 years
- o 2-4 years
- o 5-7 years
- o 8-10 years
- o 11-12 years
- o >12 years

Q3 Which of the following best describes your ethnicity?

- o English / Welsh / Scottish / Northern Irish / British
- o Irish
- o Gypsy/Irish traveller
- o Any other White background
- o White and Black Carribean
- o White and Black African
- o White and Asian

- o Any other Mixed/Multiple ethnic background, please describe _____
- o Indian
- o Pakistani
- o Bangladeshi
- o Any other Asian background, please describe _____
- o African
- o Carribean
- o Any other Black/African/Carribean background, please describe _____
- o Arab
- o Any other ethnic group, please describe _____
- o Prefer not to say

Q4 What gender do you identify as?

- o Male
- o Female
- o Other (please state) _____
- o Prefer not to say

Q5 What therapeutic orientation do you mainly draw upon in your work?

- o Cognitive behavioural
- o Psychodynamic
- o Systemic

- o Cognitive analytic
- o Narrative
- o Integrative
- o Other, please describe _____

Q6 Please estimate the percentage of your time at work engaged in each of the following over the past 6 months: (please note that responses must total 100)

_____ Direct clinical work

_____ Indirect clinical work

_____ Team and psychology related work

_____ Management, strategic work and service development

_____ Research

_____ Continued professional development

_____ Other (please state)

Q7 Please estimate the percentage of your time spent working across the following types of services over the past 6 months: (please note that responses must total 100)

_____ Adult mental health

_____ Child and adolescent mental health

_____ Learning disability

_____ Older adult

_____ Neuropsychology

_____ Specialist, please describe

_____ Other, please describe

Q8 Have you received any formal training on being a supervisor for clinical psychologists?

o Yes (if selected please elaborate)
_____

o No

Q9 Please estimate the number of clinical psychologists you have supervised over the course of your career? This can include pre-qualified and newly qualified psychologists.

o 0

o 1-5

o 6-10

o 11-15

o 15-20

o >21

Page Break

Round Two Questionnaire

Section B

There is currently little published literature on the supervision needs of senior clinical psychologists and little guidance around what best practice might look like, specifically for this stage of the career. This research project aims to establish a consensus on what senior clinical psychologists consider to be best practice for supervision at this career stage and effective ways of promoting this. I would really value your opinion on this topic, whether you currently engage in supervision or not, and regardless of the view you may hold.

Below there is a list of statements derived from Round One responses, requiring participants to rate their level of agreement. Please rate how strongly you agree or disagree that the following items constitute best practice for the supervision of senior level clinical psychologists in the NHS. The statements have been organised into themes which resulted from the analysis of Round One data.

Theme One - Multiple Sources

Q1 Where no suitable supervisors are available within the organisation of the supervisee, supervisors should be sought externally.

- o Strongly Disagree
- o Disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Q2 The supervision should be sufficiently external to the supervisee's team to be able to offer a fresh perspective as an impartial outsider.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Q3 Practices and learning from disciplines other than clinical psychology should be incorporated into supervision.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Q4 Peer supervision should supplement other supervision arrangements at this senior-level.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Q5 Multiple supervisors are needed at this level for different supervision tasks.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Q6 The supervisee should change supervisor periodically so they do not become too at ease in the supervisory relationship.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Q7 Clinical, reflective supervision should be entirely separate from line management and delivered by different people.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Theme Two- Organising Time

Q8 At the outset of the supervision process there should be an explicit contracting process where supervision arrangements are agreed.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Q9 The supervisor and supervisee have a shared responsibility to ensure that all items on the agenda for a supervision meeting get to be addressed.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Q10

Supervision should be less frequent for senior level clinical psychologists than for clinical psychologists at earlier stages in their career.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Theme Three - Organisational Agenda and Strategic Influence

Q11 The supervisor should ensure that thinking about the functioning of systems and organisations is always on the agenda.

- o Strongly disagree
- o somewhat disagree

- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Q12 The supervision process should support the supervisee with innovating the service they work in. For example, initiating new service development projects.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree not disagree
- o Somewhat agree
- o Strongly agree

Q13 Supervision should involve creating collaborative formulations of the supervisee's organisation.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree

- o Strongly agree

Q14 More time should be given in supervision to discussing organisations and systems rather than to clinical work.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Theme Four - Expertise

Q15 When conducting specialised work the supervisee should seek out a supervisor with the specialist knowledge required.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Q16 The supervisor should be evaluating the supervisee to ensure that their work is meeting required standards.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Q17 Supervision at this level should be less focused on the advancement of clinical skills than at earlier career stages.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Q18 The supervisor should be an expert in the preferred therapy model of the supervisee.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Q19 The pressure at this senior level to appear like an expert and how this can impact the supervisory relationship should be explicitly addressed.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Q20 The supervisor should have more experience of similarly sized and types of teams as the supervisee than experience of the preferred therapeutic model of the supervisee.

- o Strongly disagree
- o Somewhat disagree

- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Theme Five - Development

Q21 The emphasis should be on a mutual exchange of ideas in supervision rather than being guided by the supervisor.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Q22 Only clinical work involving a high level of complexity should be discussed in supervision at this level.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree

- o Somewhat agree
- o Strongly agree

Q23 Attention should be given to the inter-personal process of supervision.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Q24 Supervision at the senior level should be considered as being just as important and necessary as it is at earlier career stages.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Theme Six - Task-Based Supervision

Q25 Discussion of the supervisor's work issues should be kept separate from supervisory meetings unless these have a direct bearing on the work of the supervisee.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Q26 Both supervisor and supervisee should prioritise supervision meetings above other demands.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Q27 Peer supervision at the senior level should occur in group formats.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Theme Seven - Keep Learning

Q28 The supervisor must be able to have humility even if highly experienced and knowledgeable.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Q29 The balance between being supported and being challenged should be explicitly negotiated with the supervisor.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Q30 Both the supervisor and supervisee should be willing to discuss issues which may be uncomfortable or unfamiliar.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Q31 Blind spots in issues of diversity should be recurring items on the supervision agenda.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree

- o Somewhat agree
- o Strongly agree

Q32 There should be consideration given to how the supervisee can avoid becoming complacent in their role.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Q33 The supervisor should show an awareness of the limits of their knowledge.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Theme Eight - Leadership

Q34 The supervisor should set an example of leadership in their own service that the supervisee can learn from.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Q35 Supervision of leadership skills should draw on the expertise of professionals from disciplines other than clinical psychology.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Q36 Supervision should be used to make theory-practice links with regard to leadership.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Q37 Discussion of leadership issues should occur in a separate supervision meeting to discussion of clinical issues.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Theme Nine - Meta-Supervision

Q38 If the supervisee is supervising other psychologists there should be routine attention given to this process.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Q39 Supervision should be a place where difficult managerial decisions can be made about people the supervisee is managing or supervising.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Q40 Supervision should offer a space where difficult feelings about people the supervisee is managing or supervising can be thought about and understood.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree

- o Somewhat agree
- o Strongly agree

Theme Ten - Emotions and Reflections

Q41 Both the supervisor and supervisee should feel comfortable showing vulnerability about the struggles with work at this level.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Q42 There should be a concerted effort to address the personal and emotional impact of the work at this level in supervision meetings.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree

- o Strongly agree

Q43 One of the main tasks of the supervision should be facilitating self-care in order to prevent supervisee burnout.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Q44 Supervision should be a space to address the high expectations senior-level psychologists face in their role.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Q45 Both supervisor and supervisee should acknowledge the fear that can be present around bringing strong feelings to supervision at this level.

- ▢ Strongly disagree
- ▢ Somewhat disagree
- ▢ Neither agree nor disagree
- ▢ Somewhat agree
- ▢ Strongly agree

Q46 Consideration must be given to how the supervisee will hold onto strong feelings between supervision meetings given the level of independent practice at this level.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Theme Eleven - Relational Safety

Q47 The supervisor must communicate explicitly their belief in the ability of the supervisee to perform well in their role.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Q48 Given that discussions are likely to be about other staff members, the supervisor should be someone who is external to, or at least not directly involved with, the service the supervisee is working in.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Q49 Service leads should be aware of the risk of senior psychologists becoming isolated without regular supervision.

- o Strongly disagree
- o Somewhat disagree

- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Q50 The supervisory alliance is the most important aspect of supervision at this senior level.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Q51 The supervisor should ensure that supervision meetings function as a safe space to bring concerns about the work of any kind.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Q52 There should be a mutual respect for different epistemologies in the supervisory process.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Theme Twelve - Process

Q53 Discussing transference and countertransference across all aspects of work at the senior level is fundamental to the supervision process.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Q54 Supervision should involve addressing what staff from other disciplines project onto senior level psychologists.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Q55 Any power imbalances between the supervisor and supervisee must be acknowledged and openly discussed.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Q56 Supervisors at this level should be willing to self-disclose, with regard to their own vulnerabilities, when this is for the benefit of the supervisee.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree

- o Somewhat agree
- o Strongly agree

. Any further comments?

_____

Section C - Barriers to Best Practice in Supervision at a Senior Level

This final section concerns the barriers to getting supervision needs met at the senior level.

Below there is a list of statements derived from Round One responses, requiring participants to rate their level of agreement. Please rate the extent to which you agree or disagree that the following items constitute barriers to best practice for the supervision needs of senior level clinical psychologists in the NHS.

Q1 Supervision not being logged so that it cannot be audited.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree

- o Strongly agree

Q2 Having a consultant model and 'expert' roles which can imply that the supervisee has reached an apex of knowledge, skills, & experience and does not need to be clinically supervised.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Q3 Not being challenged enough by the supervisor, such as, not being asked what your formulation is for a case.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Q4 Having only peer supervision without supervision from a more senior supervisor.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Q5 Having a supervisor who has not undertaken personal therapy.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Q6 Clinical Psychologists not always considering supervision as paramount at this career stage.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree

- o Somewhat agree
- o Strongly agree

Q7 Lacking access to a supervisor with more experience or knowledge.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Q8 Having all clinical supervision in a group format.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Q9 Clinical issues being sidelined in supervision because of more pressing management concerns.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Q10 Not having a space to bring concerns about day to day decision making.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Q11 Lacking access to ad hoc supervision conversations when needed.

- o Strongly disagree
- o Somewhat disagree

- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Q12 The supervisor not supporting the supervisee to balance their time between implementing strategic plans and conducting clinical work.

- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Any further comments?

Appendix C: Round three questionnaire

Participant Information Sheet - Round Three Questionnaire 21-09-2021 Version 1.0

1. Research project title

A Delphi survey to explore best practice regarding the supervision of senior clinical psychologists

2. Invitation

My name is Conor Deegan and I am a trainee clinical psychologist at Canterbury Christ Church University (Salomons Institute). I am writing to invite you to take part in a research project. This project is being supervised by Dr. Maria Griffiths (Salomons Institute, Canterbury Christ Church University) and Dr. Georgia Juett (Sinclair-Strong Consultants LTD).

3. What is the purpose of the study?

There is currently little published literature on the supervision needs of senior clinical psychologists and little guidance around what best practice might look like, specifically for this stage of the career. This research project aims to explore how senior clinical psychologists describe their current supervision needs, how these needs may have changed over their career progression, what they consider to be best practice at this career stage and effective ways of promoting this. A Delphi survey method, over three rounds of questionnaire is being used with the aim of reaching consensus.

4. Why have you been invited to participate?

You have been asked to participate as you are a clinical psychologist employed by the NHS and working at least six months at Band 8b or above. You previously completed this questionnaire for round 2 and this stage involves asking the same participants to complete the questionnaire for a second time.

5. What will you have to do if you take part?

I have emailed you a link to a questionnaire for the third and final round of this study. This comprises a list of statements presented in Round Two. The percentage of participants selecting each response is presented above each response and the response you gave is highlighted in red. You are being asked to review the responses of other participants and decide whether you would like to select a new response or keep the same one.

Data presented in the results will be anonymous. Questionnaires will be sent and collected electronically and results stored on a password protected university file.

6. Do you have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part you will be able to keep a copy of this information sheet and you should indicate your agreement on the online consent form.

The link for Round Three will be active for two weeks after which point Round Three will be closed. If you leave the Qualtrics site, before concluding this survey, your data will not be saved. Following Round Three, data will be anonymised and amalgamated for analysis.

Once data has been anonymised and amalgamated it will not be possible to remove an individual data set. Participants will be notified of the deadline date by which they can withdraw and have their data removed following each round. You do not have to provide a reason if you wish to withdraw from the study.

7. What are the possible advantages and disadvantages of taking part?

It is not anticipated that participating in the research will cause you any disadvantages or discomfort. However, the Delphi methodology involves repetition in the questions asked in rounds two and three which may become tiresome. This is done with the aim of achieving consensus.

Taking part in this project offers an opportunity to reflect on your supervision needs. You can contact a member of the research team with any queries or if you are negatively affected by any aspect of taking part in the study.

A potential benefit of your participation is that you will be contributing to a study which aims to develop practice in this area and which I hope you will find personally interesting.

8. Will your taking part in this project be kept confidential?

Any data collected will only be saved with allocated participant identification numbers; any identifying information such as demographic data will be removed and stored in a separate password protected document. This will only be accessible to the researcher and the internal and external supervisor of the project. People who do not need to know who you are will not be able to see your name or contact details.

Any data collected about you in the online questionnaire will be initially stored online by means of the online survey tool Qualtrics and protected by password. Data will then be removed and kept on a password protected USB. Each participant in the study will be assigned an identification number. Once we have finished the study, we will keep some of the data so we can check the results. Anonymised data collected as part of this project will be held for 10 years following its conclusion.

9. How will your information be used?

The research team will need to use information from you for this research project, this will include your email address which will be used to make contact with you as the study progresses.

Everyone involved in this study will keep your data safe and secure. We will also follow all privacy rules and we will only use information that we need for the research study.

Results of the research will be published in an academic journal. You will not be identified in any report or publication. Your institution will not be identified in any report or publication. If you wish to be given a copy of any reports resulting from the research, please get in contact via the email address below.

10. Who can you contact about this project?

This research is being conducted as part of academic requirements for the Doctorate of Clinical Psychology at the Salomons Institute, Canterbury Christ Church University.

Canterbury Christ Church University is the sponsor and data controller for this project.

You can contact me at cd548@canterbury.ac.uk for further information, a copy of this participant information sheet, or with queries about the project.

If you have a concern about any aspect of this study, you should ask to speak to me and I will do my best to address your concerns. You can contact me by leaving a message on the 24-hour voicemail phone number 01227 927070. Please leave a contact number and say that the message is for me Conor Deegan and I will get back to you as soon as possible. If you remain dissatisfied and wish to complain formally, you can do this by contacting Dr. Fergal Jones, Clinical Psychology Programme Research Director, Salomons Institute for Applied Psychology – fergal.jones@canterbury.ac.uk

11. Where can you find out more about how your information is used?

You can find out more about how we use your information

- at www.hra.nhs.uk/information-about-patients

- by contacting me at cd548@canterbury.ac.uk

- by contacting the Data Protection Officer for Canterbury Christ Church University, Mr Robert Melville at

dp.officer@canterbury.ac.uk

- - I confirm that I have read the information sheet dated 21.09.2021 (Version 1.0) for this study.

- I have had the opportunity to consider the information, ask questions and have

had these answered satisfactorily.

- I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason.

- I understand that the information collected about me will be used to support other research in the future, and may be shared anonymously with other researchers.

- I understand that the information I provide will be used for a doctoral thesis and that the information will be anonymised.

- I feel that my experience constitutes a sufficient level to participate in this study.

o I have read and give my consent to participate

Round Three Questionnaire

Part A – Best Practice in Supervision at a Senior Level

This research project aims to establish a consensus on what senior clinical psychologists consider to be best practice for supervision at this career stage and effective ways of promoting this. I would really value your opinion on this topic, whether you currently engage in supervision or not, and regardless of the view you may hold. Below is the same list of statements presented in Round Two. Please rate how strongly you agree or disagree that the following items constitute best practice for the supervision of senior level clinical psychologists in the NHS.

The percentages shown in brackets beside each response option reflect the responses from all participants in Round Two of this study. Your response is shown in red. You are being asked to review the responses of other participants and decide whether you would like to select a new response or keep the same one.

Theme One - Multiple Sources

Q1 Where no suitable supervisors are available within the organisation of the supervisee, supervisors should be sought externally.

- o Strongly Disagree (0%)
- o Disagree (0%)
- o Neither agree nor disagree (0%)
- o Somewhat agree (27%)
- o Strongly agree (73%)

Q2 The supervisor should be sufficiently external to the supervisee's team to be able to offer a fresh perspective as an impartial outsider.

- o Strongly disagree (0%)
- o Somewhat disagree (26%)
- o Neither agree nor disagree (17%)
- o Somewhat agree (39%)
- o Strongly agree (17%)

Q3 Practices and learning from disciplines other than clinical psychology should be incorporated into supervision.

- o Strongly disagree (0%)
- o Somewhat disagree (9%)
- o Neither agree nor disagree (22%)
- o Somewhat agree (52%)
- o Strongly agree (17%)

Q4 Peer supervision should supplement other supervision arrangements at this senior-level.

- o Strongly disagree (0%)
- o Somewhat disagree (0%)
- o Neither agree nor disagree (9%)
- o Somewhat agree (43%)
- o Strongly agree (48%)

Q5 Multiple supervisors are needed at this level for different supervision tasks.

- o Strongly disagree (0%)

- Somewhat disagree (17%)
- Neither agree nor disagree (26%)
- Somewhat agree (30%)
- Strongly agree (26%)

Q6 The supervisee should change supervisor periodically so they do not become too at ease in the supervisory relationship.

- Strongly disagree (26%)
- Somewhat disagree (39%)
- Neither agree nor disagree (22%)
- Somewhat agree (13%)
- Strongly agree (0%)

Q7 Clinical, reflective supervision should be entirely separate from line management and delivered by different people.

- Strongly disagree (0%)
- Somewhat disagree (17%)
- Neither agree nor disagree (13%)
- Somewhat agree (26%)

- Strongly agree (44%)

Theme Two- Organising Time

Q8 At the outset of the supervision process there should be an explicit contracting process where supervision arrangements are agreed.

- Strongly disagree (0%)
- Somewhat disagree (0%)
- Neither agree nor disagree (4%)
- Somewhat agree (9%)
- Strongly agree (87%)

Q9 The supervisor and supervisee have a shared responsibility to ensure that all items on the agenda for a supervision meeting get to be addressed.

- Strongly disagree (0%)
- Somewhat disagree (0%)

- Neither agree nor disagree (0%)
- Somewhat agree (9%)
- Strongly agree (91%)

Q10

Supervision should be less frequent for senior level clinical psychologists than for clinical psychologists at earlier stages in their career.

- Strongly disagree (17%)
- Somewhat disagree (22%)
- Neither agree nor disagree (13%)
- Somewhat agree (44%)
- Strongly agree (4%)

Theme Three - Organisational Agenda and Strategic Influence

Q11 The supervisor should ensure that thinking about the functioning of systems and organisations is always on the agenda.

- o Strongly disagree (0%)
- o somewhat disagree (0%)
- o Neither agree nor disagree (4%)
- o Somewhat agree (44%)
- o Strongly agree (52%)

Q12 The supervision process should support the supervisee with innovating the service they work in. For example, initiating new service development projects.

- o Strongly disagree (0%)
- o Somewhat disagree (0%)
- o Neither agree not disagree (9%)
- o Somewhat agree (48%)
- o Strongly agree (43%)

Q13 Supervision should involve creating collaborative formulations of the supervisee's organisation.

- Strongly disagree (4%)
- Somewhat disagree (0%)
- Neither agree nor disagree (22%)
- Somewhat agree (44%)
- Strongly agree (30%)

Q14 More time should be given in supervision to discussing organisations and systems rather than to clinical work.

- Strongly disagree (0%)
- Somewhat disagree (17%)
- Neither agree nor disagree (44%)
- Somewhat agree (17%)
- Strongly agree (22%)

Theme Four - Expertise

Q15 When conducting specialised work the supervisee should seek out a supervisor with the specialist knowledge required.

- o Strongly disagree (0%)
- o Somewhat disagree (9%)
- o Neither agree nor disagree (4%)
- o Somewhat agree (39%)
- o Strongly agree (48%)

Q16 The supervisor should be evaluating the supervisee to ensure that their work is meeting required standards.

- o Strongly disagree (0%)
- o Somewhat disagree (22%)
- o Neither agree nor disagree (17%)
- o Somewhat agree (35%)
- o Strongly agree (26%)

Q17 Supervision at this level should be less focused on the advancement of clinical skills than at earlier career stages.

- Strongly disagree (13%)
- Somewhat disagree (13%)
- Neither agree nor disagree (30%)
- Somewhat agree (35%)
- Strongly agree (9%)

Q18 The supervisor should be an expert in the preferred therapy model of the supervisee.

- Strongly disagree (13%)
- Somewhat disagree (13%)
- Neither agree nor disagree (48%)
- Somewhat agree (22%)
- Strongly agree (4%)

Q19 The pressure at this senior level to appear like an expert and how this can impact the supervisory relationship should be explicitly addressed.

- Strongly disagree (0%)

- Somewhat disagree (0%)
- Neither agree nor disagree (22%)
- Somewhat agree (52%)
- Strongly agree (26%)

Q20 The supervisor should have more experience of similarly sized and types of teams as the supervisee than experience of the preferred therapeutic model of the supervisee.

- Strongly disagree (4%)
- Somewhat disagree (22%)
- Neither agree nor disagree (39%)
- Somewhat agree (26%)
- Strongly agree (9%)

Theme Five - Development

Q21 The emphasis should be on a mutual exchange of ideas in supervision rather than being guided by the supervisor.

- Strongly disagree (0%)
- Somewhat disagree (9%)
- Neither agree nor disagree (30%)
- Somewhat agree (39%)

- Strongly agree (22%)

Q22 Only clinical work involving a high level of complexity should be discussed in supervision at this level.

- Strongly disagree (39%)
- Somewhat disagree (26%)
- Neither agree nor disagree (13%)
- Somewhat agree (17%)
- Strongly agree (5%)

Q23 Attention should be given to the inter-personal process of supervision.

- Strongly disagree (0%)
- Somewhat disagree (4%)
- Neither agree nor disagree (9%)
- Somewhat agree (48%)
- Strongly agree (39%)

Q24 Supervision at the senior level should be considered as being just as important and necessary as it is at earlier career stages.

- o Strongly disagree (0%)
- o Somewhat disagree (0%)
- o Neither agree nor disagree (0%)
- o Somewhat agree (4%)
- o Strongly agree (96%)

Theme Six - Task-Based Supervision

Q25 Discussion of the supervisor's work issues should be kept separate from supervisory meetings unless these have a direct bearing on the work of the supervisee.

- o Strongly disagree (26%)
- o Somewhat disagree (13%)
- o Neither agree nor disagree (13%)
- o Somewhat agree (22%)
- o Strongly agree (26%)

Q26 Both supervisor and supervisee should prioritise supervision meetings above other demands.

- o Strongly disagree (0%)
- o Somewhat disagree (4%)
- o Neither agree nor disagree (13%)
- o Somewhat agree (48%)
- o Strongly agree (35%)

Q27 Peer supervision at the senior level should occur in group formats.

- o Strongly disagree (13%)
- o Somewhat disagree (13%)
- o Neither agree nor disagree (48%)
- o Somewhat agree (22%)
- o Strongly agree (4%)

Theme Seven - Keep Learning

Q28 The supervisor must be able to have humility even if highly experienced and knowledgeable.

- o Strongly disagree (0%)
- o Somewhat disagree (0%)
- o Neither agree nor disagree (0%)
- o Somewhat agree (9%)
- o Strongly agree (91%)

Q29 The balance between being supported and being challenged should be explicitly negotiated with the supervisor.

- o Strongly disagree (0%)
- o Somewhat disagree (0%)
- o Neither agree nor disagree (14%)
- o Somewhat agree (43%)
- o Strongly agree (43%)

Q30 Both the supervisor and supervisee should be willing to discuss issues which may be uncomfortable or unfamiliar.

- o Strongly disagree (0%)
- o Somewhat disagree (0%)
- o Neither agree nor disagree (0%)
- o Somewhat agree (17%)
- o Strongly agree (83%)

Q31 Blind spots in issues of diversity should be recurring items on the supervision agenda.

- o Strongly disagree (0%)
- o Somewhat disagree (0%)
- o Neither agree nor disagree (26%)
- o Somewhat agree (13%)
- o Strongly agree (61%)

Q32 There should be consideration given to how the supervisee can avoid becoming complacent in their role.

- Strongly disagree (0%)
- Somewhat disagree (4%)
- Neither agree nor disagree (17%)
- Somewhat agree (35%)
- Strongly agree (44%)

Q33 The supervisor should show an awareness of the limits of their knowledge.

- Strongly disagree (0%)
- Somewhat disagree (0%)
- Neither agree nor disagree (0%)
- Somewhat agree (4%)
- Strongly agree (96%)

Theme Eight - Leadership

Q34 The supervisor should set an example of leadership in their own service that the supervisee can learn from.

- o Strongly disagree (9%)
- o Somewhat disagree (0%)
- o Neither agree nor disagree (4%)
- o Somewhat agree (35%)
- o Strongly agree (52%)

Q35 Supervision of leadership skills should draw on the expertise of professionals from disciplines other than clinical psychology.

- o Strongly disagree (0%)
- o Somewhat disagree (13%)
- o Neither agree nor disagree (13%)
- o Somewhat agree (39%)
- o Strongly agree (35%)

Q36 Supervision should be used to make theory-practice links with regard to leadership.

- o Strongly disagree (0%)
- o Somewhat disagree (4%)
- o Neither agree nor disagree (0%)
- o Somewhat agree (35%)
- o Strongly agree (61%)

Q37 Discussion of leadership issues should occur in a separate supervision meeting to discussion of clinical issues.

- o Strongly disagree (17%)
- o Somewhat disagree (44%)
- o Neither agree nor disagree (30%)
- o Somewhat agree (0%)
- o Strongly agree (9%)

Theme Nine - Meta-Supervision

Q38 If the supervisee is supervising other psychologists there should be routine attention given to this process.

- o Strongly disagree (0%)
- o Somewhat disagree (5%)
- o Neither agree nor disagree (9%)
- o Somewhat agree (43%)
- o Strongly agree (43%)

Q39 Supervision should be a place where difficult managerial decisions can be made about people the supervisee is managing or supervising.

- o Strongly disagree (5%)
- o Somewhat disagree (5%)
- o Neither agree nor disagree (17%)
- o Somewhat agree (30%)
- o Strongly agree (43%)

Q40 Supervision should offer a space where difficult feelings about people the supervisee is managing or supervising can be thought about and understood.

- o Strongly disagree (0%)
- o Somewhat disagree (0%)
- o Neither agree nor disagree (0%)
- o Somewhat agree (22%)
- o Strongly agree (78%)

Theme Ten - Emotions and Reflections

Q41 Both the supervisor and supervisee should feel comfortable showing vulnerability about the struggles with work at this level.

- o Strongly disagree (0%)
- o Somewhat disagree (0%)
- o Neither agree nor disagree (0%)
- o Somewhat agree (17%)

- o Strongly agree (83%)

Q42 There should be a concerted effort to address the personal and emotional impact of the work at this level in supervision meetings.

- o Strongly disagree (0%)
- o Somewhat disagree (0%)
- o Neither agree nor disagree (0%)
- o Somewhat agree (17%)
- o Strongly agree (83%)

Q43 One of the main tasks of the supervision should be facilitating self-care in order to prevent supervisee burnout.

- o Strongly disagree (0%)
- o Somewhat disagree (0%)
- o Neither agree nor disagree (8%)
- o Somewhat agree (22%)
- o Strongly agree (70%)

Q44 Supervision should be a space to address the high expectations senior-level psychologists face in their role.

- o Strongly disagree (0%)
- o Somewhat disagree (0%)
- o Neither agree nor disagree (0%)
- o Somewhat agree (26%)
- o Strongly agree (74%)

Q45 Both supervisor and supervisee should acknowledge the fear that can be present around bringing strong feelings to supervision at this level.

- ▢ Strongly disagree (0%)
- ▢ Somewhat disagree (4%)
- ▢ Neither agree nor disagree (8%)
- ▢ Somewhat agree (25%)
- ▢ Strongly agree (63%)

Q46 Consideration must be given to how the supervisee will hold onto strong feelings between supervision meetings given the level of independent practice at this level.

- o Strongly disagree (0%)
- o Somewhat disagree (4%)
- o Neither agree nor disagree (9%)
- o Somewhat agree (39%)
- o Strongly agree (48%)

Theme Eleven - Relational Safety

Q47 The supervisor must communicate explicitly their belief in the ability of the supervisee to perform well in their role.

- o Strongly disagree (0%)
- o Somewhat disagree (0%)
- o Neither agree nor disagree (31%)
- o Somewhat agree (17%)
- o Strongly agree (52%)

Q48 Given that discussions are likely to be about other staff members, the supervisor should be someone who is external to, or at least not directly involved with, the service the supervisee is working in.

- o Strongly disagree (13%)
- o Somewhat disagree (35%)
- o Neither agree nor disagree (22%)
- o Somewhat agree (17%)
- o Strongly agree (13%)

Q49 Service leads should be aware of the risk of senior psychologists becoming isolated without regular supervision.

- o Strongly disagree (0%)
- o Somewhat disagree (0%)
- o Neither agree nor disagree (0%)
- o Somewhat agree (26%)
- o Strongly agree (74%)

Q50 The supervisory alliance is the most important aspect of supervision at this senior level.

- o Strongly disagree (0%)
- o Somewhat disagree (0%)
- o Neither agree nor disagree (4%)
- o Somewhat agree (57%)
- o Strongly agree (39%)

Q51 The supervisor should ensure that supervision meetings function as a safe space to bring concerns about the work of any kind.

- o Strongly disagree (0%)
- o Somewhat disagree (0%)
- o Neither agree nor disagree (0%)
- o Somewhat agree (13%)
- o Strongly agree (87%)

Q52 There should be a mutual respect for different epistemologies in the supervisory process.

- o Strongly disagree (0%)
- o Somewhat disagree (0%)
- o Neither agree nor disagree (4%)
- o Somewhat agree (26%)
- o Strongly agree (70%)

Theme Twelve - Process

Q53 Discussing transference and countertransference across all aspects of work at the senior level is fundamental to the supervision process.

- o Strongly disagree (9%)
- o Somewhat disagree (0%)
- o Neither agree nor disagree (22%)
- o Somewhat agree (17%)
- o Strongly agree (52%)

Q54 Supervision should involve addressing what staff from other disciplines project onto senior level psychologists.

- o Strongly disagree (0%)
- o Somewhat disagree (13%)
- o Neither agree nor disagree (17%)
- o Somewhat agree (22%)
- o Strongly agree (48%)

Q55 Any power imbalances between the supervisor and supervisee must be acknowledged and openly discussed.

- o Strongly disagree (0%)
- o Somewhat disagree (0%)
- o Neither agree nor disagree (9%)
- o Somewhat agree (22%)
- o Strongly agree (70%)

Q56 Supervisors at this level should be willing to self-disclose, with regard to their own vulnerabilities, when this is for the benefit of the supervisee.

- o Strongly disagree (0%)
- o Somewhat disagree (9%)
- o Neither agree nor disagree (17%)
- o Somewhat agree (26%)
- o Strongly agree (48%)

If you have changed any of your responses from Round Two, please use this space to share your thinking about these items

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Any further comments from Part A?

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Round Three Questionnaire

Part B - Barriers to Best Practice in Supervision at a Senior Level

This final section concerns the barriers to getting supervision needs met at the senior level.

Below is the same list of statements presented in Round Two. Please rate the extent to which you agree or disagree that the following items constitute barriers to best practice for the supervision needs of senior level clinical psychologists in the NHS.

- The percentages shown in brackets beside each response option reflect the responses from all participants in Round Two of this study. Your response is shown in red. You are being asked to review the responses of other participants and decide whether you would like to select a new response or keep the same one.

Q1 Supervision not being logged so that it cannot be audited.

- o Strongly disagree (13%)
- o Somewhat disagree (13%)
- o Neither agree nor disagree (22%)
- o Somewhat agree (26%)
- o Strongly agree (26%)

Q2 Having a consultant model and 'expert' roles which can imply that the supervisee has reached an apex of knowledge, skills, & experience and does not need to be clinically supervised.

- o Strongly disagree (0%)
- o Somewhat disagree (9%)
- o Neither agree nor disagree (13%)
- o Somewhat agree (17%)
- o Strongly agree (61%)

Q3 Not being challenged enough by the supervisor, such as, not being asked what your formulation is for a case.

- o Strongly disagree (0%)
- o Somewhat disagree (17%)
- o Neither agree nor disagree (17%)
- o Somewhat agree (31%)
- o Strongly agree (35%)

Q4 Having only peer supervision without supervision from a more senior supervisor.

- Strongly disagree (0%)
- Somewhat disagree (17%)
- Neither agree nor disagree (17%)
- Somewhat agree (26%)
- Strongly agree (40%)

Q5 Having a supervisor who has not undertaken personal therapy.

- Strongly disagree (39%)
- Somewhat disagree (18%)
- Neither agree nor disagree (26%)
- Somewhat agree (13%)
- Strongly agree (4%)

Q6 Clinical Psychologists not always considering supervision as paramount at this career stage.

- Strongly disagree (4%)
- Somewhat disagree (9%)
- Neither agree nor disagree (13%)

- Somewhat agree (30%)
- Strongly agree (44%)

Q7 Lacking access to a supervisor with more experience or knowledge.

- Strongly disagree (4%)
- Somewhat disagree (9%)
- Neither agree nor disagree (17%)
- Somewhat agree (26%)
- Strongly agree (44%)

Q8 Having all clinical supervision in a group format.

- Strongly disagree (8%)
- Somewhat disagree (0%)
- Neither agree nor disagree (35%)
- Somewhat agree (13%)
- Strongly agree (44%)

Q9 Clinical issues being sidelined in supervision because of more pressing management concerns.

- o Strongly disagree (0%)
- o Somewhat disagree (0%)
- o Neither agree nor disagree (35%)
- o Somewhat agree (22%)
- o Strongly agree (43%)

Q10 Not having a space to bring concerns about day to day decision making.

- o Strongly disagree (0%)
- o Somewhat disagree (9%)
- o Neither agree nor disagree (13%)
- o Somewhat agree (43%)
- o Strongly agree (35%)

Q11 Lacking access to ad hoc supervision conversations when needed.

- o Strongly disagree (0%)

- o Somewhat disagree (4%)
- o Neither agree nor disagree (17%)
- o Somewhat agree (57%)
- o Strongly agree (22%)

Q12 The supervisor not supporting the supervisee to balance their time between implementing strategic plans and conducting clinical work.

- o Strongly disagree (5%)
- o Somewhat disagree (9%)
- o Neither agree nor disagree (26%)
- o Somewhat agree (30%)
- o Strongly agree (30%)

- If you have changed any of your responses from Round Two, please use this space to share your thinking about these items

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- Any further comments from Part B?

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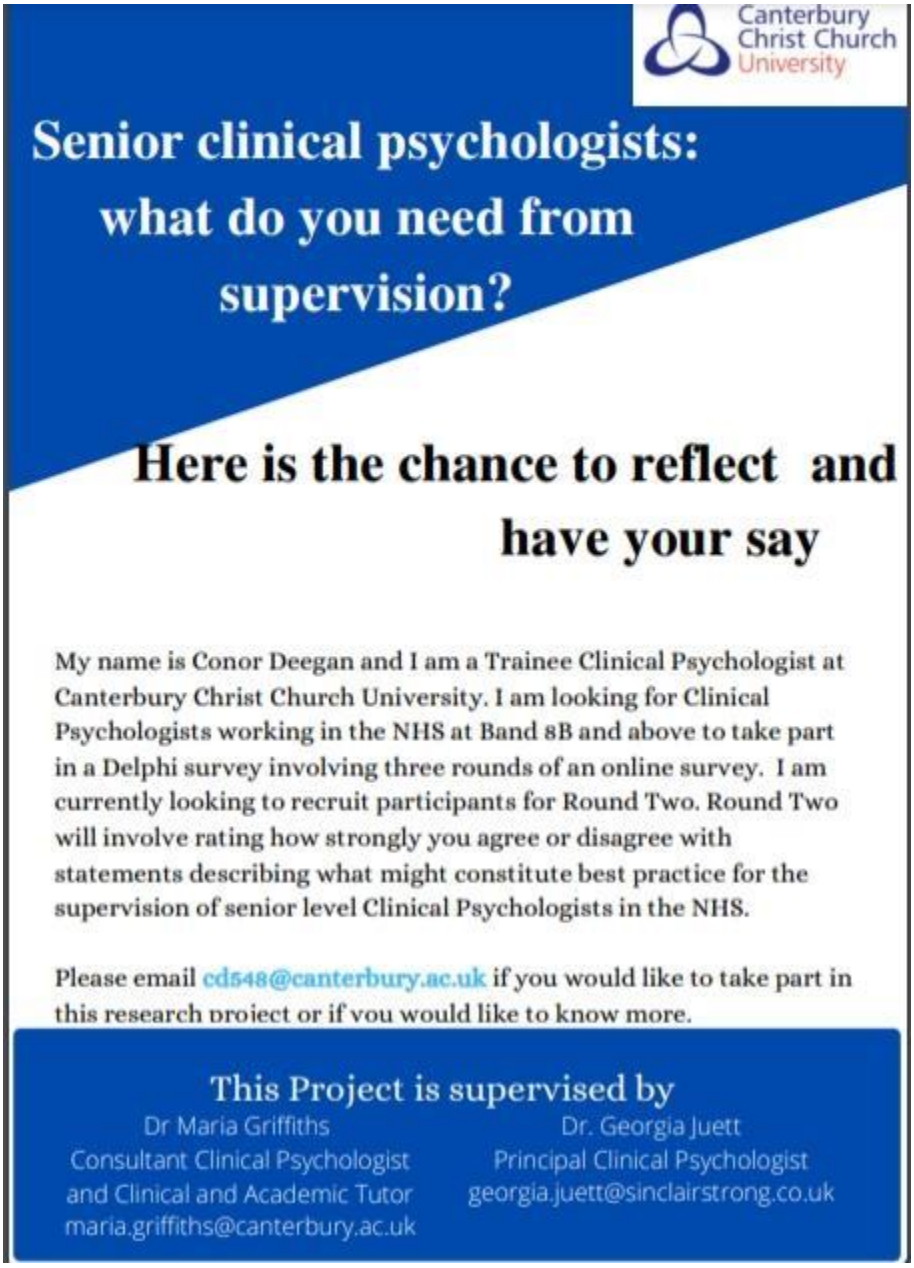
Appendix D: Promotional poster



Appendix E: Invitation Email R1Q

Senior Clinical Psychologists - What do you need from supervision?

Research Opportunity

My name is Conor Deegan and I am a Trainee Clinical Psychologist at the Salomons Institute for Applied Psychology, Canterbury Christ Church University. I am supervised by Dr Maria Griffiths and Dr. Georgia Juett.

I am inviting you to take part in my research project which aims to explore how senior clinical psychologists describe their current supervision needs, how these needs may have changed over their career progression, what they consider to be best supervision practice at this career stage and effective ways of promoting this. I am seeking the opinions of clinical psychologists employed by the NHS and working at least six months at Band 8B or above.

It is hoped that this project will add to what is currently an under researched area and may contribute towards best practice guidelines regarding supervision for psychologists working at a senior level in the NHS.

The project will take the form of a Delphi survey. The Delphi survey will aim to find consensus amongst senior clinical psychologists about what contributes to best practice in this area.

The Delphi survey consists of three rounds and you would be asked to contribute to each round*. All rounds will be completed online. The first round of this study comprises a number of demographic questions and several open-ended questions asking for your views which will take you approximately 20-30 minutes. The second and third rounds will consist of lists of statements which you will be asked to indicate your level of agreement with. These rounds are expected to take around 15-30 minutes. You will be given around four weeks to complete each round online. A reminder email will be sent out two weeks prior to the deadline.

If you are interested in participating please email me at cd548@canterbury.ac.uk. You will then be sent a link to the relevant questionnaire. Once you have clicked on the link you will be presented with a participant information sheet which will also explain how participants will be allocated to the different rounds prior to commencing the survey.

I am using snowball sampling so please forward this invitation on to anyone with an interest in this area who may like to contribute to this research. If you have any further questions please don't hesitate to ask.

The deadline for registering interest in participating is **14th December 2020**.

*Please note that once sufficient numbers have been recruited for round 1, all subsequent participants will be allocated directly to round 2.

Kind regards,

Conor Deegan

Trainee clinical psychologist
Salomons Institute for Applied Psychology
Canterbury Christ Church University
1 Meadow Road, Tunbridge Wells, TN1 2YG
cd548@canterbury.ac.uk
Supervised by:

Dr Maria Griffiths,
Consultant Clinical Psychologist and Clinical and Academic Tutor
Salomons Institute for Applied Psychology
maria.griffiths@canterbury.ac.uk

Dr Georgia Juett
Principal Clinical Psychologist
georgia.juett@sinclairstrong.co.uk

Appendix F: Invitation Email R2Q

Senior Clinical Psychologists - What do you need from supervision?

Research Opportunity

My name is Conor Deegan and I am a Trainee Clinical Psychologist at the Salomons Institute for Applied Psychology, Canterbury Christ Church University. I am supervised by Dr Maria Griffiths and Dr. Georgia Juett.

I am inviting you to take part in my research project which aims to explore how senior clinical psychologists describe their current supervision needs, how these needs may have changed over their career progression, what they consider to be best supervision practice at this career stage and effective ways of promoting this. I am seeking the opinions of clinical psychologists employed by the NHS and working at least six months at Band 8B or above.

It is hoped that this project will add to what is currently an under researched area and may contribute towards best practice guidelines regarding supervision for psychologists working at a senior level in the NHS.

The project will take the form of a Delphi survey. The Delphi survey will aim to find consensus amongst senior clinical psychologists about what contributes to best practice in this area.

The Delphi survey consists of three rounds, and you would be asked to contribute to rounds two and three. All rounds will be completed online. The first round of this study has now concluded and comprised several open-ended questions asking for participants' views. The second and third rounds will consist of several demographic questions followed by statements which you will be asked to indicate your level of agreement with. These rounds are expected to take around 15-30 minutes. You will be given around four weeks to complete each round online. A reminder email will be sent out two weeks prior to the deadline.

If you are interested in participating, please email me at cd548@canterbury.ac.uk. You will then be sent a link to the relevant questionnaire. Once you have clicked on the link you will be presented with a participant information sheet which will also explain how participants will be allocated to the different rounds prior to commencing the survey.

I am using snowball sampling so please forward this invitation on to anyone with an interest in this area who may like to contribute to this research. The project has received ethical approval. If you have any further questions, please don't hesitate to ask.

The deadline for registering interest in participating in Round Two is **15th September 2021.**

Kind regards,

Conor Deegan
Trainee clinical psychologist

Salomons Institute for Applied Psychology
Canterbury Christ Church University
1 Meadow Road, Tunbridge Wells, TN1 2YG
cd548@canterbury.ac.uk

Supervised by:

Appendix G: HRA ethics approval

This has been removed from the electronic copy.

Appendix H: University ethics approval

This has been removed from the electronic copy.

Appendix I: Extract of thematic analysis coding

This has been removed from the electronic copy.

Appendix J: Levels of consensus for all statements

Items with High Consensus to be Included as Representative of Best Practice

Theme	Statement	%
Multiple Sources	Where no suitable supervisors are available within the organisation of the supervisee, supervisors should be sought externally.	100
	Peer supervision should supplement other supervision arrangements at this senior-level.	100
Organising Time	At the outset of the supervision process there should be an explicit contracting process where supervision arrangements are agreed.	100
	The supervisor and supervisee have a shared responsibility to ensure that all items on the agenda for a supervision meeting get to be addressed.	100
Organisational Agenda and Strategic Influence	The supervisor should ensure that thinking about the functioning of systems and organisations is always on the agenda.	100
	The supervision process should support the supervisee with innovating the service they work in. For example, initiating new service development projects.	90.9
Expertise	When conducting specialised work the supervisee should seek out a supervisor with the specia list knowledge required.	90.91
	The pressure at this senior level to appear like an expert and how this can impact the supervisory relationship should be explicitly addressed.	86
Development	Attention should be given to the inter-personal process of supervision.	90

	Supervision at the senior level should be considered as being just as important and necessary as it is at earlier career stages.	100
Task-Based Supervision	Both supervisor and supervisee should prioritise supervision meetings above other demands.	95.46%
Keep Learning	The supervisor must be able to have humility even if highly experienced and knowledgeable.	100
	The balance between being supported and being challenged should be explicitly negotiated with the supervisor.	86.36%
	Both the supervisor and supervisee should be willing to discuss issues which may be uncomfortable or unfamiliar.	100
	The supervisor should show an awareness of the limits of their knowledge.	100
Leadership	The supervisor should set an example of leadership in their own service that the supervisee can learn from.	90.91
	Supervision should be used to make theory-practice links with regard to leadership.	95.46
Meta Supervision	If the supervisee is supervising other psychologists there should be routine attention given to this process.	95.45
	Supervision should offer a space where difficult feelings about people the supervisee is managing or supervising can be thought about and understood.	100
Emotions and Reflections	Both the supervisor and supervisee should feel comfortable showing vulnerability about the struggles with work at this level.	100
	There should be a concerted effort	100

	to address the personal and emotional impact of the work at this level in supervision meetings.	
	One of the main tasks of the supervision should be facilitating self-care in order to prevent supervisee burnout.	95.46
	Supervision should be a space to address the high expectations senior-level psychologists face in their role.	100
	Both supervisor and supervisee should acknowledge the fear that can be present around bringing strong feelings to supervision at this level.	86.36%
	Consideration must be given to how the supervisee will hold onto strong feelings between supervision meetings given the level of independent practice at this level.	95.45
Relational Safety	Service leads should be aware of the risk of senior psychologists becoming isolated without regular supervision.	100
	The supervisory alliance is the most important aspect of supervision at this senior level.	100
	The supervisor should ensure that supervision meetings function as a safe space to bring concerns about the work of any kind.	100
	There should be a mutual respect for different epistemologies in the supervisory process.	100
Process	Supervision should involve addressing what staff from other disciplines project onto senior level psychologists.	86.37
	Any power imbalances between the supervisor and supervisee must be acknowledged and openly discussed.	95.45

Items with Moderate Consensus to be Included as Representative of Best Practice

Theme	Statement	%
Multiple Sources	Practices and learning from disciplines other than clinical psychology should be incorporated into supervision.	68
	Clinical, reflective supervision should be entirely separate from line management and delivered by different people.	68.18
Organisational Agenda and Strategic Influence	Supervision should involve creating collaborative formulations of the supervisee's organisation.	77.27
Expertise	The supervisor should be evaluating the supervisee to ensure that their work is meeting required standards.	68.18
Development	The emphasis should be on a mutual exchange of ideas in supervision rather than being guided by the supervisor.	72
Keep Learning	Blind spots in issues of diversity should be recurring items on the supervision agenda.	72.73
	There should be consideration given to how the supervisee can avoid becoming complacent in their role.	81.82
Leadership	Supervision of leadership skills should draw on the expertise of professionals from disciplines other than clinical psychology.	77.27
Meta-Supervision	Supervision should be a place where difficult managerial decisions can be made about people the supervisee is managing or supervising.	72.73

Relational Safety	The supervisor must communicate explicitly their belief in the ability of the supervisee to perform well in their role.	77.28
Process	Discussing transference and countertransference across all aspects of work at the senior level is fundamental to the supervision process.	68.19
	Supervisors at this level should be willing to self-disclose, with regard to their own vulnerabilities, when this is for the benefit of the supervisee.	81.82

Items with Weak Consensus to be Included as Representative of Best Practice

Theme	**Statement**	**%**
Multiple Sources	The supervisor should be sufficiently external to the supervisee's team to be able to offer a fresh perspective as an impartial outsider.	54
	Multiple supervisors are needed at this level for different supervision tasks.	63.63
Organising Time	Supervision should be less frequent for senior level clinical psychologists than for clinical psychologists at earlier stages in their career.	54.55
Task-Based Supervision	Discussion of the supervisor's work issues should be kept separate from supervisory meetings unless these have a direct bearing on the work of the supervisee.	54.54

Items with Neither Agreement nor Disagreement

Theme	Statement	%
Organisational Agenda and Strategic Influence	*More time should be given in supervision to discussing organisations and systems rather than to clinical work.*	*63.64*
Task-Based Supervision	*Peer supervision at the senior level should occur in group formats.*	*63.64*

Items with No Consensus Regarding Best Practice

Theme	Statement
Expertise	Supervision at this level should be less focused on the advancement of clinical skills than at earlier career stages.
	The supervisor should be an expert in the preferred therapy model of the supervisee.
	The supervisor should have more experience of similarly sized and types of teams as the supervisee than experience of the preferred therapeutic model of the supervisee.

Items which Participants Disagreed Constituted Best Practice in Supervision

Theme	Statement	%
Multiple Sources	The supervisee should change supervisor periodically so they do not become too at ease in the supervisory relationship.	68

Development	Only clinical work involving a high level of complexity should be discussed in supervision at this level.	68.18
Leadership	Discussion of leadership issues should occur in a separate supervision meeting to discussion of clinical issues.	68.18
Relational Safety	Given that discussions are likely to be about other staff members, the supervisor should be someone who is external to, or at least not directly involved with, the service the supervisee is working in.	50

Items with High Consensus Considered Barriers to Best Practice

Theme	**Statements**	**%**
Barriers	Having a consultant model and 'expert' roles which can imply that the supervisee has reached an apex of knowledge, skills, & experience and does not need to be clinically supervised.	85.71
	Not having a space to bring concerns about day to day decision making.	90.47
	Lacking access to ad hoc supervision conversations when needed.	85.72

Statements with Moderate Consensus Considered Barriers to Best Practice

Theme	Statement	%
Barriers	Not being challenged enough by the supervisor, such as, not being asked what your formulation is for a case.	66.7
	Having only peer supervision without supervision from a more senior supervisor.	80.96
	Clinical Psychologists not always considering supervision as paramount at this career stage.	80.95
	Clinical issues being sidelined in supervision because of more pressing management concerns.	66.7
	The supervisor not supporting the supervisee to balance their time between implementing strategic plans and conducting clinical work.	71.43

Items with Weak Consensus Considered Barriers to Best Practice

Theme	Statement	%
Barriers	Having all clinical supervision in a group format.	52.38

Item with No Consensus Regarding Barriers to Best Practice - No percentages for participant responses are included in this table as no response achieved >50% agreement, neither agreement or disagreement, or disagreement.

Theme	Statement
Barriers	Supervision not being logged so that it cannot be audited.

Appendix K: Author guidelines for submission to the journal of clinical psychology and psychotherapy - extract

2. MANUSCRIPT CATEGORIES AND REQUIREMENTS

Research Article: Substantial articles making a significant theoretical or empirical contribution (submissions should be limited to a maximum of 5,500 words excluding captions and references). Comprehensive Review: Articles providing comprehensive reviews or metaanalyses with an emphasis on clinically relevant studies (review submissions have no word limit).

Measures Article: Articles reporting useful information and data about new or existing measures (assessment submissions should be limited to a maximum of 3,500 words). Clinical Report: Shorter articles (a maximum of 2,000 words excluding captions and references) that typically contain interesting clinical material. These should use (validated) quantitative measures and add substantially to the literature (i.e. be innovative).

3. PREPARING THE SUBMISSION

Parts of the Manuscript The manuscript should be submitted in separate files: title page; main text file; figures.

File types

Submissions via the new Research Exchange portal can be uploaded either as a single document (containing the main text, tables and figures), or with figures and tables provided as separate files. Should your manuscript reach revision stage, figures and tables must be provided as separate files. The main manuscript file can be submitted in Microsoft Word (.doc or .docx) or LaTex (.tex) formats.

If submitting your manuscript file in LaTex format via Research Exchange, select the file designation “Main Document – LaTeX .tex File” on upload. When submitting a Latex Main Document, you must also provide a PDF version of the manuscript for Peer Review. Please upload this file as “Main Document - LaTeX PDF.” All supporting files that are referred to in the Latex Main Document should be uploaded as a “LaTeX Supplementary File.”

Cover Letters and Conflict of Interest statements may be provided as separate files, included in the manuscript, or provided as free text in the submission system. A statement of funding (including grant numbers, if applicable) should be included in the “Acknowledgements” section of your manuscript.

The text file should be presented in the following order:

1. A short informative title containing the major key words. The title should not contain abbreviations (see Wiley's best practice SEO tips);

2. A short running title of less than 40 characters;

3. The full names of the authors;

4. The authors' complete institutional affiliations where the work was conducted (Institution Name, Country, Department Name, Institution City, and Post Code), with a footnote for an author's present address if different from where the work was conducted;

5. Conflict of Interest statement;

6. Acknowledgments;

7. Data Availability Statement

8. Abstract, Key Practitioner Message and 5-6 keywords;

9. Main text;

10.References;

11.Tables (each table complete with title and footnotes);

12.Figure legends;

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Book

Bradley-Johnson, S. (1994). Psychoeducational assessment of students who are visually impaired or blind: Infancy through high school (2nd ed.). Austin, TX: Pro-ed.

Internet Document

Norton, R. (2006, November 4). How to train a cat to operate a light switch [Video file]. Retrieved from http://www.youtube.com/watch?v=Vja83KLQXZs

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1. Abbreviations: In general, terms should not be abbreviated unless they are used repeatedly and the abbreviation is helpful to the reader. Initially, use the word in full, followed by the abbreviation in parentheses. Thereafter use the abbreviation only.

2. Units of measurement: Measurements should be given in SI or SI-derived units. Visit the Bureau International des Poids et Mesures (BIPM) website for more information about SI units.

3. Numbers: numbers under 10 are spelled out, except for: measurements with a unit (8mmol/l); age (6 weeks old), or lists with other numbers (11 dogs, 9 cats, 4 gerbils).

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Appendix L: Feedback to Ethics Committee and Participants

This report outlines in brief my recently completed study ‘title ‘A Delphi survey to explore experienced clinical psychologists’ views on best practice regarding supervision needs in senior roles’.

To date existing theory and research on supervision in clinical psychology has focused heavily on the training and development of trainees, with comparatively little focus on supervision post-qualification, let alone for those in positions of seniority. For this reason it is difficult to say exactly what the needs of senior clinical psychologists working in the NHS are.

This study aimed to address the following question:

How do senior clinical psychologists describe best practice in supervision for the profession at this advanced stage of the career in general?

This was explored further by the following questions in order to obtain a rich account of what constitutes best practice in this area:

a. How do senior clinical psychologists describe their own supervision needs at this stage of their career?

b. How do senior clinical psychologists describe changes in their own supervision needs, over their career progression?

c. What do senior clinical psychologists consider to be the conditions that might promote and prevent effective supervision at this stage of their career?

This study used a three round Delphi to investigate what is considered best practice Twenty-four participants completed R1Q, 22 completed R2Q and 19 completed R3Q. Eleven completed all three rounds. In total, 35 participants took part in the study. A table showing participant demographics and completion rates is shown below.

Participant Characteristic		**R1 N = 24 n(%)**	**R2 N = 22 n(%)**	**R3 N = 19 n(%)**
NHS Band	Band 8B	11 (45.83)	12 (54.55)	10 (52.63)
	Band 8C	10 (41.67)	6 (27.27)	5 (26.32)
	Band 8D	3 (12.5)	3 (13.64)	3 (15.79)
	Band 9	0 (0)	1 (4.55)	1 (5.26)
Duration of time in Band 8B role or above	> 6 months < 2 years	1 (4.77)	3 (13.64)	2 (10.53)
	2-4 years	6 (25)	6 (27.27)	5 (26.32)
	5-7 years	1 (4.17)	1 (4.55)	1 (5.26)
	8-10 years	4 (16.67)	3 (13.64)	2 (10.53)
	11-12 years	3 (12.50)	2 (9.09)	2 (10.53)

	>12 years	9 (37.50)	7 (31.82)	7 (38.84)
Ethnicity	White - English / Welsh / Scottish / Northern Irish / British	24 (100)	20 (90.91)	18 (94.74)
	White and Asian	_	1 (4.55)	-
	Any other white background	_	1 (4.55)	1 (5.26)
Gender	Male	9 (37.50)	6 (27.27)	5 (26.32)
	Female	15 (62.5)	16 (72.73)	14 (73.68)
Therapeutic Orientation	Cognitive behavioural	3 (12.5)	4 (18.18)	3 (15.79)
	Psychodynamic	1 (4.17)	3 (13.64)	3 (15.79)
	Systemic	5 (20.83)	2 (9.09)	1 (5.26)
	Integrative	5 (20.83)	4 (18.18)	4 (21.05)
	Cognitive Analytic	2 (8.33)	4 (18.18)	3 (15.79)
	Other	8 (33.33)	5 (22.73)	5 (26.32)
Number of clinical psychologists supervised	1-5	2 (8.33)	1 (4.55)	1 (5.26)

	6-10	5 (20.80)	3 (13.64)	2 (10.53)
	11-15	6 (25)	3 (13.64)	3 (15.79)
	15-20	2 (8.33)	5 (22.73)	3 (15.79)
	>21	9 (37.50)	10 (45.45)	10 (52.63)

R1Q consisted of four open ended questions. Responses were subject to a thematic analysis and a list of statements was created from this to form R2Q. There were two sections in R2Q. The first section comprised 55 statements organised into 12 themes. Participants indicated their level of agreement with each statement as being representative of best practice. The second section comprised 13 statements and participants indicated their level of agreement with each statement as being representative of barriers to best practice. R3Q presented the same statements with the percentage of respondents indicating each level of agreement and participants either kept their response the same or changed it after reviewing the responses of others.

Statistical analysis was conducted and the level of consensus for each statement to be considered representative of best practice was calculated. There were 31 statements considered to have high consensus and 13 to have moderate consensus. Participants endorsed items across all 12 themes. Results indicated that supervision needs at the senior level are highly relational. Participants had unanimous consensus that the supervisory relationship is the most important aspect of supervision at the senior level. Participants endorsed items that indicated supervision should support further learning and development at this level. The results highlighted the ongoing need for bringing clinical issues to supervision. In terms of the barriers to best practice, participants reached high consensus on items concerning the lack of opportunity to bring day to

day, ad-hoc concerns. Participants agreed that being considered an ‘expert’ or ‘consultant’ could be a barrier to getting needs met as it implies an advanced knowledge with less need for supervision. The results challenge some of the assumptions of developmental supervision models. The clinical and research implications were described.