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Exploring influences of supervision on psychotherapists' professional development: correlates across career-level cohorts

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ABSTRACT

This exploratory study aims to extend and strengthen the empirical case for supervision as a facilitator of professional growth, as outlined in an established conceptual model, by exploring its correlates among psychotherapists across their entire professional career. Ratings of the impact of supervision by 6267 psychotherapists of different professions, theoretical orientations, and career levels in many countries who were currently in supervision were correlated, separately for each of five career cohorts, with aspects of their treatment experience, work situation, and personal characteristics. Large percentages of psychotherapists at all career levels, including senior psychotherapists, engaged in supervision and rated its impact on their development positively. Growth-facilitating supervision was associated broadly but moderately in all career cohorts mainly with interpersonal aspects of therapists' treatment experience, with supportive work settings, and with caring and expressive personal characteristics. Some differential findings among cohorts also reflected potential developmentally based functions of supervision. The implications of results were considered both for supervisory practice, training and for future supervision research.

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Introduction

This study explores empirically the relationship between effective clinical supervision and supervised therapists` experiences of professional development at successive phases in the full span of psychotherapists` careers. To do so, we initially clarify what the complex concepts of supervision and development mean and how they will be studied.

Clinical supervision

Supervision is an integral part of psychotherapy training and practice. Drawing on Shulman's (2005) concept of signature pedagogy of professions, several authors (e.g. Bernard & Goodyear, 2019; Watkins, 2020) have described supervision as a signature

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pedagogy of mental health disciplines. Supervision has also been described as the "sine qua non" for the optimal learning of psychotherapy (Watkins, 2020). An often quoted definition of supervision holds it to be:

> . . . an intervention provided by a more senior member of a profession to a more junior colleague or colleagues who typically (but not always) are members of that same profession. This relationship is evaluative and hierarchical, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s), monitoring the quality of professional services offered to the clients that she, he, or they see, and serving as a gatekeeper for the particular profession the supervisee seeks to enter (Bernard & Goodyear 2019, p. 9).

In a research-based modification of this, Milne and Watkins (2014, p. 4) defined supervision as "The formal provision, by approved supervisors, of a relationship-based education and training that is work-focused [sic] and which manages, supports, develops and evaluates the work of colleagues."

In addition to ensuring client welfare and serve a gate keeping function into the profession, a central objective is to facilitate professional development of supervisees at all levels of experience (Bernard & Goodyear, 2009; Knox & Hill, 2021). Indeed, the fact that professional development is a long-term aim of supervision differentiates supervision from other professional roles such as consultation. Some forms of consultation, such as "*Client-centered case consultation"* and "*Consultee-centered case consultation*" (Caplan, 1995) may resemble supervision in some ways (e.g. quality of the learning processes). However, one major way in which consultation and supervision is in the distribution of responsibility among participants. Responsibility for the client in supervision of students and pre-licensed practitioners resides with the supervisor, while according to Caplan "An essential aspect of consultation, as defined here, is that the professional responsibility for the client remains with the consultee" (p. 8).

For more than 40 years, several developmental supervision models have been articulated (e.g. Loganbill, Hardy, & Delworth, 1982; Stoltenberg, McNeill, & Delworth, 2010; for a full review see; Bernard & Goodyear, 2019). These developmental models, as well as others, such as reflective conceptions of supervision (e.g. Neufeldt, 1999; Neufeldt, Karno, & Nelson, 1996), have contributed substantially to supervision practice. However, like the definitions of supervision cited above, they typically address the first years of clinical training (e.g. Knox & Hill, 2021), which restricts their applicability to later career phases, although in many places supervision for psychotherapists is a (sometimes mandatory) element throughout their professional careers. At later career phases, engaging in supervision is often voluntary not mandatory, more collegial than hierarchical, and less focused on evaluation than on problem-solving. Moreover, these models are limited by typically not having *empirically* studied supervision during the post-training, post-licensing, post-credentialing years, despite the fact that substantial proportions of "mature" and "senior" adult therapist, defined by age, reported they were in supervision (Orlinsky & Rønnestad, 2015).

Initial steps to conceptualize supervision based on empirical studies of life-long psychotherapist development have already been made (e.g. Rønnestad & Orlinsky, 2005; Rønnestad & Skovholt, 2013; Skovholt & Rønnestad, 1992). In previous reports of their long-term qualitative study of psychotherapist development, Rønnestad and colleagues

delineated five phases in the career of mental health workers based on years of practice, and proposed that supervision for clinicians – in addition to attending to core principles such as "contract" and "alliance" – should be sensitive to the growth challenges that may be met in successive career phases (Rønnestad, Orlinsky, Schröder, Skovholt, & Willutzki, 2018; Rønnestad & Skovholt, 2013).

Professional development

Previously, in a large-scale empirical study of psychotherapists` development (Orlinsky & Rønnestad, 2005), we distinguished between conceptually and methodologically distinct approaches to assessing development. To do this, we cross-combined two basic *observational viewpoints* (reflexive or self-observed vs. external or other-observed and two *temporal contexts* (synchronic or current-time vs. diachronic or extended-time). These defined four developmentally relevant approaches to data collection: Currently, Experienced Development (reflexive/synchronic); Cumulative Career Development (reflexive/diachronic); Comparative Cohort Development (external/synchronic); and Individual Longitudinal development (external/diachronic). The first three empirical perspectives were studied broadly in our book (Orlinsky & Rønnestad, 2005).[1] The current paper focuses specifically on psychotherapists` Currently Experienced Development (CED) in relation to clinical supervision.

In our previous research (Orlinsky & Rønnestad, 2005) we found the leading, and by far strongest predictor of psychotherapists` Currently Experienced Development (CED) was experiencing therapeutic work with their patients as a Healing Involvement (22%) variance).[2] In the current study, this empirical dimension of Healing Involvement and its empirical process-facet components, will form a main focus in exploring the relevance of supervision for therapists at successive career levels.

There is still limited empirically based knowledge of the professional and personal characteristics that may contribute to supervision facilitating therapists` professional development *throughout the career*. This is surprising as after training and licensure "it is not atypical for therapists to see clients until they retire 40 to 70 years later" (Aafjes-van Doorn & Barber, 2023, p. 55). These authors have provided an overview of empirical research on the effect of professional training that includes few studies on experienced therapists and also recommendation for future research. Given the predominant research focus on unlicensed trainees, they write: "This means that little is known about how practicing psychologists use supervision or if they learn from it" (p. 64). By contributing to fill this gap in knowledge, the current explorative study aims to provide a knowledge base to better differentiate between core principles of supervision and phase-specific supervision.

Main goal and research questions

This study aims to explore, for therapists at *successive career levels*, perceived supervision quality, currently experienced development, the relationship between them, and some of their correlates – with the aim of noting both differences and continuities across career levels. The specific research questions are as follows:

(1) What percentage of therapists at different career levels are currently in clinical supervision?
(2) How much do therapists at different career levels experience supervision as a positive influence on development (Developmentally Positive Supervision, or DPS)?
(3) How much do DPS ratings by therapists at each level reflect their being currently in supervision?
(4) How much are therapists' DPS ratings related to their experiences of current development across career levels?
(5) How much are therapists' DPS ratings at each level associated with their typical experiences of doing therapy?
(6) How much are therapists' DPS ratings at each level related to experiences in their main work setting?
(7) How much do therapists' DPS ratings at each level reflect their personal characteristics?

Method

Research measures

This exploratory study is possible through use of a very large archival database on collected by the Society for Psychotherapy Research Collaborative Research Network (SPR/CRN) between 1991 and 2020 (e.g. Orlinsky, 2022; Orlinsky & Rønnestad, 2005; Orlinsky, Rønnestad, & Willutzki, 2011). Therapists of varied professions, theoretical orientations, and career levels from many countries had taken the *Development of Psychotherapists Common Core Questionnaire* (DPCCQ) – a multifaceted survey of therapists' demographic, professional, cultural, and personal backgrounds; their experiences in clinical practice and professional development; and their individual psychological characteristics. Parallel back-translated versions of the DPCCQ exist in Chinese, Danish, English, French and German Hebrew, Italian, Korean, Norwegian, Portuguese, Russian, Spanish, and Swedish. Its face validity for therapists is attested by the large number ($N \geq 12{,}000$) who gave their time to voluntarily and anonymously completing the wide-ranging questionnaire. Later versions of the DPCCQ included a modified version of the *Experiences in Close Relationships* short questionnaire (Wei, Russell, Mallinckrodt, & Vogel, 2007).

Study variables

Principal variables

Current supervision. The DPCCQ asked therapists: "*Are you currently receiving regular supervision for any of your therapy cases?*" (yes or no).

Developmentally positive supervision (DPS). Therapists were also asked: "*How much influence (positive and/or negative) do you feel* [that supervision] *has had on your current development as a therapist?*" with responses given on a 7-point scale from −3 (very negative), through 0 (neutral) to +3 (very positive). As only 2.5% reported *any* degree of

negative influence, as compared to 85% reporting some positive influence, a 4-point scale of *Developmentally positive supervision* (DPS) was constructed from the positive half of the ratings (0 = none, 1= slight, 2 = moderate, 3 = very), which will be the focus of this study.

Career Cohorts. The career course was divided into five broad career-level cohorts inspired by the concepts proposed by Rønnestad and colleagues (e.g. Rønnestad & Skovholt, 2013):

> *Novice students* started to treat clients but for less than 1.5 years ($M = 0.75$ years, $SD = 0.4$; $n = 635$). *Apprentices* or advanced students treated clients for 1.5 to 3 years ($M = 2.4$ years, $SD = 0.5$, $n = 1{,}005$). *Graduates* or beginning professionals were in their first 3–8 years of practice post initial training, ($M = 5.6$ years, $SD = 1.5$, $n = 2{,}803$). *Established* therapists had been in practice from 8 to 23 years ($M = 14.3$, $SD = 4.0$, $n = 4684$). *Senior* therapists were those in practice from 23 to 54 years ($M = 29.5$, $SD = 6.1$, $n = 1{,}392$).

Currently experienced development. Two complementary dimensions of currently experienced development were identified by Orlinsky and Rønnestad (2005), using factor analysis, as *Currently Experienced Growth* (CEG) and *Currently Experienced Depletion* (CED). A reliable 6-item measure for CEG (α = .86) includes items like: "*In your recent psychotherapeutic work, how much do you feel … You are deepening your understanding of psychotherapy? You are overcoming past limitations as a therapist*?'—rated on a 0 to 5 scale (0 = Not at all, 5 = Very much); $M = 3.49$, $SD = 0.9$, $N = 10{,}400$. A 4-item measure of CED (α = .70) included items like: '*In your recent psychotherapeutic work, how much do you feel … You are losing your capacity to respond empathically? Your performance is becoming mainly routine?*" ($M = 0.80$, $SD = 0.8$, $N = 986$).

Therapy practice variables

The DPCCQ provided a detailed description of therapists' experiences in therapy with clients. Scaled items were included for the following facets: (a) therapeutic skills used to implement treatment goals; (b) difficulties encountered in practice while employing those skills; (c) coping strategies engaged when difficulties arise; (d) manner and agency in relating with clients; and (e) therapists' own feelings during therapy sessions. Data reduction was achieved by factor-analysis of the item-scales within each facet. This reduced set of multi-item facet scales was subjected to a second-level cross-facet factor analysis, resulting in the identification of two complementary dimensions of therapeutic work involvement: *Healing Involvement* and *Stressful Involvement* (Orlinsky & Rønnestad, 2005; confirmed by; Orlinsky, Hartmann, Rønnestad, & Willutzki, 2022).

Healing Involvement (HI, α = .71) is composed of facet scales for: *Basic Clinical Skills* (e.g. engage in a working alliance, be empathic with clients); *Technical Expertise* (e.g. mastery of techniques and strategies); *Advanced Relational Skills* (e.g. making constructive use of self); employment of *Constructive Coping Strategies* if difficulties arise (e.g. try to see problem from a different perspective, consult with a senior colleague); relating to clients in an *Affirming* (e.g. warm, involved, accepting) and *Effective* (e.g. committed, intuitive, effective) manner; and having *In-session feelings of "Flow"* (Csikszentmihalyi, 1990) (inspired, stimulated, creative).

Stressful Involvement (SI, α = .82) is composed of multi-item facet scales for: Difficulties in Practice, including *Frustrating Treatment Case* (e.g. frustrated with a patient for wasting time), *Negative Personal Reaction to Clients* (e.g. unable to withstand a patient's neediness), and *Professional Self-Doubt* (e.g. unsure how best to deal effectively with a client); a negative dimension of Coping called *Avoidant/ Critical Response to Difficulties* (e.g. avoid dealing with the problem for the present); relating to clients in a Directive (e.g. authoritative, directive, demanding) or a Reserved (e.g. detached, guarded, reserved) manner; and feeling *Bored* (e.g. bored, drowsy, inattentive) and/or *Anxious* (e.g. pressured, anxious, tense) during recent sessions. Both HI and SI and their component first-level dimensions will be assessed in relation to therapists' ratings of how positively supervision influenced their current development.

Work setting and personal variables

Therapeutic Work Setting. Aspects of the therapist's primary work setting in this study were the degrees of support and satisfaction experienced both with the work environment and therapeutic work conducted there. Relevant items in the DPCCQ included 6-point (0=Not at all to 5=Very much) scales for questions such as: "*How satisfied do you feel with your main work setting?*' '*How well supported do you feel in your work?*' These were combined into a reliable multi-item scale of Work/Setting Support and Satisfaction (α = .73; *M* = 3.47, *SD* = 0.9). '*How well does your work environment allow you to function as a therapist?*" was also assessed using the same 6-point scale.

Personal identity. Therapists' personal identity, defined as their self-experience in close personal relationships, was assessed in the DPCCQ using 35 4-point self-descriptive adjectival items (anchored at 0=not at all, 1 = some, 2 = much, 3 = very much), presented following the question: "How would you describe yourself as you really are in your close personal relationships?" Interpersonal aspects of self were assessed with items based on Leary's (1957) circumplex model of interpersonal behavior. Temperament aspects of self were assessed with items reflecting amplitude vs. restraint in individual's cognitive-instrumental and emotional-expressive functioning. Exploratory factor analysis of these items yielded four dimensions that essentially replicated prior similar factor analyses (Orlinsky, Rønnestad, Hartmann, Heinonen, & Willutzki, 2019, 2022): (1) *Genial/Caring* (warm, friendly, tolerant, nurturant, optimistic, accepting; α = .72); (2) F*orceful/Exacting* items (directive, demanding, authoritative, challenging, critical; α = .75); (3) *Reclusive/Remote* (reserved, guarded, skeptical; α = .70); (4) *Practical/Determined* (effective, organized, pragmatic, determined, energetic, α = .74).

Adult attachment. Adult attachment was assessed with the *Experiences in Close Relationships* questionnaire short form (ECR-S; Wei, Russell, Mallinckrodt, & Vogel, 2007), yielding scores on two dimensions of insecure (*vs*. secure) attachment: *Avoidant Attachment* (e.g. "I prefer not to show a partner how I feel deep down") α = .84, and *Anxious Attachment* (e.g. "I worry about being abandoned") α = .78.

Sample

In order to recruit participants in the SPR/CRN study, different strategies were used for data collection: solicitation of participants at professional workshops and conferences; cooperation with professional societies to survey their members; collaboration with training programs to ensure the participation of less experienced therapists; recruitment through individual collegial networks; for further general information concerning the DPCCQ, see Orlinsky (2022) and Orlinsky and Rønnestad (2005). The sample for this study comprises 10,869 psychotherapists who received supervision currently or had in the past (with some exceptions as noted). The demographic and professional characteristics are summarized in Table 1. Approximately 70% came from eight geographically dispersed, culturally diverse countries. About 63% were female. The average age was 45 years and the range was broad. Psychology was the largest professional discipline but many were trained in Psychiatry or Medical Psychotherapy and Counseling, with smaller groups from Social Work and practitioners describing themselves as "psychotherapists" or "psychoanalysts". Most therapy orientations were represented. The average experience level was 12 years in practice with a very wide range. The average number of years in supervision was 6.

Statistical analysis

Chi-square (χ^2) tests were used to determine the association between categorical variables, including Cramer's V to assess the effect size. One-way ANOVA with

Table 1. Psychotherapist sample Characteristics[1].

AGE			**GENDER**	N	%	**NATION**	N	%
	M	45.2	Female	6,448	62.9	Norway	1,511	14.7
	SD	11.3	Male	3810	37.1	USA	1,100	10.7
	range	21-97	**PROFESSION**			Germany	995	9.7
YEARS IN PRACTICE			Psychology	4968	48.1	UK	986	9.6
	M	11.9	Psychiatry	1851	17.9	Australia	954	9.3
	SD	9.0	Counseling	1861	18.0	Canada	511	5.0
	range	.08-54	Social Work	634	6.1	Denmark	440	4.3
COHORTS	n	%	Therapist[2]	652	6.3	S. Korea	400	3.9
Novice	998	9.9	Other profession	361	3.5	Portugal	380	3.7
Apprentice	1227	12.2	**ORIENTATION**[3]			China	323	3.1
Graduate	3131	31.0	Analytic/dyn.	2397	29.6	N. Zealand	286	2.8
Established	3089	30.6	Integrative	1768	21.8	Switzerland	281	2.7
Senior	1649	16.3	Humanistic	770	9.5	India	224	2.2
YEARS SUPERVISED			Cog.-Behav.	769	9.5	Austria	216	2.1
	M	6.14	No salient	631	7.8	Israel	172	1.7
	SD	5.7	Ana/dyn+Hum	601	7.4	Spain	169	1.6
	range	0.1-42	Other[3]	1173	14.5	Others4	1,001	12.9

[1]Selection criterion: ever had supervision.
[2]"Therapist" indicates those who identified professionally only as a psychotherapist or psychoanalyst, without any indication of a base profession.
[3]Counting N≥300: "Analytic/dyn" & "Ana/dyn" = Analytic/Psychodynamic"; "Cog.-Behav." = Cognitive-Behavioral; "Hum" = Humanistic; "Other" theoretical orientations include Systemic (323), Cog.-Behav.+Humanistic (320), Analytic/dyn. +Systemic (312), Humanistic + Systemic (249), and many other smaller combinations.
[4]"Other" nations include Chile (135), Mexico (125), Belgium (118), Sweden (102), Greece (106), Ireland (86), France (95), Malaysia (84), Russia (73), and others with smaller numbers.

Scheffe post hoc test was used to assess differences between cohort mean values. Non-parametric Spearman correlations (p) were calculated to determine the association between the continuous measures; point-biserial correlations were used for continuous measures and two-value categorical variables. As an exploratory study, relationships with multiple independent variables were assessed without an alpha-level adjustment since detecting potential factors related to supervision is the principal task, rather than hypothesis testing. However, as the very large samples in some cohorts will lead to the detection of many very small effects, a criterion of $p \geq .10$ (1% of shared variance) will be used to indicate effects worth noting, the importance of which was affirmed by Götz, Gosling, and Rentfrow (2022) who argue that without accepting small effects as a norm, reliable and reproducible cumulative psychological science cannot be built. Analyses used SPSS for Mac version 28.0.0.

Ethical review

The International Study of the Development of Psychotherapists (ISDP) was approved by the Research Ethics Review Committee of the University of Chicago Division of Social Sciences. Therapists responding to the DPCCQ did so anonymously and voluntarily without payment. The agreement of psychotherapists to respond to the DPCCQ was understood as their informed consent.

Results

How many therapists at each career level are currently in clinical supervision?

Table 2a shows the incidence of current supervision was very high among Novice and Apprentice therapists (77% and 72% respectively), as might be expected. However, it was also high among Graduate therapists (71%) and even Established therapists (61%). A smaller but still large proportion (41%) of Senior therapists was also having supervision. The differences across cohorts were statistically significant.

Table 2. Supervision and development across career cohorts incidence and Influence[1].

		Novice	Apprentice	Graduate	Established	Senior	Total[2]
a. Currently in Supervision[2] (ever in supervision)							
Currently in supervision	N	447	649	1775	2501	496	5868
	%	77.2%	72.0%	71.0%	61.1%	41.1%	63.2%
b. Developmentally Positive Supervision (currently in supervision)[3]							
	N	447	613	1685	2357	396	5498
	M (SD)[4]	2.34 (.80)	2.30 (.84)	2.30 (.81)	2.22 (.86)	1.97 (.93)	2.25 (.85)
c. Currently in Supervision x Developmentally Positive Supervision (ever in supervision)							
	ρ	**.18**	**.26**	**.32**	**.41**	**.40**	.39
	P	<.001	<.001	<.001	<.001	<.001	<.001
	N	555	771	2154	3487	913	8027

[1]Based on therapists who ever had supervision (N = 9,281); scaled 0-5.
[2]$x^2 = 405.7$, df = 4, p = <.001; Cramer's V = .209, p <.001 (N=9281); scaled 1-2 (2=yes shown).
[3]F = 14.85, df = 4, 5493, p = <.001; Scheffe test: Novice, Apprentice, Graduate, Established > Senior.
[4]Scale of positive influence on current development: 0=none, 1=slight, 2=moderate, 3=very positive.

How much do therapists at each level experience supervision as a positive influence on development; i.e. experiencing 'developmentally positive supervision' (DPS)?

Table 2b shows that cohort means for the positive influence of supervision on current professional development (DPS) were statistically equal, excepting for Senior therapists. For most, the mean was between 2 (moderate) and 3 (very much); the mean for Seniors was around 2.

How much do DPS ratings by therapists at each level reflect their being currently in supervision?

Table 2c shows that just being in supervision doesn't guarantee it is rated as positively influencing development. The relation of DPS to being in supervision at all career levels was positive, significant and notable, but modest for students (especially Novices, at 3% of shared variance), and stronger at later career levels (9% to 16% of shared variance for Graduate, Established and Senior therapists). The association of supervision *per se* and DPS appeared progressively stronger across cohorts.

How much are therapists' DPS ratings related to their positive and negative experiences of current development?

Table 3a indicates significant, positive and notable correlations of DPS with ratings of Currently Experienced Growth (CEG) at all career levels, but in this case with correlations highest for Novice and Apprentice therapists.

Table 3b shows lower, significant negative correlations of DPS with Currently Experienced Depletion (CED) at all career levels.

Table 3. Currently Experienced Development by Supervision vs. Developmentally Positive Supervision

		Career Level Cohort					
		Novice	Apprentice	Graduate	Established	Senior	Total
a. Currently Experienced Growth (CEG)							
Developmentally Positive Supervision[1]	ρ	**.28**	**.28**	**.21**	**.24**	**.19**	.24
	P	<.001	<.001	<.001	<.001	<.001	<.001
	N	435	612	1675	2338	392	5584
b. Currently Experienced Depletion (CED)							
Developmentally Positive Supervision[1]	ρ	**-.13**	**-.19**	**-.16**	**-.12**	**-.16**	-.13
	P	<.001	<.001	<.001	<.001	<.001	<.001
	N	434	610	1670	2330	388	5564

[1]Based on therapists *currently* in supervision.

How much are therapists' DPS ratings associated with their typical experiences of doing therapy?

Table 4a shows a consistent significant, positive and notable association of Developmentally Positive Supervision (DPS) with therapists' experience of therapeutic work as a *Healing Involvement* (HI) at all career levels: when DPS was strong, HI tended to be elevated. There was a much smaller and less consistent negative association between DPS and therapists' experience of therapeutic work as

Table 4. Therapeutic work correlates of positively influential Supervision[1].

Therapeutic Work Involvement: Global Dimensions (second-level factors)		Career Level Cohorts				
		Novice	Apprentice	Graduate	Established	Senior
a. Therapeutic Work Involvement						
HEALING INVOLVEMENT	ρ	**.18**	**.19**	**.19**	**.16**	**.12**
	P	<.001	<.001	<.001	<.001	.02
	N	425	607	1645	2283	378
STRESSFUL INVOLVEMENT	ρ	-.09	**-.10**	-.08	-.04	-.02
	P	ns	.01	.002	ns	ns
	N	440	607	1652	2297	382
Therapeutic Work Involvement: Specific Aspects						
b. Clinical Skills						
Basic Relational Skills	ρ	**.14**	.07	**.12**	**.10**	.05
	P	.003	ns	<.001	<.001	ns
	N	434	610	1676	2301	371
Advanced Relational Skills	ρ	.07	.03	.02	.03	**.15**
	P	ns	ns	ns	ns	.02
	N	381	522	1184	1503	249
Technical Skills	ρ	.07	.09	**.11**	.07	.06
	P	ns	.02	<.001	.001	ns
	N	434	610	1679	2339	394
Total Clinical Skills	ρ	**.11**	.09	**.13**	.09	.05
	P	.02	.02	<.001	<.001	ns
	N	434	610	1680	2339	394
c. Difficulties in Practice						
Professional Self-Doubt	ρ	-.02	**-.10**	-.07	-.02	.00
	P	ns	.02	.004	ns	ns
	N	444	610	1676	2317	390
Frustrating treatment case	ρ	**-.12**	**-.13**	-.08	-.02	**-.10**
	P	.02	<.001	<.001	ns	.04
	N	444	610	1676	2317	390
Negative personal reaction to client	ρ	**-.10**	**-.10**	-.08	-.05	**-.12**
	P	.04	.01	.002	.02	.02
	N	444	610	1676	2317	390
Total Difficulties in Practice	ρ	-.09	**-.13**	-.09	-.03	**-.10**
	P	ns	.001	.004	ns	.04
	N	444	610	1676	2317	390
d. Coping Strategies						
Constructive Coping	ρ	**.19**	**.24**	**.18**	**.22**	**.22**
	P	<.001	<.001	<.001	<.001	<.001
	N	444	612	1673	2327	391
Avoidant/Critical Coping	ρ	**-.10**	-.03	**-.12**	-.08	**-.15**
	P	.04	ns	<.001	<.001	.003
	N	443	611	1670	2327	390
e. Relating to Clients						
Affirming in relating with clients	ρ	**.17**	**.16**	**.14**	.09	.06
	P	<.001	<.001	<.001	<.001	ns

(*Continued*)

Table 4. (Continued).

Therapeutic Work Involvement: Global Dimensions (second-level factors)		Career Level Cohorts				
		Novice	Apprentice	Graduate	Established	Senior
	N	440	611	1662	2313	387
Effective in relating with clients	ρ	**.16**	**.13**	**.17**	**.13**	**.12**
	P	<.001	.001	<.001	<.001	.02
	N	440	611	1662	2313	387
Directive in relating with clients	ρ	-.07	**-.12**	-.06	-.09	-.02
	P	ns	.005	.02	<.001	ns
	N	440	611	1661	2311	388
Reserved in relating with clients	ρ	**-.13**	**-.11**	-.02	-.08	-.06
	P	.005	.007	ns	<.001	ns
	N	440	611	1661	2312	388
f. Feelings in Recent Sessions						
'Flow'	ρ	**.12**	**.10**	**.13**	**.12**	**.13**
(immersive interest & inspiration)	P	.01	.006	<.001	<.001	.008
	N	444	613	1672	2337	390
Anxious	ρ	-.02	-.01	-.00	.03	.10
	P	ns	ns	ns	ns	ns
	N	444	611	1673	2337	389
Bored	ρ	**-.14**	**-.13**	-.03	-.04	.02
	P	.004	.002	ns	.05	ns
	N	444	613	1674	2338	388

[1]Based on therapists currently in supervision.

a *Stressful Involvement* (SI). For a more differentiated picture of how therapists' experiences related to DPS, the next following rows in Table 4 show correlations with the specific facets of Work Involvement.

Table 4b shows that DPS had a modest but notable association with *Basic Relational Skills* among Novices, and among Graduate and Established therapists. By contrast, DPS was linked to *Advanced Relational Skills* only for Senior therapists. *Technical Skills* was linked modestly to DPS most notably for Graduate therapists. *Total Clinical Skills* was positively and significantly correlated with DPS in all except the Senior cohort.

Table 4c shows the association of DPS with therapists' difficulties in practice. *Professional Self-Doubt* was largely unrelated except notably and negatively for Apprentices. Experiencing a *Frustrating Treatment Case* was negatively and notably related with DPS for Apprentices and Novices, but also among Seniors. The same applied to Apprentices, Novices and Seniors when experiencing a *Negative Personal Reaction* toward a client. In the foregoing, more Developmentally Positive Supervision (DPS) tended to be linked with less frequent difficulties. Reflecting this, DPS negatively correlated with *Total Difficulties* overall, and notably and significantly among Apprentices and Seniors.

Table 4d shows consistently significant, positive and relatively strong associations of DPS with the dimensions of *Constructive Coping*, and smaller but consistently negative and mostly significant links to *Avoidant/Critical Coping*: when DPS was strong, therapists tended to cope well more often and cope poorly less often.

Table 4e shows that Developmentally Positive Supervision (DPS) tended to be consistently, positively and most often significantly and notably associated with therapists'

experiencing their relating to clients as *Effective* and *Affirming*. By contrast, DPS tended to be consistently negatively associated with being *Reserved* when with clients, although significantly and notably so mainly for Novices and Apprentices. DPS also tended to be negatively associated with therapists' experiencing themselves as *Directive* in manner, at least notably for Apprentices.

Table 4e shows that DPS was consistently, notably, and significantly positively correlated with therapists' experiencing *"Flow"* during sessions. Also when DPS was high, Novice and Apprentice therapists in particular less often tended to feel *Bored* during sessions. Interestingly, therapists' feeling *Anxiety* during sessions was unrelated to DPS.

How much are therapists' DPS ratings related to experiences in their main work setting?

Table 5a shows that *Work/Setting Support and Satisfaction* was significantly, positively and notably correlated with DPS at all career levels, but especially among Novices and Apprentices. Therapists' feeling that their *Work Setting Supported Good Therapeutic Functioning* ran parallel to this, showing a similar aspect of relation between Developmentally Positive Supervision (DPS) and the therapists' work context.

Table 5. Contextual correlates of developmentally positive Supervision[1].

		Career Level Cohorts				
		Novice	Apprentice	Graduate	Established	Senior
a. Work Setting Context						
Total Work/Setting Support & Satisfaction	ρ	**.32**	**.22**	**.17**	**.15**	**.14**
	P	<.001	<.001	<.001	<.001	.007
	N	441	602	1641	2259	383
Work setting permits good therapeutic functioning	ρ	**.24**	.09	**.17**	**.14**	**.20**
	P	ns	ns	<.001	<.001	.003
	N	56	143	587	1047	220
b. Therapist Characteristics						
Self in Close Relationships						
Genial/Caring	ρ	**.19**	**.17**	**.14**	**.14**	**.10**
(self-bestowal)	P	<.001	<.001	<.001	<.001	.04
	N	432	604	1657	2289	390
Ardent/Expressive	ρ	**.20**	**.10**	**.13**	**.14**	**.16**
(self-expressive)	P	<.001	.02	<.001	<.001	.002
	N	432	602	1659	2295	392
Forceful/Exacting	ρ	.05	**-.10**	.02	.01	.06
(self-assertive)	P	ns	.01	ns	ns	ns
	N	433	602	1657	2289	391
Reclusive/Remote	ρ	-.09	**-.14**	- .02	-.07	-.07
(self-protective)	P	ns	<.001	ns	<.001	ns
	N	432	602	1651	2279	390
c. Adult Attachment						
Anxious Attachment	ρ	-.09	.02	-.01	.02	-.02
	P	ns	ns	ns	ns	ns
	N	21	69	186	411	121
Avoidant Attachment	ρ	**-.18**	**-.11**	-.01	**-.11**	**-.11**
	P	ns	ns	ns	.02	ns
	N	22	70	190	416	124

[1]Based on therapists currently in supervision.

How much do therapists' DPS ratings reflect their personal characteristics?

(1) The therapist's personality (e.g. self-concept and attachment style) represents an internal context of the work experience. Table 5b shows that therapists experiencing higher levels of being *Genial/Caring* and *Ardent/Expressive* in close relationships tended to also experience more DPS. Alternatively, DPS was unrelated to therapists being either *Forceful/Exacting* or *Reclusive/Remote* with intimates, except for among Apprentices.
(2) Table 5c suggests that therapists whose attachment style was *Avoidant* tended to be negatively although not significantly linked with DPS at most career levels (possibly due fo small *N*s), but *Anxious Attachment* was unrelated to DPS at all career levels.

Discussion

Summary of findings

This first explorative study of supervision across the entire career of psychotherapists has established that supervision is a common practice not only among Novices and Apprentices still in training but at all subsequent career levels – for a majority of Graduate and Established therapists, and nearly as many among Seniors. The study also showed that therapists at all career levels reported supervision has a positive influence on their development, and that positively influential supervision is favorably associated with a sense of growth, and inversely associated with a sense of professional depletion. The study then investigated potential correlates of developmentally positive supervision (DPS) in the therapists' experiences in therapeutic work, in the work environment, and in therapists' personalities, noting similarities and differences across career levels.

We found that, while the incidence of current supervision declined steadily across career levels from 77% among Novices to 41% among Seniors, experiencing it as developmentally positive (DPS) increased steadily across levels, from p=.18 among Novices to p=.40 for Established and Senior therapists. Practicing therapists in advanced cohorts who were in supervision were more likely to find it a positive influence on development, whereas therapists getting supervision while still in training experienced it as a less positive influence on development. A possible explanation for this difference is that trainees are typically *assigned* to supervisors who may or may not feel compatible, whereas Established and Senior therapists typically *choose* the supervisors they want to work with and are more likely to find the work profitable. However, insofar as Novices and Apprentices do experience supervision as a positive influence on their development, the association of DPS with current growth (CEG) was stronger than for Seniors. A possible explanation for this difference is that trainees likely have a greater need and capacity for current growth than do Senior therapists.

The following discussion of correlates of developmentally positive supervision (DPS) with therapists' experiences of therapeutic work, the work environment, and in therapists' personalities, focus first on results that were common across career cohorts, and then on differences between career cohorts. Implications for supervisory practice are included with each.

Career-long aspects of positively influential supervision

Positively influential supervision (DPS) was positively associated with therapists' overall experience of working with clients as a Healing Involvement (HI) at all levels. This was reflected specifically in the consistent association of DPS with reliance on Constructive Coping strategies when facing difficulties; having an Effective manner when relating to clients; and feeling Flow in sessions when working with clients. In their main work settings, the more that therapists found their main work setting satisfying and supportive, and conducive to good therapeutic practice, the more they tended to report supervision to be developmentally positive. Among therapists' individual characteristics, experiencing oneself as Genial/Caring and Ardent/Expressive in close personal relationships was positively associated with DPS.

What do these consistent associations across career cohorts imply about essential features of effective supervision? Given the ambiguity about the direction of causal influence, it is possible to view therapists who feel successful at work as also tending to feel successful in supervision; i.e. successful at all they do. However, it is possible and perhaps more plausible to view positively experienced supervision as facilitating of therapeutic work; as promoting the experience of therapy as a Healing Involvement (HI) by supporting reliance on Constructive Coping with difficulties, relating to clients Effectively, and feeling an enriching sense of *Flow* during sessions. Logically, both are possible as reciprocal influences.

While contextual influences may be viewed as predominantly unidirectional, supervision may also have an effect on them. A satisfying and supportive work milieu would normally include and promote positively experienced supervision (DPS), although good supervision is also part of what makes the work setting satisfying and supportive. Similarly, a warm and expressive self-concept could be viewed as promoting an effective supervisory alliance and openness to supervisory input, but developmentally positive supervision might also have a positive personal influence on the therapist.

Recommendations for supervision of psychotherapists often focus on enhancing therapists' strengths, but supervisory attention is also warranted at all career levels by indications that therapists are showing signs of Currently Experienced Depletion (e.g. losing empathic responsiveness, becoming habitual or routinized in practice, deflated work morale).

Developmental aspects of positively influential supervision

Novice and apprentice cohorts

Most therapists-in-training were currently in supervision, as no doubt they were often required to be, although merely being in supervision correlated least with DPS among Novices and Apprentices. As mentioned above, the obligatory nature of most early supervision and the fact that supervisors are often assigned to the trainees may account for this. Importantly, inadequate supervision (Duff & Shahin, 2010), the surprisingly high prevalence of harmful supervision (Ellis et al., 2014), and the evaluative nature of student supervision (Bernard & Goodyear, 2019), may lead to supervisees concealing information. Prior research (mostly with trainee samples) has documented that effective supervision may be compromised by supervisee non-disclosure in individual cases (e.g. Ladany, Hill, Corbett, & Nutt, 1996) as well as in group supervision (Reichelt et al., 2009; Skjerve et al., 2009).

However, compared to more experienced therapists, DPS was more strongly linked to growth (CEG) among Novices and Apprentices. For Novices, DPS was positively associated with Basic Relational Skills (also Total Clinical Skills), and tended to lessen coping with difficulties by avoiding dealing with them or by criticizing the client. For Apprentices, DPS was negatively associated with being Directive in relating to patients. Among Novices and Apprentices, DPS tended to counter having a Frustrating Treatment Case or a Negative Personal Reaction to a Client; being Reserved when relating to clients; and feeling Bored during therapy sessions – illustrating the importance of effective supervision for trainees.

For Novices, DPS was most strongly associated with a supportive work environment, although this was felt to some degree by all cohorts. In terms of personal characteristics, Apprentices who tended to be Forceful/Exacting or Reclusive/Remote in close personal relationships stood out for a significant negative association between DPS; i.e. were less likely to experience supervision as developmentally positive, whereas those lower in Forceful/Exacting or Reclusive/Remote were more likely to do so.

For both Novices and Apprentices, positively influential supervision (DPS) was negatively associated with dysfunctional aspects of relating to clients, and positively associated with being Affirming towards clients, highlighting a focus of DPS on the therapeutic relationship.

Supervisors of Novice and Apprentice therapists should be particularly sensitive to the difficulties supervisees may experience in their work, specifically with frustrating treatment cases as well as negative personal reactions to certain clients. These usually need to be discussed as they occur, due to their potentially negative impact on the supervisees' alliance with clients, and on the supervisees themselves. Supervisors of Novice and Apprentice therapists should be aware of the possibility that trainees may find themselves struggling with boredom during therapy sessions, and experiencing this as a personal failure that they may not want to reveal in supervision – given the evaluative aspect of supervision for beginning psychotherapists of which they are typically acutely aware (e.g. Ladany, Hill, Corbett, & Nutt, 1996; Rønnestad & Orlinsky, 2005). Boredom may ensue from a variety of reasons, among them therapists' failure to engage sufficiently in the client`s experiential world (i.e. an empathic lapse); or else, through inexperience, allowing clients to avoid talking about what currently concerns them, which affectively de-energizes the therapeutic dialogue. One of the important areas of learning for beginning therapists is understanding what the feelings they experience during sessions may indicate about the therapeutic process.

Graduate and established therapists

Developmentally positive supervision (DPS) was associated with Technical Skills only among Graduate therapists, but was also still positively related to Basic Relational Skills (and Total Clinical Skills). These results underscore the importance of mastering helping skills even beyond the training years. Moreover, although DPS was unrelated to difficulties for Graduates, the negative correlation of DPS with Avoidant Coping implies that supervision may help to limit reliance on non-therapeutic responses, concurrent with the positive support of DPS for Constructive Coping as among other cohorts.

Perhaps the most distinctive thing about Established therapists is that so many (61%) were currently in supervision. The therapist's quite likely voluntary engagement in supervision may be the basis for the comparatively strong association among Established therapists of being in supervision with its being rated as positively influential for their

current development. Surprisingly for Established therapists, DPS was still positively related to a focus on Basic Relational Skills and the perennially relevant issues of empathy and understanding – attributes of a positive therapeutic alliance that consistently predict clinical outcome (e.g. Norcross & Lambert, 2019) regardless of therapeutic modality or client characteristics such as age, gender, or diagnosis.

Senior therapists

A surprising finding was the large minority (41%) of Senior therapists who were still or again in supervision. Like Established therapists, being in supervision and with whom was likely a matter of choice, and there was a similarly strong association of being in supervision and its being positively influential for current development. Given the seniority of these therapists, most of the supervision they sought may have been co-supervision with more or less equally senior colleagues, which would make the supervisory process less hierarchical and much less evaluative than among trainees – a description that fits supervision described by highly experienced therapists (Rønnestad & Skovholt, 2013).

Equally surprising were the significant inverse correlations among Seniors of DPS with having a Frustrating Treatment Case, a Negative Personal Reaction to a Client, and Total Practice Difficulties – resembling the supervision experience of Apprentice therapists. Clearly, having a productive supervisory focus on difficulties in practice is not the same as experiencing frequent difficulties in practice, and a check of the data showed that Senior (and Established) therapists had indeed reported the *lowest* levels for all difficulties dimensions. Yet the evidence implies that Senior therapists who engaged in supervision fruitfully were concerned about their experiences of difficulty. Rønnestad and Skovholt's (2013) model of development suggests that Seniors who opted for supervision might have been finding new challenges that led them to seek this supervision as a developmental resource. The fact that supervisory concern about difficulties arose among them further suggests that they might have been experiencing limitations in their habitual mode of practice, or may have been attempting to learn a new and as yet unmastered mode of practice.

The negative correlations of DPS that focused on limiting Avoidant Coping reinforces the impression that Seniors in supervision were experiencing a degree of stress in their accustomed mode of practice. The fact that Advanced Relational Skills (i.e. transference/counter-transference issues) was another focus of positively influential supervision (uniquely for Seniors) further suggests that Seniors who chose supervision may also have done so to grow beyond some personal limitations.

Another challenge faced by many Seniors for which supervision might be sought stems from the collegial isolation experienced in individual private practice (Skovholt and Rønnestad (1992). Fully 76% of Senior therapists in our sample were in solo private practice (compared to 66% of Established and 49% of Graduate therapists), and those who worked in solo practice did so for an average of 22 hours/week ($M = 21.9$, $SD = 13.2$). A relatively isolated and lonely work situation would tend to deprive therapists of collegial stimulation and support, and those who felt it more keenly might seek supervision as a relevant resource.

Taken together, these findings suggest a pronounced sense of vulnerability and need for support among many Seniors. As supervisors of Seniors are likely to be Seniors themselves, or at least highly experienced Established therapists, they may tend not to

recognize and address the limitations or vulnerabilities their Senior supervisees may experience (and may be shy of revealing to their peers). Nevertheless, we observed that Senior therapists who engaged in supervision found it profitable to focus on the difficulties they encounter. The supervisory relationship and supervision outcome are likely enhanced if the supervisor does *not* take for granted that Senior supervisees feel competent and assured, but recognizes the potential struggles and vulnerability supervisees may be feeling. Finding that Support in the Main Work Setting was valued by Senior therapists as it was by others helps to correct the typical view of Seniors as capable of dispensing support and guidance to others but not needing those themselves.

Learning preferences seem to change during therapists` career. "With increasing experience, there occurs a marked shift toward a self-directed preference for what to learn and how to learn" (Rønnestad & Skovholt, 2013, p. 39). More experienced supervisees are thus more likely than novices to know what they want to learn from supervision and where to focus, the consequence of which is that participants will spend less time discussing supervision procedures and supervision goals. An inherent aspect of "elective supervision" is that the supervisee chooses the supervisor, which is different from the assigned supervisor procedure typically applied in student settings. More experienced supervisees likely know the professional community sufficiently to be able to make a qualified choice of supervisor to meet their developmental needs which may add to the effectiveness and satisfaction of *elective supervision.*

Methodological considerations

Some methodological limitations may be noted. First, as in other studies, supervision has been treated as unitary while its forms quite likely varied for therapists in our sample (e.g. individual vs. group supervision, expert-led vs. peer supervision; frequency and duration of supervision; use of video vs. case reports). Second, the sampling procedures producing our cumulative database have varied in different countries and can best be described as convenience sampling (Jager, Putnick, & Bornstein, 2017), so that traditional generalizability of findings is limited. Third, the sample is richly heterogeneous, which may be a further source of random variation. Fourth, the many low to moderate correlations reflect small effect sizes which limit the impact attributable to many findings, but which can be explained as due in part to the heterogeneity of the study sample, as well as by the fact that supervision is just one of the growth-facilitating influences on therapists (e.g. Orlinsky & Rønnestad, 2005). Fifth, our main variable (DPS) was assessed by a single-item scale, which although not ideal has yielded numerous statistically significant findings indicating a reasonable degree of reliability, and which in a related field of study such as life satisfaction research has been shown to be reliably and validly assessed, as well as more practical for use in large sample studies (Diener, Oishi, & Tay, 2018). Sixth, the study focused on reports of positive supervisory experiences, as reports of negative supervision were too infrequent. Seventh, the study has a cross-sectional design, which suggests caution in interpreting differences across cohorts as developmental. Eighth, the study is correlational in design, which precludes firm causal inferences. Ninth, the length of the questionnaire may for some have led to carelessness or fatigue while filling out the questionnaire, which would limit response validity.

Nevertheless, the study has some major strengths. First, the database is substantially larger than other supervision studies and includes data from a broad range of nations and health and social service professions. Second, two major publications are available (Orlinsky & Rønnestad, 2005; Orlinsky, Rønnestad, Hartmann, Heinonen, & Willutzki, 2022) in which characteristics of the therapists in the database have been analyzed in detail. Third, this study is notable in including therapists over the entire professional career, in contrast to previous studies focused on trainees and novice professionals. Fourth, the study was guided by an established conceptual model of therapist development (Rønnestad & Skovholt, 2013), including the contribution of supervision as one important developmental resource. Fifth, a broad range of treatment-, situation- and person-related variables were examined, and almost all were assessed by reliable multiple-item scales.

Our study's findings reflect the degree to which therapists' ratings of supervision as growth-enhancing (DPS) were related to specific aspects of their therapeutic work, their work situation, and some of their personal characteristics. If positive supervision focused on these specific topics, it might imply that supervisees found them to be problematic. However, these were also the topics where therapists said supervision positively facilitated their current development. The study's results thus suggest that, for therapists in supervision, the supervisory experience was more profitable when it touched on those topics; and further, that these results might be of benefit if known to those who provide supervision.

Given the varied strengths and limitations of the study, the safest conclusion is that our exploration of Currently Experienced Growth and its correlates should be viewed as provisional considerations for supervision practice and future research.

Clinical implications

This study has shown that a substantial proportion of psychotherapists have supervision, not just early in their careers, but even as very experienced Established and Senior practitioners. Further, at all career levels, being currently in supervision was significantly associated with therapists' describing supervision as a positive influence on their development (DPS), with the strongest association among Established and Senior psychotherapists. This has two implications: Firstly, it suggests that psychotherapists tend to use supervision as a relevant adjunct to practice through their whole career, rather than only in the years of initial professional training. Secondly, it should encourage professional organizations, training bodies and service providers to offer supervision resources for all career levels in order to promote professional development.

Importantly, the results also showed that, for all career levels, positively influential supervision (DPS) was significantly associated with Healing Involvement, both globally and in relation to specific facet dimensions. The latter include Coping Constructively with Difficulties, Relating in an Effective manner, and Feeling "Flow" (rapt interest and involvement) during sessions with clients. Positively influential supervision (DPS) may help therapists to experience work as a Healing Involvement and, conversely, the benefit derived from supervision may be optimal when therapists' work experiences are predominantly positive and provide a sense of mastery. By contrast, a more harmful combination of learning experiences for supervisees is the experience called "double

traumatization" (Rønnestad & Orlinsky, 2005), in which the supervisee experiences a conflict with the supervisor while simultaneously experiencing Stressful Involvement with a client – a circumstance that supervisors should always try to mitigate.

For all experience cohorts, Work Setting Support and Satisfaction was significantly associated with positively influential supervision (DPS). Not surprisingly, the strongest association was found for the earliest career cohorts, which implies that supervisors should be attentive to (and if needed, discuss with the supervisees) how they experience their work environment. Equally important is that Work Setting Support and Satisfaction was also significantly associated with positively influential supervision for Established and Senior therapists. Even in the supervision of highly experienced supervisees, who are often assumed to be self-reliant and autonomous, supervisors should still be attentive to the supervisee's perceptions of their work environment.

It is worth noting that a small but statistically significant inverse association was found, at all career levels, between positively influential supervision (PDS) and Negative Personal Reaction to Clients. Having a Negative Personal Reaction to a Client may well draw supervisory attention, and positively influential supervision (PDS) may help to resolve it. This type of difficulty may stem at least partially from the therapists' personal characteristics. Combined with the finding that DPS was positively associated with supervisees' having a Genial and Expressive personal self, this suggests both that supervisees' personalities can have an effect on how they experience supervision, and that positively influential supervision may also favorably affect the supervisee's personal development. These negative and positive findings about supervision align with the general understanding that therapists can and should enhance their psychotherapeutic work by having personal therapy themselves (Geller, Norcross, & Orlinsky, 2022; Orlinsky, Schofield, Schröder, & Kazantzis, 2011; Rønnestad, Orlinsky, & Wiseman, 2016) or by engaging in analogous forms of personal practice (Bennett-Levy, 2019).

Post-graduate training implications

Our findings indicate that Graduate, Established and Senior therapists who are currently having supervision are more likely than Novices or Apprentices to report that they experience it as Developmentally Positive Supervision (DPS) (Table 2c). Moreover, DPS for Graduate, Established and Senior therapists continued to reinforce their experience of Currently Experienced Growth and, to a lesser extent, suppressed their sense of Currently Experienced Depletion (Table 3). Finally, DPS also supported their experience of therapeutic work as a Healing Involvement, especially in regard to coping with difficulties (Table 4). These findings clearly support the inclusion of regular supervision as an important element of post-graduate training.

However, the effect of different kinds and formats of continuing education has not been clearly established. Studies on the effect of conference and work-shop participation (in person and online) and supervision (Aafjes-van Doorn & Barber, 2023) show varying and inconclusive results and raise many questions, including how to define and measure outcome. Nevertheless, supervision is a well-established learning arena, not only for basic

training and pre-licensing, but also for post-graduate education of psychotherapist. In a large-scale study of sources of influence for current professional development that included assessment at different career levels (Orlinsky, Botermans, & Rønnestad, 2001) clinical supervision was highly ranked as a source of influence across experience levels as well as across nations, professions, supervisees` theoretical orientation and gender. All in all, there is every reason to recommend supervision as a central component in the continuing education of psychotherapists.

Research recommendation

Our first, most general recommendation is that basic research on supervision should be carried out for supervisees at different career levels. All of the other recommendations below should be carried out with this in mind.

Our second recommendation is that future supervision research should focus on studying the functions and processes of `elective` supervision, voluntarily undertaken throughout the entire professional career, as compared to `required` supervision. This clearly agrees with a research question suggested by Aafjes-van Doorn and Barber (2023) who asked: "Is supervision different when supervisors are assigned versus selected . . . " (p.72).

Third, we recommend that future research should differentiate among different forms of supervision (e.g. individual vs. group, expert-led vs. peer supervision, etc.).

Fourth, future research should include data on supervisees and supervisors` background, including, but not limited to, types and frequency and duration of current and past supervision experiences, certification/licensure. A study of trainees currently underway has already been gathering data relevant to the third and fourth points (Orlinsky et al., 2015).

Fifth, future research on supervision should focus on the study of therapeutic skills, experiences of difficulties, coping strategies, feelings in session, and manner of relating.

Sixth, future research should study how characteristics of the work setting (e.g. organizational culture) and supervisees` personal characteristics (e.g. personal self) may interact with supervisor characteristics and supervisory methods (including participants` theoretical orientation), in general and differentially across experience cohorts.

Finally, future research can consider alternative ways of conceptualizing and operationalizing professional development as a function of data collected (a) from multiple observational perspectives (e.g. supervisee, supervisor, clients, external observers, biographical informants), (b) at different time-points (pre-training, during training, post training), and (c) by using different technologies.

Notes

1. The latter, Individual Longitudinal Development, is the focus of study in Orlinsky, Hartmann, Willutzki, Rønnestad, and Schröder (2024).
2. The second strongest predictor of CED was therapists` motivation to develop further (8% variance), which may lead those beyond their initial training to voluntarily seek supervision, and which in turn may support those therapists` motivation for professional development.

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