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How do we know what makes for 'best practice' in clinical supervision for psychological therapists? A content analysis of supervisory models and approaches

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Abstract

Clinical supervision for psychotherapies is widely used in clinical and research contexts. Supervision is often assumed to ensure therapy adherence and positive client outcomes, but there is little empirical research to support this contention. Regardless, there are numerous supervision models, but it is not known how consistent their recommendations are. This review aimed to identify which aspects of supervision are consistent across models, and which are not. A content analysis of 52 models revealed 71 supervisory elements. Models focus more on supervisee learning and/or development (88.46%), but less on emotional aspects of work (61.54%) or managerial/ethical responsibilities (57.69%). Most models focused on the supervisee (94.23%) and supervisor (80.77%), rather than the client (48.08%) or monitoring client outcomes (13.46%). Finally, none of the models were clearly or adequately empirically based. While we might expect clinical supervision to contribute to positive client outcomes, the existing models have limited client focus and are inconsistent. Therefore, it is not currently recommended that one should assume that the use of such models will ensure consistent clinician practice or positive therapeutic outcomes.

Keywords: clinical supervision models; psychotherapy; content analysis; patient outcome; evidence-based

Key Practitioner Messages:

- There is little evidence for the effectiveness of supervision
- There is a lack of consistency in supervision models
- Services need to assess whether supervision is effective for practitioners and patients.

How do we know what makes for 'best practice' in clinical supervision for psychological therapists? A content analysis of supervisory models and approaches

Clinical supervision for mental health practitioners provides a forum for supervisees to review and reflect on their clinical practice, with the intention of improvement (Carroll, 2007). Supervision usually involves a relationship between senior and junior members of a profession, which is intended to enhance personal functioning and has aspects of evaluation and monitoring (Bernard & Goodyear, 1992). There are three core functions of supervision that appear time and again throughout the literature. Proctor (1988) describes them as 'normative' (managerial and ethical responsibilities), 'formative' (education and development of the supervisee), and 'restorative' (emotional aspects of work) functions. Kadushin (1976) labels the same functions as 'managerial,' 'educational,' and 'supportive'.

Supervision is widely used in both clinical and research practice (O'Donovan, Halford, & Walters, 2011; Roth, Pilling, & Turner, 2010). Many professional bodies require therapists to have supervision both during training and after (Lambert & Ogles, 1997; Roth & Pilling, 2007), and receiving therapist accreditation is often reliant on regular supervision (Milne, 1998; O'Donovan et al., 2011). There has even been a rise in training and accreditation for supervision itself (Peake, Nussbaum, & Tindell, 2002). Reasons for the recommendation of supervision are multiple, including the belief that supervision will ensure therapist adherence and promote high-quality healthcare, resulting in positive patient outcomes (Ellis & Ladany, 1997; Milne & James, 2000).[1]

While such assumptions are widely held, they largely remain assumptions at present. There is limited research into the impact of clinical supervision (O'Donovan et al., 2011), particularly on patient outcomes (Watkins, 2011). Where there is research, results are

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[1] The terms patient and client will be used interchangeably throughout this review.

inconsistent. Supervision can increase therapist adherence (Schoenwald, Sheidow, & Chapman, 2009) and perceived therapeutic effectiveness (Livni, Crowe, & Gonsalvez, 2012), but how these findings translate to patient outcome data is less clear. Callahan, Almstrom, Swift, Borja, & Heath (2009) demonstrate that supervisors might account for around 16% of the variance in patient outcome, while other researchers looking at patient outcomes have found that supervision can increase therapeutic alliance, reduce symptoms, and increase retention rates (Bambling, King, Raue, Schweitzer, & Lambert, 2006; Bradshaw, Butterworth, & Mairs, 2007). However, some research indicates no impact on patient outcome (White & Winstanley, 2010).

Although there is some indication that supervision can have a positive effect (Bambling et al., 2006; Bradshaw et al., 2007), universal guidelines on best practices in supervision are lacking (Roth & Pilling, 2007). This lack of clear guidance might be causing some of the inconsistent results in supervision research, as outlined above. Some training and governing bodies identify their own guidelines for supervision (e.g., Borders, 2014), but there is no 'gold standard' supervision manual, as there are for individual therapies. Instead, there are a number of models or approaches to clinical supervision. While these models are widely discussed (Carroll, 1996; Hawkins & Shohet, 1993; Scaife, 2001), the full content of models has not been assessed or compared. Therefore, it is not clear whether a consistent message is being communicated about how we should be conducting supervision. Consequently, there is a need for a systematic analysis of the supervision model literature, to determine the consistencies and differences across models. This review is the first to examine the content of the many supervision models that exist, to determine whether supervisors are receiving consistent messages regarding how best to deliver supervision. In short, if the content is not reliable across models, then the validity of supervisory models (or some of them) has to be questionable.

It is likely that there will be some variability across models for understandable reasons. For example, over time, models might increase in amount of content, reflecting growth in research findings in the area (Ellis & Ladany, 1997). However, it can be hypothesised that some broad content should remain consistent across models. For example, given that the core functions of supervision (normative, formative, and restorative; Proctor, 1988) are widely accepted (Spence, Wilson, Kavanagh, Strong, & Worrall, 2001), aspects of each of these should be found in all models. There is also general agreement that supervision is a tool for the improvement of supervisees (Bernard & Goodyear, 1992; Carroll, 2007). Therefore, it is anticipated that models will recommend some form of evaluation process. Although supervision events usually only require the presence of a supervisor and supervisee, supervision is actually triadic in nature as it also involves patients (Tracey, Bludworth, & Glidden-Tracey, 2012). Accordingly, one might expect that models should discuss all three parties involved in the process – the supervisor, supervisee, and patient. Finally, evidence-based practice is essential for ensuring safety and progress in the clinical profession (Watkins, 2011), so models might be expected to be based on empirical evidence.

This review aims to investigate similarities and differences across models of clinical supervision, and therefore determine whether they have reliability. Content analysis will be used, as it is an appropriate method to extract patterns of similarity and difference from such data. The hypotheses of the study are as follows. First, the broad content of models will be similar, including: discussion of the three core factors in supervision, the three parties in supervision, and the use of evaluation to ensure progress. Second, the amount of content in newer models is predicted to differ from older models. Newer models might have more (and more diverse) content than older models. Alternatively, as models are refined, content might decrease. Finally, it is hypothesised that the content of these models will be based on empirical evidence.

Method

Selection of supervision models for analysis

Texts were included if they met the following selection criteria:

- They were models or approaches to supervision describing what happens within the context of clinical supervision

- The main focus of the model/approach was one-to-one supervision (rather than group supervision or self-supervision)

- The supervision described was of therapists working with any model of psychotherapy

- The text was in the English language.

Texts were excluded if:

- They described training or education of therapists, rather than supervision itself

- The model/approach was for working with supervisees who did not have real patients, only simulated therapy

- They focused on one particular method that is used in supervision, rather than the process of supervision as a whole.

To ensure consistency, the earliest version available of each model was used. Where the original version was not available, a later version by the same author was used (this is highlighted in Table 1).

Search strategy

The majority of models or approaches to clinical supervision are published in books, rather than journals. Therefore, to avoid missing key models/approaches, the literature was searched using a three-stage approach:

- The search started with an existing library of clinical supervision texts that are used in training on a course for clinical supervision, aimed at qualified clinical psychologists.

If earlier editions were available, they were obtained and used rather than the later
versions. This start point identified 29 models.

- Models were also found through database searches in PubMed, Web of Science, and
  PsychINFO using the terms 'supervision,' 'psychotherapy,' and 'outcome'. This
  identified three models.

- Finally, all of the texts identified to this point were scrutinised for any further models.
  This stage yielded a further 20 models.

The decision to stop at 52 models is explained below. All models used are listed below and
marked in the Reference list.

A second search was conducted to investigate whether the models had been tested
after they were developed. Models (where available) were located on the Web of Science
database. Using the 'times cited' tab, all literature which cited each model was scrutinised for
an empirical test of the model.

Procedure

A content analysis was carried out for each model identified, using the approach
outlined in Neuendorf (2002). Models were tabulated along with their content variables.
While the great majority of elements were derived from the content analysis itself, a small set
of the variables were identified prior to reading the supervision models, in keeping with the
hypotheses above. These were: whether the model was based on an empirical study; whether
they cited empirical evidence; and three core aspects of supervision. These core aspects have
been highlighted in previous literature – supervisee learning and/ or development; emotional
effects of work; and managerial and/or ethical responsibilities (formative, restorative, and
normative - Proctor, 1988; or educational, supportive, and managerial - Kadushin, 1976). The
remaining elements emerged from the content analysis. Each time a new supervision element
came up in a model, the variable was added to the table.

The search for new models stopped when it was clear saturation was achieved. The number of new variables in each new model declined quickly - 80.30% of the total number of elements had been identified by model 10, and 95.45% by model 36. The last new variable was identified in model number 43. It was not clear that saturation had been reached until around model 49 as previously up to six models in a row had been analysed without the appearance of any new variables. At this point a decision was made to include any models that had already identified, but not to include any new models that only appeared in these final few texts. This lead to a final nine models being analysed after model 43, none of which produced new variables.

A search for empirical testing of the identified models was then conducted using the search strategy described above.

Inter-rater agreement on coding for content analysis

A subsample of the data were analysed by a second rater, to determine agreement with the original rater's conclusions. Subsamples of between 10% and 20% are commonly recommended for reliability checks in content analysis research (Neuendorf, 2002). Due to the small overall sample of models in our analysis, 20% was used to maximise validity of the coding. Therefore, ten models were randomly selected for the subsample. Overall percentage agreement was high (87.3%), giving a Cohen's kappa of 0.695, which indicates 'substantial' agreement between coders. Krippendorff's alpha was also 0.695, which is above the acceptable level.

Data analysis strategy

Initially, the content analysis was conducted. This included consideration of whether models addressed: the three core factors of supervision (supervisee learning and/ or development; emotional effects of work; and managerial and/or ethical responsibilities); focus on the three key people in supervision (supervisor, supervisee, and client); and the more

general content elements of what models recommend should form the basis and substance of supervision. Correlational analysis was used to determine temporal patterns in the development of models (i.e., do models get more or less detailed over time; are there temporal trends in models' foci). Finally, two-step cluster analysis was used to determine whether the content of models formed distinct clusters or 'types' of model. The interaction of those clusters was examined using chi-squared analysis.

Results

The first section of the results considers the broad content and elements of the identified supervision models, and whether these were similar across models (Hypothesis 1). Differences in models over time are then evaluated (Hypothesis 2) and evidence for each model outlined (Hypothesis 3). Finally, possible clustering of the elements and models are investigated.

Content of models

A brief description of each of the 52 models is outlined in Table 1, along with the number of elements identified in each model and coverage of the three main factors of supervision. The number of elements (not including the higher level factors – the main three and those relating the evidence base) identified in each model ranges from six to 34 (M = 17.81, SD = 6.80). Sixty-six separate elements were identified in total (rising to 71 when including higher level factors). Considering the three core elements of therapy, as outlined above, most models focus on supervisee learning and/or development (88.46%). However, there is a lesser focus on the emotional effects of work (61.54%) or on managerial and ethical responsibilities (57.69%).

Table 1 about here

People in supervision. Considering the three parties in the supervision process, the content of most models includes a focus on the supervisee (94.23%) and on the supervisor (80.77%). In contrast, only half focus on the client (48.08%). Thus, many more aspects of the supervisee and supervisor are discussed in the models than those of the client, as summarised in Table 2. See Appendices A to D for more details.

Table 2 about here

Overt content of supervision. Guidance for the content of supervision sessions varies across models (see Table 3 and Appendix E). Most, but not all, models explicitly recommend reporting on therapy sessions (78.85%). Some models require that supervisors should observe the therapy sessions, whether through recordings (65.38%) or live supervision (38.46%). However, fewer than half of the models suggest discussion of theory or direction to literature (46.15%).

Table 3 about here

Evaluation in supervision. Over half of the models suggest the use of assessment or evaluation of supervisees (59.62%), and the use of feedback from the supervisor and/or supervisee (57.69%). However, these are not always the same models (see Appendix F). In contrast, very few (13.46%) models suggest that evaluation should take the form of client outcome monitoring, and only two models suggest the use of client feedback (3.85%).

Management of supervision. There was relatively little focus on how supervision might be planned. Only 23.08% of models suggest the use of supervision contracts, though two of these models (3.85%) go one step further to also suggest re-contracting regularly.

Only 17.31% of models discuss the termination process. Finally, only five models (9.62%) discuss some form of supervision of supervision (see Appendix G for further details).

Relationships in supervision. Most models discuss the supervisor and supervisee relationship (82.69%), but only around half discuss the supervisee and client relationship (51.92%). In even greater contrast, only three models (5.77%) discuss the relationship between the supervisor and client (see Appendix H).

Idiosyncratic methods in supervision models. Six further elements (which have not already been covered) were found in the content analysis, each of which was present in only one or two of the models (as detailed in Appendices I-K). They were: the use of phone/email/teleconferencing for supervision sessions (two models); the use of imagery or metaphor in supervision (two models); setting of homework in supervision (two models); acceptance of therapist regression during supervision (two models); the role of an administrator in the supervision process (two models); and the suggestion that clients should be invited into supervision sessions (one model).

Evidence. While 73.08% of models cite empirical evidence in the model, none of the models themselves are based on an empirical study (see Appendix L). Seven models (13.46%) were empirically tested after their development (Table 4). The majority of empirical tests investigate model construct validity or developmental structure rather than the impact of the model on the supervisee. None of the empirical investigations test the model's impact on the patient.

Table 4 about here

Temporal Patterns

Figure 1 shows that the number of models published per decade rose over time, peaking in the 1980s and 90s, then declined. Although this search for models was conducted

only halfway through the current decade (2010s), the very low number of models in that

decade demonstrates that the trend is still one of decline.

Figure 1 about here

It was hypothesised that newer models would differ in content to older models. New

models would either build on previous ones, so that the number of elements in each model

would increase over the time period when the models were published, or models would

become more refined, so the number of elements in each model would decrease. However,

contrary to this hypothesis, the number of individual elements in a model was not

significantly correlated with the year the model was published ($r = .135$, $p = .341$).

To determine any changes in model focus over time, models were split into quartiles

by year (Q1 = 1964-1981 [12 models]; Q2 = 1982-1988 [13 models]; Q3 = 1990-1998 [14

models]; Q4 = 1999-2015 [13 models]). Model focus over time on the main three factors and

three core people of supervision is outlined in Table 5.

Focus on *'supervisee learning and/or development'* aspects stays consistently high

across time. *'Managerial and/or ethical responsibilities'* focus increases between quartiles

one (1964-1981) and two (1982-1988), then decreases again between quartiles three (1990-

1998) and four (1999-2015). Focus on the managerial and ethical aspect varies from around

half of the models to around two thirds. Finally, the focus on *'emotional effects of work'*

increases from half the early models to around three quarters of the later models. Focus on

the three people in supervision remains relatively consistent over time. Overall, the greatest

amount of focus is on the supervisee, then the supervisor. Finally, only around half of the

models focus on the client, with no increase over time in this element.

Table 5 about here

Content of supervision sessions: What is recommended?

A two-step cluster analysis was carried out using the nine elements of the models that related to the content of supervision sessions (interactive discussion between supervisor and supervisee to further understanding/decide on focus; supervisee takes charge of what is shared in supervision; discussion of theories and reading of literature; shared experience from the supervisor; reporting on therapy sessions; live supervision/observation; recorded therapy sessions; enactment of therapy sessions/role-play; and the supervisor using enquiry as learning technique). This analysis provided a three-cluster solution, grouping the models based on what they recommended for the content of sessions.

The first cluster (30.8% of the sample) included a group of models with little focus on any of the content elements of supervision, apart from reporting on therapy sessions (56.2% of models in the cluster), and are referred to as *Unfocused* models. The second cluster (36.5% of the sample) included models that all indicated a focus on reporting and recording of therapy sessions. Around half of these models also indicated a focus on live supervision (56.2%). These models are referred to as *Fidelity* models. The final cluster (32.7% of the sample) included models that, again, focused on reporting (76.5%) and recording of therapy sessions (88.2%), but also focused on theory discussion (100%), the use of live supervision (58.8%), and the use of role play (88.2%). Models in this cluster are referred to as *Enhanced Fidelity* models.

Validation of the Content Clusters. To determine whether they had external validity, the three clusters were compared on model characteristics. There was no difference between groups in mean year of publication of the relevant models ($F(2, 51) = 0.475$, *NS*). Nor was

there any difference between groups on whether they cited evidence (χ^2 ($df = 2) = 0.742$, *NS*).

However, the groups differed in the mean number of elements in the models ($F(2, 51) =$

6.834, *p* = .002). *Fidelity* models (*M* = 18.63, *SD* = 5.98) and *Enhanced fidelity* models (*M* =

20.76, *SD* = 7.40) had more elements in them (*p* < .05) than *Unfocused* models (*M* = 13.13,

SD = 4.56).

Supervisor elements

A two-step cluster analysis was carried out using the eight elements of the models

that emerged as aspects of the supervisor (supervisor gender; supervisor ethnicity/culture;

supervisor anxiety; development of supervisor; the supervisor has ability to assign clients;

supervisor can take on a variety of roles; supervisor as authority figure/expert; and

supervisors have their own supervisory styles). This cluster analysis provided a four-cluster

solution.

The first cluster (50% of the sample) included a group of models with little focus on

any of the supervisor elements, and this cluster is referred to as *Unfocused* models. The

second cluster (21.2% of the sample) contained models, which, on the whole, described the

supervisor as an authority figure (90.9% of the models in the cluster). This cluster is referred

to as *Supervisor as an authority figure* models. The third cluster (17.3% of the sample)

contains models, which all indicated a focus on the supervisor taking on a variety of roles.

This cluster is referred to as *Supervisor as a multitasker* models. The final cluster (11.5% of

the sample) consisted of models that focus mainly on the supervisor as an authority figure

(83.3% of the models in the cluster), supervisor's culture (100%), and supervisor's gender

(100%). This cluster is referred to as *Supervisor as an individual* models.

Validation of the supervisor clusters. The four clusters were compared to other

characteristics of the models. No difference was found between groups in mean year of

publication of the relevant models ($F(3, 51) = 2.174$, *NS*). Nor was there any difference

between groups on whether they cited evidence (χ^2 ($df = 3$) = 2.90, *NS*). However, there was a significant difference between the groups on the mean number of elements in the models ($F(3, 51) =$ 12.636, $p < .001$). *Supervisor as an individual* models had significantly more elements in them ($M = 28.83$, $SD = 4.07$) than all other groups (*Unfocused* ($M = 14.58$, $SD = 5.10$); *Supervisor as an authority figure* ($M = 19.36$, $SD = 6.70$); and *Supervisor as a multitasker* ($M = 16.89$, $SD = 3.98$)).

Supervisee elements

A two-step cluster analysis was carried out using the nine elements of the models that were considered to be aspects of the supervisee (supervisee gender; supervisee ethnicity/culture; supervisee anxiety; supervisee motivation; supervisee autonomy vs dependency; supervisee awareness of self and/or others; development of supervisee; supervisee individual learning styles; and supervisee can take on a variety of roles). This cluster analysis provided a three cluster solution.

The first cluster (38.5% of the sample) contained models with little focus on any of the supervisee elements, and is referred to as *Unfocused* models. The second cluster (38.5% of the sample) contained models that all focused on supervisee development. Many of the models in this cluster also focused on supervisee anxiety (55%) and supervisee autonomy vs. dependency (45%). This cluster is referred to as *Supervisee as an individual* models. The final cluster (23.1% of the sample) contained models which all focused on supervisee culture and supervisee gender. Other areas of focus for models in this cluster were supervisee development (75%), supervisee awareness of self and/ or others (58.3%), supervisee anxiety (50%), and supervisees having their own learning styles (41.7%). This cluster is referred to as *Supervisee as an individual in context* models.

Validation of the supervisee clusters. The three clusters were compared on model characteristics. There was a significant difference between groups in mean year of model

publication (F(2, 51) = 4.34, p = .018). The models of *Supervisee as an individual* were

published earlier (M = 1985, SD = 10.88) than the *Supervisee as an individual in context* (M

= 1996, SD = 10.22). There was also a significant difference between the groups in the mean

number of elements in the models (F(2, 51) = 42.24, p < .001). *Supervisee as an individual*

in context models had significantly more elements in them (M = 27.25, SD = 4.97) than both

other groups (*Unfocused* (M = 13.75, SD = 3.43) and *Supervisee as an individual* (M = 15.75,

SD = 4.37)). However, there was no difference between groups on whether they cited

evidence (χ^2 (df = 2) = 2.32, p = .313).

Client elements

It was planned to conduct a comparable cluster analysis that grouped models

according to their focus on client elements. However, the very small number of such elements

(see Table 2) meant that this analysis was not viable.

Associations between the content, supervisor, and supervisee clusters

Table 6 shows which of the supervisor and supervisee clusters of models were

associated with each other. The two clusters were significantly associated overall (χ^2 (df = 6)

= 27.03, p < .001). 53.85% of models in the *Unfocused* supervisor cluster also fall into the

Unfocused supervisee cluster, indicating that if a model lacked specific guidance on the role

and behaviours of the supervisor, it also tended to lack specific guidance on the supervisee's

role. 63.63% of models in the *Supervisor as an authority figure* cluster were associated with

the *Supervisee as an individual* cluster. Finally, 100% of models in the *Supervisor as an*

individual cluster corresponded to the *Supervisee as an individual in context* cluster.

Table 6 about here

Neither the supervisor clusters, nor the supervisee clusters were associated with the content clusters (χ^2 (df = 6) = 7.50, p = .277; and χ^2 (df = 4) = 8.68, p = .07 respectively). Therefore, it cannot be concluded that the models link the content of supervision to the characteristics of either the supervisor of supervisee.

Discussion

The aim of this review was to investigate similarities and differences across models of clinical supervision within psychotherapy, and therefore determine whether there is a reliable pattern of recommendations across models. A content analysis was used to analyse 52 models of clinical supervision (further models were not sought after a saturation point was reached). Seventy-one elements were identified in total, including both higher and lower level constructs, and the categorisation of model content was well validated by a second rater.

Summary of findings

First, it was hypothesised that the broad content of different models would be similar. However, in general, the models lacked consistency. It was expected that all models would discuss the three core factors in supervision identified in the literature (Kadushin, 1976; Proctor, 1986), but they were not focused on equally. Although most models focused on supervisee learning and development, there was less of a focus on the emotional effects of work and on managerial and ethical responsibilities. Within this hypothesis, it was also suggested that all models would focus on the three people in the supervision process. However, these were also not focused on equally – most models focused on the supervisee and supervisor, but only half focused on the client. The final element of this hypothesis was that the use of evaluation would be present in all supervisory models. However, not all models recommended this. Only a small number suggested using client outcomes as a form of evaluation.

The second hypothesis predicted some variation across models - specifically that the amount of content in models would change over time. However, there was no significant correlation between the model publication year and number of elements in the model.

Finally, it was hypothesised that supervision models would be based on empirical evidence. Unfortunately, although most models cited empirical research, none were directly based on an empirical study. Nor had any been tested fully, making it difficult to know whether we have a model that works.

To summarise, none of the hypotheses were supported in this review. Overall, the models lack consistency, and therefore lack reliability. Consequently, one cannot assume that any of the models are valid unless there is empirical evidence to support them.

Relationship to reasonable assumptions about supervision

It is surprising that nothing one might reasonably expect to be true about supervision models seems to be validated by the data. Within the area of clinical supervision, there appear to be many widely held assumptions that may or may not be supported (Ellis & Ladany, 1997; Milne & James, 2000). One might assume that clinical supervision ensures therapist adherence and results in positive patient outcomes, but there is little empirical evidence to support this (O'Donovan et al., 2011; Watkins, 2011). Where there *is* empirical evidence, results are often inconsistent (Bambling et al., 2006; Bradshaw et al., 2007; Callahan et al., 2009; Livni et al., 2012; Schoenwald et al., 2009; White & Winstanley, 2010). This review highlights some incorrect assumptions that we might hold about supervision models specifically – that they are empirically tested, that they provide a consistent view of the supervisory process, or that newer models will either build on or refine past models. The assumption-based nature of clinical supervision models is in contrast to models of therapy or treatment manuals, which rely heavily on empirical research and provide clear and consistent direction on how therapy should be conducted (Wilson, 1996).

Of course, it is reasonable to assume that clinical supervision will have one key goal – the maintenance and improvement of care for patients. Therefore, one of the starkest findings of this review is the lack of focus on the patient in supervision, challenging the widely held assumption that supervision ensures positive patient outcomes (Ellis & Ladany, 1997; Milne & James, 2000). A number of models do not specifically discuss the patient, lacking any focus on individual patient differences, patient expectations, and patient development. The majority of models do not consider the use of feedback from the patient or patient outcome monitoring as a form of evaluation. Some models do not even consider the possibility that supervision might include the discussion of therapy sessions. In contrast, almost all models place a heavy focus on the supervisee, including their personal characteristics, development, motivation and learning styles. Given their content, the purpose of supervision models could be interpreted to be to ensure that the therapist feels better, rather than to ensure that they do better. This disparity between patient and therapist focus in supervision models is reflected in empirical studies of supervision. There are disagreements between researchers as to whether supervision should be judged through the learning of supervisees or the outcomes of patients (Milne, Pilkington, Gracie, & James, 2003). Often supervision research focuses on outcomes for therapists (Livni et al., 2012; Schoenwald et al., 2009) rather than for patients, despite patient outcome being described as the 'acid test' of supervision (Ellis & Ladany, 1997). A problem with this focus on the therapist, rather than the patient, is that we know that supervisors can have biases and overestimate the abilities of their supervisees (Dennhag, Gibbons, Barber, Gallop, & Crits-Christoph, 2012). Without objectively measurable outcomes of supervision, we do not know whether it is effective.

Implications for supervisory practice

If there is little evidence for the effectiveness of supervision and a lack of consistency in supervision models, then why do we use them and why do we have supervision at all?

Clinical supervision is costly in both time and money (Lyth, 2000). At a time when promises of investment for mental health services are not being seen by providers (NHS Providers, 2016), perhaps services need to assess whether supervision is the most effective use of time. Assuming that clinical supervision is useful is not enough to justify the use of supervision, given that these assumptions are not necessarily supported.

Future development

It is highly possible that supervision is effective and therefore worth our investment, but there needs to be further development of supervision models to demonstrate such effectiveness. It is possible that authors of models fail to include key aspects because they assume that the reader will already know how supervision is carried out. Unfortunately, by not directly laying out important aspects of supervision (and perhaps assuming prior knowledge), it appears that authors of models have created a disorganised and complicated picture of supervision in the literature. In particular, it could be recommended that authors should always aim explicitly to address patient perspectives and outcomes when outlining supervision processes. Clearly, it is also essential that models are empirically tested to investigate their impact on both supervisees and patients.

There needs to be further investigation into the use of supervision and which aspects of supervision are the most effective. The impact of supervision on therapists can be explored in a number of ways, including therapist competence, job satisfaction and burn-out. It is important to get a realistic view of supervisee abilities and outcomes (Dennhag et al., 2012). Most importantly, the patient should not be lost from the supervisory literature. To fully establish supervisory effectiveness and the strength and weaknesses of different, potentially competing supervisory models, future research into supervision must be conducted with patient outcome as the primary outcome variable. Factors relating to the therapist, while valuable, are secondary outcomes. Finally, if the effectiveness of supervision is established,

an explicit model of supervision based on empirical evidence can be developed, to the benefit

of both supervisees and patients.

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(* = model included in content analysis)

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Table 1. Basic information about models including coverage of core factors and number of identified elements (* indicates models that were not the original text).

Year	Reference	Name of model (where provided)	Brief Description	Supervisee learning and/ or development	Managerial and/ or ethical responsib-ilities	Emotional effects of work	No. of models with factor / No. of elements in model
				46 (88.46%)	30 (57.69%)	32 (61.54%)	
1964	Issues and approaches in supervision (Hogan, 1964)	-	Developmental model consisting of four stages.	✓		✓	9
1972*	The teaching and learning of psychotherapy (Ekstein & Wallerstein, 1972)	-	Highlights the four parties within the supervisory process (administrator, supervisor, therapist, and patient) and the relationships between them.	✓	✓		20
1972	Coping with conflict: Supervising counselors and psychotherapists (Mueller & Kell, 1972)	-	Highlights conflicts that can arise in the therapeutic and supervisory processes and how they can be coped with.			✓	23
1972	A behavioural model for the practicum supervision of counselor candidates (Delaney, 1972)	-	Identifies five stages of supervision: initial session; development of a facilitative relationship; goal identification and determination of supervisory strategies; use of supervisory techniques and procedures; and termination and follow-	✓	✓	✓	15

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Year	Reference	Name of model (where provided)	Brief Description	Supervisee learning and/ or development	Managerial and/ or ethical responsib-ilities	Emotional effects of work	No. of elements in model
1973	Providing clinical supervision for marriage counselors: A model for supervisor and supervisee (Ard, 1973)	-	Outlines the 'who, what, when, where, and why' of supervision.	✓	✓		19
1979	Supervisor Training: A discrimination model (Bernard, 1979)	The Discrimination Model	Highlights three functions (process skills, conceptualisation skills, and personalisation skills), and three supervisory roles (teacher, counsellor, and consultant).	✓		✓	14
1979	A developmental framework for counseling supervision (Littrell, Lee-Borden, & Lorenz, 1979)	-	Incorporates four models of supervision (counselling/therapeutic, teaching, consulting, and self-supervising).	✓	✓	✓	16
1980	Supervision and the bipersonal field (Langs, 1980)	-	An adaptational-interactional model of supervision of psychoanalytic psychotherapy.	✓			14
1980	A client-centered approach to the supervision of psychotherapy (Rice, 1980)	-	An approach to supervision based on client-centred theory.	✓			12

Year	Reference	Name of model (where provided)	Brief Description	Supervisee learning and/ or development	Managerial and/ or ethical responsib-ilities	Emotional effects of work	No. of elements in model
1980	Supervision of behavior therapy (Linehan, 1980)	Three-Dimensional Model of Behavioral Supervision	An approach to supervision of behaviour therapy based on three dimensions (goals of supervision; methods and procedures used to achieve the goals; and the universes).	✓	✓		19
1980	Supervision in communications analytic therapy (Beier & Young, 1980)	-	An approach to supervision based on communications analytic theory.	✓			11
1981	Approaching supervision from a developmental perspective: The counselor complexity model (Stoltenberg, 1981)	The Counselor Complexity Model	Describes the expected counsellor characteristics and optimal environments for four levels of supervisee development.	✓		✓	17
1982	Supervision: A conceptual model (Loganbill, Hardy, & Delworth, 1982)	-	Describes three stages of supervisee development (stagnation, confusion, and integration).	✓	✓	✓	23
1982	An eclectic model of supervision: A developmental sequence for beginning psychotherapy students (Yogev, 1982)	-	Outlines three stages of supervisee development (role definition; skill acquisition; and solidification and evaluation of practice).	✓			18

Year	Reference	Name of model (where provided)	Brief Description	Supervisee learning and/ or development	Managerial and/ or ethical responsib- ilities	Emotional effects of work	No. of elements in model
1983	Toward a cognitive developmental approach to counselling supervision (Blocher, 1983)	Cognitive Developmental Model of Supervision	Focuses on the development of more complex and comprehensive schemas for understanding human interaction.	✓		✓	13
1983	A working alliance based model of supervision (Bordin, 1983)	A Working Alliance Based Model of Supervision	Highlights the importance of the working alliance in supervision.	✓		✓	16
1983	A social learning approach to counselor supervision (Hosford & Barmann, 1983)	A Social Learning Approach to Counselor Supervision	An approach to clinical supervision based on social learning theory.	✓		✓	23
1983	A client-centered approach to supervision (Patterson, 1983)	A Client-Centered Approach to Supervision	Description of supervision for supervisees using a client-centred therapeutic approach.	✓	✓		14
1983	Supervision in counseling: Rational-emotive therapy (Wessler & Ellis, 1983)	-	Approach to supervision of supervisees using rational-emotive therapy.	✓	✓		21
1984	An approach to supervision of symbolic-experiential psychotherapy (Connell, 1984)	-	Highlights four stages of experiential supervision (supervisory structure; supervisory initiative; trial of labour; and supervisory termination).	✓	✓	✓	16

Year	Reference	Name of model (where provided)	Brief Description	Supervisee learning and/ or development	Managerial and/ or ethical responsib- ilities	Emotional effects of work	No. of elements in model
1985	Stages in psychotherapy supervision: From therapy skills to skilled therapist (Grater, 1985)	-	Provides a four stage model based on the belief that psychotherapy progress is determined by interaction between clients' presenting problems, their personalities, techniques used by therapists, and interpersonal interactions of therapists.	✓	✓	✓	19
1986	The development of professional identity in psychotherapists: Six stages in the supervision process (Friedman & Kaslow, 1986)	-	Outlines six stages in early learning and supervisory processes (Excitement and anticipatory anxiety; dependency and identification; activity and continued dependency; exuberance and taking charge; identity and independence; calm and collegiality).	✓	✓	✓	22
1986	Growth in supervision: Stages of supervisee and supervisor development (Hess, 1986)	-	Describes a three stage model of supervisor development (beginning; exploration; and confirmation of supervisor identity).		✓		11
1987	Supervising counsellors and therapists: A developmental approach (Stoltenberg & Delworth, 1987)	Integrated Developmental Model of Supervision (IDM)	Four level developmental model. Supervisees develop in self & other awareness; motivation; and autonomy over the four levels.	✓	✓	✓	32
1988	Teaching an integrated model of family therapy: women as students, women as supervisors (Ault-Riché, 1988)	The Apprenticeship Model	Proposes a 'continuum of emphasis' on gender issues as a trainee moves from an observer to a live supervised member of a therapy team.	✓	✓		14

Year	Reference	Name of model (where provided)	Brief Description	Supervisee learning and/ or development	Managerial and/ or ethical responsib-ilities	Emotional effects of work	No. of elements in model
1990	Development of the psychotherapy supervisor (Watkins, 1990)	Supervisor Complexity Model	Highlights four stages of supervisor development: role shock; role recovery/transition; role consolidation; and role mastery.				6
1990	Solution -focused supervision (Wetchler, 1990)	Solution-Focused Supervision Model	Focuses on supervisee strengths and solutions, rather than problems and mistakes.	✓	✓		16
1990	Effective supervision: A task oriented model for the mental health professions (Mead, 1990)	A Task-Oriented Model of Supervision	Focuses on three hierarchically connected systems that can be seen in terms of levels and meta-levels (level 1 = client, level 2 = therapist, level 3 = supervisor).	✓	✓		32
1993*	Supervision in the helping professions (Hawkins & Shohet, 1993)	The Seven-Eyed Model of Supervision	Highlights the seven aspects of the supervision process: supervisor, supervisee, client, strategies and interventions used by the supervisee, the therapeutic relationship, the supervisory relationship, and the wider context in which the work happens.		✓	✓	17
1994	Toward a multidimensional model for psychotherapy supervision based on developmental stages (Rodenhauser, 1994)	A Dynamic Multidimensional Developmental Model	Outlines the supervisor, supervisee, and patient developmental stages, and how they interact.	✓			17

Year	Reference	Name of model (where provided)	Brief Description	Supervisee learning and/ or development	Managerial and/ or ethical responsib- ilities	Emotional effects of work	No. of elements in model
1994	Solution-oriented supervision: The coaxing of expertise (Thomas, 1994)	Solution - Orientated Supervision	Proposes that supervisees are not complete but are competent. Focuses on solutions, not problems.	✓			7
1994	A cognitive-developmental model for marital and family therapy supervision (Rigazio-DiGilio & Anderson, 1994)	A Cognitive-Developmental Model of Supervision	Assumes supervisee development is maximised when the supervisory environment is tailored to the supervisees' learning style.	✓			16
1995	Clinical Supervision: A systems approach (Holloway, 1995)	A Systems Approach Model	Highlights seven dimensions of supervision. The supervision relationship is the core dimension, surrounded by the functions of supervision, the tasks of supervision, and four contextual factors (institution, supervisor, supervisee, and client).	✓	✓	✓	25
1995	The partnership model: A feminist supervision/consultation perspective (Hipp & Munson, 1995)	The Partnership Model	Focuses on equality between men and women in supervision, based on the Partnership Model from Eisler (1987)	✓	✓	✓	14
1996	Counselling Supervision: Theory, skills and practice (Carroll, 1996)	The Seven Tasks of Supervision Model	Focuses on seven generic tasks of supervision: creating the learning relationship; teaching; counselling; monitoring professional/ethical issues; evaluating; consulting; and administrating.	✓	✓	✓	16

Year	Reference	Name of model (where provided)	Brief Description	Supervisee learning and/ or development	Managerial and/ or ethical responsib-ilities	Emotional effects of work	No. of elements in model
1996	Counselling Supervision: Theory, skills and practice (Carroll, 1996)	-	Focuses on how to manage the supervision process. Five stages of supervision are highlighted: assessing; contracting; engaging in supervision; evaluating; and terminating.	✓	✓	✓	21
1996	Dimensions of psychotherapy supervision: Maps and means (Haber, 1996)	-	Considers the internal processes of the supervisee combined with the external therapeutic context.	✓	✓	✓	30
1997	Cognitive therapy supervision (Liese & Beck, 1997)	Cognitive Therapy Supervision	An approach to clinical supervision based on cognitive therapy.	✓	✓	✓	11
1998	Counseling supervision: A reflective model (Ward & House, 1998)	-	Integrates reflective learning theory with concurrent development of supervisees and the supervisory relationship.	✓		✓	10
1999	Narrative approaches to supervision and case formulation (Bob, 1999)	-	Highlights use of meaning and narrative in interpersonal discourse within supervision.				12
1999	School counselors and supervisors: An integrated approach for supervising school counseling interns (Nelson & Johnson, 1999)	-	Combines models of Bernard (1979) and Littrell et al. (1979) to create an integrated model specifically for school counsellors. Four stages are outlined (orientation, working, transition, and integration).	✓	✓	✓	14

Year	Reference	Name of model (where provided)	Brief Description	Supervisee learning and/ or development	Managerial and/ or ethical responsib- ilities	Emotional effects of work	No. of elements in model
1999	Strength-based supervision: Frameworks, current practice, and future directions (Edwards & Chen, 1999)	A Strength Based 'Wu-wei' Method	Highlights supervisees' strengths rather than weaknesses.	✓		✓	8
2000	Encouraging the cognitive development of supervisees: Using Bloom's Taxonomy in supervision (Granello, 2000)	-	Uses Bloom's Taxonomy (Bloom, Engelhard, Furst, Hill, & Krathwohl, 1956) to assess the cognitive level of the supervisee. Six levels are outlined: knowledge, comprehension, application, analysis, synthesis, and evaluation.	✓			13
2000	Psychotherapy supervision: An integrative relational approach to psychotherapy supervision (Gilbert & Evans, 2000)	An Integrative Relational Model of Supervision	Highlights the interpersonal nature of supervision and the co-creation of a 'new' narrative by the supervisor and supervisee that informs work with the client.	✓	✓	✓	34
2001*	Supervision in mental health professions: A practitioner's guide (Scaife, 2001)	General Supervision Framework	Lays out supervisor role (inform-assess; enquire; listen-reflect), supervisor focus (actions, events and responses; knowledge, thinking and planning; feelings and personal qualities) and medium providing data for supervision.	✓		✓	16

Year	Reference	Name of model (where provided)	Brief Description	Supervisee learning and/ or development	Managerial and/ or ethical responsib-ilities	Emotional effects of work	No. of elements in model
2001	The Supervisory Relationship: A contemporary psychodynamic approach (Frawley-O'Dea & Sarnat, 2001)	A Relational Model of Supervision	Highlights the importance of relationships and the embeddedness of supervision in a work context. The model has three dimensions: the nature of the supervisor's authority; the supervisory focus; and the supervisor's primary mode of participation.			✓	18
2004	The integrative family therapy supervisor (Lee & Everett, 2004)	-	Highlights the importance of integration of aspects of different approaches to supervision.	✓	✓	✓	30
2005	Critical events in psychotherapy supervision: An interpersonal approach (Ladany, Friedlander, & Nelson, 2005)	An Events-Based Model of Supervision	Identifies critical events in supervision. 'Markers' can be identified within the supervisory working alliance then worked through in the 'task environment' to resolution.	✓	✓	✓	31
2006	Conceptualising and formulating cognitive therapy supervision (Armstrong & Freeston, 2006)	Newcastle Supervision Framework	Identifies four interactive levels of supervision: learning process, dynamic focus, parameters, and primary inputs.	✓			17
2007	Toward a common-factors approach to supervision (Morgan & Sprenkle, 2007)	-	Combines common factors of supervision models. Three dimensions of supervision are highlighted: emphasis (clinical competence to professional competence); specificity (idiosyncratic need of each supervisee to mandates of the field at large); and the supervisory relationship (collaborative to directive).	✓	✓	✓	15

Year	Reference	Name of model (where provided)	Brief Description	Supervisee learning and/ or development	Managerial and/ or ethical responsib-ilities	Emotional effects of work	No. of elements in model
2009*	The art, craft and tasks of supervision: Making the most of supervision (Inskipp & Proctor, 2009)	-	Addresses the three main functions of supervision: formative, normative, and restorative.	✓	✓	✓	27
2015*	Supervising the counsellor and psychotherapist (Page & Wosket, 2015)	Cyclical Model of Supervision	Addresses the structure of supervision sessions. The model has five stages: contract, focus, space, bridge, and review.	✓	✓	✓	30

Table 2. Focus on the aspects of individuals involved in the supervision process.

Supervisor elements	No. of models	%	Supervisee elements	No. of models	%	Client elements	No. of models	%
Focus on supervisor	42	80.77	Focus on supervisee	49	94.23	Focus on client	25	48.08
Supervisor's personal characteristics	18	34.62	Supervisee's personal characteristics	38	65.38	Client's personal characteristics	4	7.69
Development of supervisor	5	9.62	Development of supervisee	29	55.77	Development of client	1	1.92
Supervisor gender	9	17.31	Supervisee gender	18	34.62	Client's gender	2	3.85
Supervisor ethnicity/ culture	7	13.46	Supervisee ethnicity/ culture	13	25	Client's ethnicity/ culture	3	5.77
Supervisor anxiety	3	5.77	Supervisee anxiety	23	44.23	-	-	-
Supervisor can take on a variety of roles	11	21.15	Supervisee can take on a variety of roles	6	11.54	-	-	-
Supervisor as an authority figure/expert	19	36.54	-	-	-	-	-	-
Supervisor has the ability to assign clients	4	7.69	-	-	-	-	-	-
Supervisors have their own individual supervisory styles	2	3.84	-	-	-	-	-	-
-	-	-	Supervisee motivation	10	19.23	-	-	-
-	-	-	Supervisee autonomy vs dependency	12	23.08	-	-	-
-	-	-	Supervisee awareness of self and/ or	15	28.85	-	-	-

			others					
-	-	-	Supervisee individual learning styles	12	23.08	-	-	-
-	-	-	-	-	-	Client's expectations	1	1.92

Table 3. Number of models focusing on each 'content of supervision sessions' element.

Content of supervision element	No. of models	%
Reporting on therapy sessions	41	78.85
Recorded therapy sessions	34	65.38
Interactive discussion between supervisor and supervisee to further understanding/ decide on focus	24	46.15
Enactment of therapy sessions/role-play	24	46.15
Discussion of theories and reading of literature	24	46.15
Live supervision/observation	20	38.46
Shared experience from the supervisor	15	28.85
Supervisor using enquiry as learning technique	6	11.54
Supervisee takes charge of what is shared in supervision	3	5.77

Table 4. Empirical testing of models after their development.

Model	Test of construct validity and/ or developmental structure	Test of impact on supervisee
Hogan (1964) Bernard (1979)	Reising & Daniels (1983) Stenack & Dye (1982) Ellis & Dell (1986) Ellis, Dell, & Good (1988)	- -
Littrell, Lee-Borden, & Lorenz (1979)	Ellis & Dell (1986) Ellis et al. (1988)	-
Stoltenberg (1981)	Friedlander & Snyder (1983) Miars et al. (1983) McNeill, Stoltenberg, & Pierce (1985) Stoltenberg, Solomon, & Ogden (1986) Wiley & Ray (1986) Stoltenberg, Pierce, & McNeill (1987) Krause & Allen (1988) Chagnon & Russell (1995)	Krause & Allen (1988)
Loganbill, Hardy, & Delworth (1982)	Heppner & Roehlke (1984) Ellis (1991) Hutter, Oldenhof-Veldman, & Oudejans (2015)	-
Bordin (1983)	-	Ladany, Ellis, & Friedlander (1999)
Stoltenberg & Delworth (1987)	McNeill, Stoltenberg, & Romans (1992) Bear & Kivlighan (1994)	Bear & Kivlighan (1994)

Table 2. Change over time in focus on main three factors and people involved in supervision.

Year	Main three factors			People in supervision		
	Supervisee learning and/or development (%)	Managerial and/or ethical responsibilities (%)	Emotional effects of work (%)	Focus on supervisor (%)	Focus on supervisee (%)	Focus on client (%)
1964-1981	83.33	41.67	50	75	100	41.67
1982-1988	92.31	69.23	61.54	76.92	92.31	53.85
1990-1998	85.71	64.29	57.14	85.71	92.86	50
1999-2015	84.62	53.85	76.92	84.62	92.31	46.15

Table 6. Association between the supervisor aspects clusters and supervisee aspects clusters. Percentages indicate the proportion of models in a supervisor aspects cluster that correspond to those in the supervisee aspects cluster.

Supervisee clusters \ Supervisor clusters	Unfocused	Supervisor as an authority figure	Supervisor as an individual	Supervisor as a multitasker	Total
Unfocused	14 (53.84%)	2 (18.18%)	0 (0%)	4 (44.44%)	20
Supervisee as an individual	9 (34.62%)	7 (63.63%)	0 (0%)	4 (44.44%)	20
Supervisee as an individual in context	3 (11.54%)	2 (18.18%)	6 (100%)	1 (11.11%)	12
Total	26	11	6	9	52
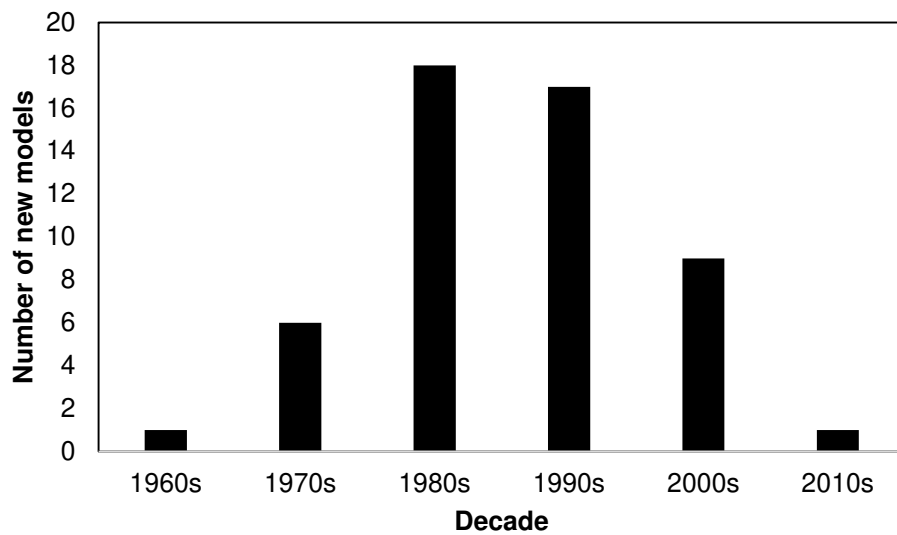
Figure 1. Number of new models from each decade.

Appendix A

Table A.1. Models that focus on each individual in the supervision process.

Model/ approach	No. of models with element	Focus on supervisor 42 (80.77%)	Focus on supervisee 49 (94.23%)	Focus on client 25 (48.08%)
Hogan (1964)			✓	
Ekstein & Wallerstein (1972)		✓	✓	✓
Mueller & Kell (1971)		✓	✓	✓
Delaney (1972)		✓	✓	✓
Ard (1973)		✓	✓	✓
Bernard (1979)		✓	✓	
Littrell et al. (1979)		✓	✓	
Langs (1980)		✓	✓	✓
Rice (1980)			✓	
Linehan (1980)		✓	✓	
Beier & Young (1980)			✓	
Stoltenberg (1981)		✓	✓	
Loganbill et al. (1982)		✓	✓	✓
Yogev (1982)		✓	✓	
Blocher (1983)		✓	✓	
Bordin (1983)			✓	✓
Hosford & Barmann (1983)			✓	
Patterson (1983)		✓	✓	✓
Wessler & Ellis (1983)		✓	✓	✓
Connell (1984)		✓	✓	
Grater (1985)		✓	✓	✓
Friedmand & Kaslow (1986)		✓	✓	✓
Hess (1986)		✓		
Stoltenberg & Delworth (1987)			✓	✓

Model/ approach	Focus on supervisor	Focus on supervisee	Focus on client
Ault-Riche (1988)	✓	✓	
Watkins (1990)	✓		
Wetchler (1990)	✓	✓	
Mead (1990)	✓	✓	✓
Hawkins & Shohet (2012)	✓	✓	✓
Rodenhauser (1994)	✓	✓	✓
Thomas (1994)		✓	
Rigazio-DiGilio & Anderson (1994)	✓	✓	✓
Holloway (1995)	✓	✓	✓
Hipp & Munson (1995)	✓	✓	✓
Carroll (1996)	✓	✓	
Carroll (1996)	✓	✓	
Haber (1996)	✓	✓	✓
Liese & Beck (1997)	✓	✓	
Ward & House (1998)		✓	
Bob (1999)	✓	✓	✓
Nelson & Johnson (1999)	✓	✓	
Edwards & Chen (1999)			
Granello (2000)		✓	
Gilbert & Evans (2000)	✓	✓	
Scaife (2001)	✓	✓	
Frawley-O'Dea & Sarnat (2001)	✓	✓	
Lee & Everett (2004)	✓	✓	✓
Ladany et al. (2005)	✓	✓	✓
Armstrong & Freeston (2006)	✓	✓	✓
Morgan & Sprenkle (2007)	✓	✓	
Inskipp and Proctor (2009)	✓	✓	✓
Page and Wosket (2015)	✓	✓	✓

Appendix B

Table B.1. Model focus on supervisor aspects

Model/ approach	Supervisor's personal characteristics	Supervisor gender	Supervisor ethnicity/ culture	Supervisor anxiety	Supervisor as authority figure/ expert	Development of supervisor	Supervisor has ability to assign clients	Supervisor can take on a variety of roles	Supervisors have their own individual styles
No. of models with element	18 (34.62%)	9 (17.31%)	7 (13.46%)	3 (5.77%)	19 (36.54%)	5 (9.62%)	4 (7.69%)	11 (21.15%)	2 (3.85%)
Hogan (1964)					✓				
Ekstein & Wallerstein (1972)	✓								
Mueller & Kell (1971)	✓			✓	✓				
Delaney (1972)									
Ard (1973)								✓	
Bernard (1979)								✓	
Littrell et al. (1979)								✓	
Langs (1980)									
Rice (1980)									✓
Linehan (1980)									
Beier & Young (1980)									

Model/ approach	Supervisor's personal characteristics	Supervisor gender	Supervisor ethnicity/ culture	Supervisor anxiety	Supervisor as authority figure/ expert	Development of supervisor	Supervisor has ability to assign clients	Supervisor can take on a variety of roles	Supervisors have their own individual styles
Stoltenberg (1981)					✓				
Loganbill et al. (1982)					✓				
Yogev (1982)									
Blocher (1983)									
Bordin (1983)					✓				
Hosford & Barmann (1983)	✓	✓	✓						
Patterson (1983)									
Wessler & Ellis (1983)									
Connell (1984)									
Grater (1985)								✓	
Friedmand & Kaslow (1986)					✓			✓	
Hess (1986)	✓					✓			
Stoltenberg & Delworth (1987)					✓			✓	
Ault-Riche (1988)	✓	✓							

Model/ approach	Supervisor's personal characteristics	Supervisor gender	Supervisor ethnicity/ culture	Supervisor anxiety	Supervisor as authority figure/ expert	Development of supervisor	Supervisor has ability to assign clients	Supervisor can take on a variety of roles	Supervisors have their own individual styles
Watkins (1990)	✓					✓			
Wetchler (1990)									
Mead (1990)	✓	✓			✓		✓		
Hawkins & Shohet (2012)	✓								
Rodenhauser (1994)	✓		✓			✓			
Thomas (1994)									
Rigazio-DiGilio & Anderson (1994)								✓	
Holloway (1995)	✓	✓	✓		✓			✓	
Hipp & Munson (1995)	✓	✓							
Carroll (1996)								✓	
Carroll (1996)	✓								
Haber (1996)	✓	✓	✓		✓	✓			
Liese & Beck (1997)									
Ward & House (1998)									
Bob (1999)					✓				

Model/ approach	Supervisor's personal characteristics	Supervisor gender	Supervisor ethnicity/ culture	Supervisor anxiety	Supervisor as authority figure/ expert	Development of supervisor	Supervisor has ability to assign clients	Supervisor can take on a variety of roles	Supervisors have their own individual styles
Nelson & Johnson (1999)					✓			✓	
Edwards & Chen (1999)									
Granello (2000)									
Gilbert & Evans (2000)	✓	✓	✓	✓	✓				
Scaife (2001)					✓			✓	
Frawley-O'Dea & Sarnat (2001)	✓			✓	✓				
Lee & Everett (2004)	✓	✓	✓		✓				
Ladany et al. (2005)	✓	✓	✓		✓	✓		✓	✓
Armstrong & Freeston (2006)									
Morgan & Sprenkle (2007)					✓			✓	
Inskipp and Proctor (2009)					✓			✓	
Page and Wosket (2015)	✓								

Appendix C

Table C.1. Model focus on supervisee aspects

Model/ approach	Supervisee's personal characteris-tics	Supervisee gender	Supervisee ethnicity/ culture	Supervisee anxiety	Supervisee motivation	Supervisee autonomy vs dependency	Supervisee awareness of self and/or others	Development of supervisee	Supervisee individual learning styles	Supervisee can take on variety of roles
No. of models with element	38 (73.08%)	18 (34.62%)	13 (25%)	23 (44.23%)	10 (19.23%)	12 (23.08%)	15 (28.85%)	29 (55.77%)	12 (23.08%)	6 (11.54%)
Hogan (1964)					✓	✓		✓		
Ekstein & Wallerstein (1972)	✓			✓					✓	
Mueller & Kell (1971)	✓	✓		✓	✓	✓	✓	✓		
Delaney (1972)					✓			✓		
Ard (1973)				✓			✓	✓		✓
Bernard (1979)	✓									
Littrell et al. (1979)						✓		✓		✓
Langs (1980)	✓			✓						

	Supervisee's personal character-istics	Supervisee gender	Supervisee ethnicity/ culture	Supervisee anxiety	Supervisee motivation	Supervisee autonomy vs dependency	Supervisee awareness of self and/or others	Development of supervisee	Supervisee individual learning styles	Supervisee can take on variety of roles
Rice (1980)	✓			✓		✓		✓	✓	
Linehan (1980)	✓			✓						
Beier & Young (1980)	✓	✓								
Stoltenberg (1981)	✓			✓	✓	✓	✓	✓		
Loganbill et al. (1982)	✓	✓		✓	✓	✓		✓	✓	✓
Yogev (1982)	✓			✓			✓	✓		✓
Blocher (1983)	✓			✓					✓	
Bordin (1983)	✓						✓			
Hosford & Barmann (1983)	✓	✓	✓	✓	✓		✓			
Patterson (1983)										
Wessler & Ellis (1983)	✓	✓	✓	✓						
Connell (1984)	✓			✓				✓		
Grater (1985)	✓			✓				✓		✓

	Supervisee's personal character-istics	Supervisee gender	Supervisee ethnicity/culture	Supervisee anxiety	Supervisee motivation	Supervisee autonomy vs dependency	Supervisee awareness of self and/or others	Development of supervisee	Supervisee individual learning styles	Supervisee can take on variety of roles
Friedmand & Kaslow (1986)	✓			✓		✓	✓	✓		
Hess (1986)										
Stoltenberg & Delworth (1987)	✓	✓	✓		✓	✓	✓	✓	✓	
Ault-Riche (1988)	✓	✓								
Watkins (1990)										
Wetchler (1990)	✓							✓		
Mead (1990)	✓	✓	✓	✓	✓		✓	✓		
Hawkins & Shohet (2012)	✓	✓	✓					✓	✓	
Rodenhauser (1994)	✓			✓				✓		
Thomas (1994)					✓			✓	✓	
Rigazio-DiGilio & Anderson (1994)								✓	✓	
Holloway (1995)	✓	✓	✓				✓		✓	

	Supervisee's personal characteristics	Supervisee gender	Supervisee ethnicity/ culture	Supervisee anxiety	Supervisee motivation	Supervisee autonomy vs dependency	Supervisee awareness of self and/or others	Development of supervisee	Supervisee individual learning styles	Supervisee can take on variety of roles
Hipp & Munson (1995)	✓	✓								
Carroll (1996)										
Carroll (1996)	✓							✓	✓	
Haber (1996)	✓	✓	✓			✓		✓		
Liese & Beck (1997)										
Ward & House (1998)	✓			✓		✓		✓		
Bob (1999)	✓						✓	✓		
Nelson & Johnson (1999)	✓			✓						
Edwards & Chen (1999)										
Granello (2000)										
Gilbert & Evans (2000)	✓	✓	✓	✓			✓		✓	✓
Scaife (2001)	✓									

	Supervisee's personal characteristics	Supervisee gender	Supervisee ethnicity/ culture	Supervisee anxiety	Supervisee motivation	Supervisee autonomy vs dependency	Supervisee awareness of self and/or others	Development of supervisee	Supervisee individual learning styles	Supervisee can take on variety of roles
Frawley-O'Dea & Sarnat (2001)	✓	✓		✓						
Lee & Everett (2004)	✓	✓	✓	✓			✓	✓		
Ladany et al. (2005)	✓	✓	✓	✓			✓	✓		
Armstrong & Freeston (2006)	✓									
Morgan & Sprenkle (2007)			✓			✓	✓	✓		
Inskipp and Proctor (2009)	✓	✓	✓					✓	✓	✓
Page and Wosket (2015)	✓	✓	✓		✓			✓		

Appendix D

Table D.1. Model focus on client aspects

Model/ approach No. of models with element	Focus on client	Client's personal characteristics	Client's culture/ ethnicity	Client's gender	Client's expectations	Development of client
	25 (48.08%)	4 (7.69%)	4 (7.69%)	2 (3.85%)	1 (1.92%)	1 (1.92%)
Hogan (1964)						
Ekstein & Wallerstein (1972)	✓					
Mueller & Kell (1971)	✓					
Delaney (1972)	✓					
Ard (1973)	✓					
Bernard (1979)						
Littrell et al. (1979)						
Langs (1980)	✓					
Rice (1980)						
Linehan (1980)						
Beier & Young (1980)						
Stoltenberg (1981)						
Loganbill et al. (1982)	✓					

Model/ approach	Focus on client	Client's personal characteristics	Client's culture/ ethnicity	Client's gender	Client's expectations	Development of client
Yogev (1982)						
Blocher (1983)						
Bordin (1983)	✓					
Hosford & Barmann (1983)						
Patterson (1983)	✓					
Wessler & Ellis (1983)	✓					
Connell (1984)						
Grater (1985)	✓	✓			✓	
Friedmand & Kaslow (1986)	✓					
Hess (1986)						
Stoltenberg & Delworth (1987)	✓	✓	✓	✓		
Ault-Riche (1988)						
Watkins (1990)						
Wetchler (1990)						
Mead (1990)	✓					
Hawkins & Shohet (2012)	✓					
Rodenhauser (1994)	✓					✓

Model/ approach	Focus on client	Client's personal characteristics	Client's culture/ ethnicity	Client's gender	Client's expectations	Development of client
Thomas (1994)						
Rigazio-DiGilio & Anderson (1994)	✓					
Holloway (1995)	✓					
Hipp & Munson (1995)	✓					
Carroll (1996)						
Carroll (1996)						
Haber (1996)	✓					
Liese & Beck (1997)						
Ward & House (1998)						
Bob (1999)	✓					
Nelson & Johnson (1999)						
Edwards & Chen (1999)						
Granello (2000)						
Gilbert & Evans (2000)						
Scaife (2001)						
Frawley-O'Dea & Sarnat (2001)						
Lee & Everett (2004)	✓					

Model/ approach	Focus on client	Client's personal characteristics	Client's culture/ ethnicity	Client's gender	Client's expectations	Development of client
Ladany et al. (2005)	✓					
Armstrong & Freeston (2006)	✓	✓	✓	✓		
Morgan & Sprenkle (2007)						
Inskipp and Proctor (2009)	✓					
Page and Wosket (2015)	✓	✓	✓			

Appendix E

Table E.1. Model focus on each content of supervision sessions element

Model/approach \ No. of models with element	Interactive discussion between supervisor and supervisee to further understanding/ decide on focus	Supervisee takes charge of what is shared in supervision	Discussion of theories and reading of literature	Shared experience from the supervisor	Live supervision/ observation	Recorded therapy sessions	Reporting on therapy sessions	Enactment of therapy sessions/ role-play	Supervisor using enquiry as learning technique
	24 (46.15%)	3 (5.77%)	24 (46.15%)	15 (28.85%)	20 (38.46%)	34 (65.38%)	41 (78.85%)	24 (46.15%)	6 (11.54%)
Hogan (1964)				✓					
Ekstein & Wallerstein (1972)	✓				✓	✓	✓		
Mueller & Kell (1971)	✓					✓	✓		
Delaney (1972)			✓		✓			✓	
Ard (1973)	✓		✓	✓	✓	✓	✓		
Bernard (1979)	✓		✓			✓	✓	✓	
Littrell et al. (1979)	✓		✓				✓		
Langs (1980)							✓		
Rice (1980)						✓	✓	✓	

	Interactive discussion between supervisor and supervisee to further understanding/ decide on focus	Supervisee takes charge of what is shared in supervision	Discussion of theories and reading of literature	Shared experience from the supervisor	Live supervision/ observation	Recorded therapy sessions	Reporting on therapy sessions	Enactment of therapy sessions/ role-play	Supervisor using enquiry as learning technique
Linehan (1980)	✓			✓	✓	✓	✓	✓	
Beier & Young (1980)						✓	✓		
Stoltenberg (1981)			✓	✓		✓		✓	
Loganbill et al. (1982)			✓			✓			
Yogev (1982)							✓	✓	
Blocher (1983)						✓	✓		
Bordin (1983)			✓		✓	✓	✓		
Hosford & Barmann (1983)			✓		✓	✓	✓	✓	✓
Patterson (1983)		✓	✓			✓	✓	✓	
Wessler & Ellis (1983)			✓		✓	✓	✓	✓	
Connell (1984)	✓	✓			✓	✓	✓		
Grater (1985)				✓		✓	✓	✓	

	Interactive discussion between supervisor and supervisee to further understanding/ decide on focus	Supervisee takes charge of what is shared in supervision	Discussion of theories and reading of literature	Shared experience from the supervisor	Live supervision/ observation	Recorded therapy sessions	Reporting on therapy sessions	Enactment of therapy sessions/ role-play	Supervisor using enquiry as learning technique
Friedmand & Kaslow (1986)			✓				✓	✓	
Hess (1986)				✓			✓		
Stoltenberg & Delworth (1987)			✓	✓	✓	✓		✓	
Ault-Riche (1988)				✓	✓	✓	✓		
Watkins (1990)									
Wetchler (1990)	✓		✓		✓	✓	✓		
Mead (1990)	✓		✓		✓	✓	✓	✓	✓
Hawkins & Shohet (2012)						✓	✓		
Rodenhauser (1994)									
Thomas (1994)	✓								
Rigazio-DiGilio & Anderson (1994)			✓		✓	✓	✓	✓	✓
Holloway (1995)	✓			✓		✓	✓	✓	

	Interactive discussion between supervisor and supervisee to further understanding/ decide on focus	Supervisee takes charge of what is shared in supervision	Discussion of theories and reading of literature	Shared experience from the supervisor	Live supervision/ observation	Recorded therapy sessions	Reporting on therapy sessions	Enactment of therapy sessions/ role-play	Supervisor using enquiry as learning technique
Hipp & Munson (1995)	✓								
Carroll (1996)			✓	✓	✓	✓	✓	✓	
Carroll (1996)	✓					✓	✓	✓	
Haber (1996)					✓	✓	✓	✓	
Liese & Beck (1997)			✓			✓	✓	✓	
Ward & House (1998)							✓		
Bob (1999)	✓						✓		
Nelson & Johnson (1999)	✓								
Edwards & Chen (1999)	✓			✓			✓		
Granello (2000)			✓				✓	✓	✓
Gilbert & Evans (2000)	✓		✓	✓		✓	✓	✓	✓
Scaife (2001)	✓		✓	✓	✓	✓	✓	✓	✓

	Interactive discussion between supervisor and supervisee to further understanding/ decide on focus	Supervisee takes charge of what is shared in supervision	Discussion of theories and reading of literature	Shared experience from the supervisor	Live supervision/ observation	Recorded therapy sessions	Reporting on therapy sessions	Enactment of therapy sessions/ role-play	Supervisor using enquiry as learning technique
Frawley-O'Dea & Sarnat (2001)	✓			✓					
Lee & Everett (2004)	✓		✓		✓	✓	✓		
Ladany et al. (2005)			✓		✓	✓	✓	✓	
Armstrong & Freeston (2006)	✓				✓	✓	✓	✓	
Morgan & Sprenkle (2007)	✓		✓				✓		
Inskipp and Proctor (2009)	✓	✓			✓	✓	✓		
Page and Wosket (2015)	✓		✓	✓		✓	✓	✓	

Appendix F

Table F.1. Model focus on evaluation aspects of supervision

Model/ approach — No. of models with element	Assessment/ evaluation of supervisees 31 (59.62%)	Evaluating/ monitoring work with clients 7 (13.46%)	Feedback from supervisor and/or supervisee 30 (57.69%)	Feedback from clients 2 (3.85%)
Hogan (1964)				
Ekstein & Wallerstein (1972)	✓			
Mueller & Kell (1971)				
Delaney (1972)				
Ard (1973)				
Bernard (1979)	✓		✓	
Littrell et al. (1979)	✓			
Langs (1980)	✓		✓	
Rice (1980)	✓		✓	
Linehan (1980)	✓	✓	✓	✓
Beier & Young (1980)	✓		✓	
Stoltenberg (1981)				
Loganbill et al. (1982)	✓			
Yogev (1982)	✓		✓	
Blocher (1983)			✓	
Bordin (1983)	✓		✓	
Hosford & Barmann (1983)	✓		✓	
Patterson (1983)	✓		✓	
Wessler & Ellis (1983)	✓		✓	
Connell (1984)				

	Assessment/ evaluation of supervisees	Evaluating/ monitoring work with clients	Feedback from supervisor and/or supervisee	Feedback from clients
Grater (1985)			✓	
Friedmand & Kaslow (1986)	✓			
Hess (1986)	✓		✓	
Stoltenberg & Delworth (1987)	✓	✓	✓	
Ault-Riche (1988)				
Watkins (1990)				
Wetchler (1990)			✓	
Mead (1990)	✓	✓	✓	
Hawkins & Shohet (2012)				
Rodenhauser (1994)	✓			
Thomas (1994)				
Rigazio-DiGilio & Anderson (1994)				
Holloway (1995)	✓			
Hipp & Munson (1995)				
Carroll (1996)	✓		✓	
Carroll (1996)	✓	✓	✓	
Haber (1996)	✓		✓	
Liese & Beck (1997)			✓	
Ward & House (1998)				
Bob (1999)				
Nelson & Johnson (1999)	✓		✓	
Edwards & Chen (1999)				
Granello (2000)	✓	✓	✓	
Gilbert & Evans (2000)	✓	✓	✓	
Scaife (2001)			✓	

	Assessment/ evaluation of supervisees	Evaluating/ monitoring work with clients	Feedback from supervisor and/or supervisee	Feedback from clients
Frawley-O'Dea & Sarnat (2001)	✓		✓	
Lee & Everett (2004)	✓		✓	✓
Ladany et al. (2005)	✓		✓	
Armstrong & Freeston (2006)				
Morgan & Sprenkle (2007)	✓		✓	
Inskipp and Proctor (2009)	✓		✓	
Page and Wosket (2015)	✓	✓	✓	

Appendix G

Table G.1. Model focus on management aspects of supervision.

Model/ approach No. of models with element	Contract 12 (23.08%)	Re-contracting 2 (3.85%)	Termination 9 (17.31%)	Supervision of supervision 5 (9.62%)
Hogan (1964)	✓			
Ekstein & Wallerstein (1972)				
Mueller & Kell (1971)				
Delaney (1972)				
Ard (1973)	✓	✓		✓
Bernard (1979)	✓			
Littrell et al. (1979)				
Langs (1980)	✓		✓	
Rice (1980)				
Linehan (1980)				
Beier & Young (1980)				
Stoltenberg (1981)				
Loganbill et al. (1982)				
Yogev (1982)				
Blocher (1983)				
Bordin (1983)				
Hosford & Barmann (1983)	✓			
Patterson (1983)				
Wessler & Ellis (1983)				
Connell (1984)				
Grater (1985)				
Friedmand & Kaslow (1986)			✓	
Hess (1986)				

	Contract	Re-contracting	Termination	Supervision of supervision
Stoltenberg & Delworth (1987)				
Ault-Riche (1988)				
Watkins (1990)			✓	
Wetchler (1990)				
Mead (1990)				
Hawkins & Shohet (2012)	✓		✓	
Rodenhauser (1994)				
Thomas (1994)	✓			
Rigazio-DiGilio & Anderson (1994)				
Holloway (1995)				
Hipp & Munson (1995)	✓			
Carroll (1996)			✓	
Carroll (1996)				
Haber (1996)				
Liese & Beck (1997)	✓			✓
Ward & House (1998)	✓	✓		✓
Bob (1999)	✓			✓
Nelson & Johnson (1999)			✓	
Edwards & Chen (1999)			✓	
Granello (2000)	✓			✓
Gilbert & Evans (2000)				
Scaife (2001)				
Frawley-O'Dea & Sarnat (2001)				
Lee & Everett (2004)				
Ladany et al. (2005)			✓	
Armstrong & Freeston (2006)				
Morgan & Sprenkle (2007)				

	Contract	Re-contracting	Termination	Supervision of supervision
Inskipp and Proctor (2009)				
Page and Wosket (2015)			✓	

Appendix H

Table H.1. Model focus on relationships in supervision.

Model/ approach No. of models with element	Relationship between supervisor and supervisee	Relationship between supervisee and client	Relationship between supervisor and client
	43 (82.69%)	27 (51.92%)	3 (5.77%)
Hogan (1964)	✓	✓	
Ekstein & Wallerstein (1972)	✓		
Mueller & Kell (1971)	✓	✓	✓
Delaney (1972)	✓	✓	
Ard (1973)	✓		
Bernard (1979)	✓	✓	
Littrell et al. (1979)	✓	✓	
Langs (1980)	✓		
Rice (1980)	✓	✓	
Linehan (1980)	✓	✓	
Beier & Young (1980)			
Stoltenberg (1981)	✓	✓	
Loganbill et al. (1982)			
Yogev (1982)	✓	✓	
Blocher (1983)	✓		
Bordin (1983)	✓		
Hosford & Barmann (1983)	✓	✓	
Patterson (1983)	✓		
Wessler & Ellis (1983)		✓	
Connell (1984)	✓		
Grater (1985)	✓		
Friedmand & Kaslow (1986)	✓	✓	

Model/ approach	Relationship between supervisor and supervisee	Relationship between supervisee and client	Relationship between supervisor and client
Hess (1986)	✓		
Stoltenberg & Delworth (1987)	✓	✓	✓
Ault-Riche (1988)	✓	✓	
Watkins (1990)	✓	✓	
Wetchler (1990)		✓	
Mead (1990)	✓	✓	
Hawkins & Shohet (2012)	✓		
Rodenhauser (1994)	✓		
Thomas (1994)	✓		
Rigazio-DiGilio & Anderson (1994)	✓	✓	
Holloway (1995)	✓		
Hipp & Munson (1995)	✓		
Carroll (1996)		✓	
Carroll (1996)	✓	✓	
Haber (1996)	✓		
Liese & Beck (1997)	✓	✓	
Ward & House (1998)	✓	✓	
Bob (1999)	✓	✓	✓
Nelson & Johnson (1999)	✓		
Edwards & Chen (1999)	✓	✓	
Granello (2000)	✓	✓	
Gilbert & Evans (2000)	✓	✓	
Scaife (2001)			
Frawley-O'Dea & Sarnat (2001)	✓		
Lee & Everett (2004)			
Ladany et al. (2005)	✓		

Model/ approach	Relationship between supervisor and supervisee	Relationship between supervisee and client	Relationship between supervisor and client
Armstrong & Freeston (2006)	✓		
Morgan & Sprenkle (2007)			
Inskipp and Proctor (2009)			
Page and Wosket (2015)	✓	✓	

Appendix I

Table I.1. Model focus on different supervision formats.

Model/ approach (No. of models with element)	Group supervision 21 (40.38%)	Peer supervision 14 (26.92%)	Self-supervision 4 (7.69%)	Phone/ email/ tele-conferencing supervision 2 (3.85%)	Client invited into supervision 1 (1.92%)
Hogan (1964)	✓	✓		✓	
Ekstein & Wallerstein (1972)					
Mueller & Kell (1971)	✓				
Delaney (1972)					
Ard (1973)	✓	✓			
Bernard (1979)					
Littrell et al. (1979)					
Langs (1980)					
Rice (1980)					
Linehan (1980)	✓	✓			
Beier & Young (1980)					
Stoltenberg (1981)					
Loganbill et al. (1982)		✓			
Yogev (1982)	✓	✓			
Blocher (1983)	✓				
Bordin (1983)	✓				
Hosford & Barmann (1983)	✓				
Patterson (1983)	✓				
Wessler & Ellis (1983)	✓				
Connell (1984)	✓	✓			

Model/ approach	group supervision	peer supervision	Self-supervision	Phone/ email/ tele-conferencing supervision	Client invited into supervision
Grater (1985)					
Friedmand & Kaslow (1986)					
Hess (1986)					
Stoltenberg & Delworth (1987)					
Ault-Riche (1988)	✓	✓			
Watkins (1990)		✓			
Wetchler (1990)					
Mead (1990)					
Hawkins & Shohet (2012)					
Rodenhauser (1994)					
Thomas (1994)					
Rigazio-DiGilio & Anderson (1994)					
Holloway (1995)		✓			
Hipp & Munson (1995)			✓		
Carroll (1996)					
Carroll (1996)					✓
Haber (1996)	✓			✓	
Liese & Beck (1997)	✓				
Ward & House (1998)	✓	✓			
Bob (1999)					
Nelson & Johnson (1999)			✓		
Edwards & Chen (1999)					
Granello (2000)	✓	✓			
Gilbert & Evans (2000)	✓		✓		

Model/ approach	group supervision	peer supervision	Self-supervision	Phone/ email/ tele-conferencing supervision	Client invited into supervision
Scaife (2001)					
Frawley-O'Dea & Sarnat (2001)	✓	✓			
Lee & Everett (2004)	✓	✓			
Ladany et al. (2005)	✓				
Armstrong & Freeston (2006)			✓		
Morgan & Sprenkle (2007)					
Inskipp and Proctor (2009)	✓	✓			
Page and Wosket (2015)					

Appendix J

Table J.1. General aspects of the supervision models.

Model/ approach No. of models with element	Transference and/ or parallel processes 27 (51.92%)	Acknowledge ment of wider context of therapy process 22 (42.31%)	Stage/ level/ step model 20 (38.46%)	Focus mainly on trainee rather than therapist 18 (34.62%)	Focus on solutions/ strengths over problems 5 (9.62%)
Hogan (1964)	✓	✓			
Ekstein & Wallerstein (1972)	✓				
Mueller & Kell (1971)	✓	✓			
Delaney (1972)	✓	✓			
Ard (1973)	✓	✓	✓		
Bernard (1979)	✓	✓		✓	
Littrell et al. (1979)	✓	✓			
Langs (1980)	✓	✓	✓		
Rice (1980)					
Linehan (1980)	✓	✓	✓	✓	
Beier & Young (1980)			✓	✓	
Stoltenberg (1981)		✓	✓		
Loganbill et al. (1982)			✓	✓	
Yogev (1982)	✓	✓	✓		
Blocher (1983)		✓			
Bordin (1983)					
Hosford & Barmann (1983)					
Patterson (1983)		✓	✓		
Wessler & Ellis (1983)		✓		✓	
Connell (1984)	✓				

Model/ approach	Transference and/ or parallel processes	Acknowledgement of wider context of therapy process	Stage/ level/ step model	Focus mainly on trainee rather than therapist	Focus on solutions/ strengths over problems
Grater (1985)	✓		✓		
Friedmand & Kaslow (1986)	✓	✓			
Hess (1986)		✓			
Stoltenberg & Delworth (1987)	✓	✓		✓	
Ault-Riche (1988)		✓			
Watkins (1990)	✓		✓	✓	
Wetchler (1990)	✓	✓		✓	
Mead (1990)	✓				
Hawkins & Shohet (2012)			✓		
Rodenhauser (1994)	✓	✓	✓		
Thomas (1994)				✓	✓
Rigazio-DiGilio & Anderson (1994)			✓	✓	
Holloway (1995)			✓	✓	
Hipp & Munson (1995)			✓	✓	
Carroll (1996)	✓		✓		
Carroll (1996)					✓
Haber (1996)				✓	
Liese & Beck (1997)	✓				✓
Ward & House (1998)	✓	✓			
Bob (1999)	✓	✓			
Nelson & Johnson (1999)		✓	✓		
Edwards & Chen (1999)	✓			✓	
Granello (2000)	✓				
Gilbert & Evans (2000)	✓				

Model/ approach	Transference and/ or parallel processes	Acknowledgement of wider context of therapy process	Stage/ level/ step model	Focus mainly on trainee rather than therapist	Focus on solutions/ strengths over problems
Scaife (2001)					
Frawley-O'Dea & Sarnat (2001)				✓	
Lee & Everett (2004)	✓			✓	
Ladany et al. (2005)			✓	✓	✓
Armstrong & Freeston (2006)			✓		
Morgan & Sprenkle (2007)					✓
Inskipp and Proctor (2009)					
Page and Wosket (2015)	✓		✓	✓	

Appendix K

Table K.1. Model focus on other aspects of supervision.

Model/ approach \ No. of models with element	Goal setting	Homework	Use of imagery/ metaphor	Regression accepted in supervision	Expects preparation from therapist coming to supervision	Co-therapy with supervisor	Supervisor can treat/ counsel supervisee if agreed by both parties	Acknowledge-ment of emergency situations	Acknowledge-ment of how an administrator fits into the supervisory process
	31 (59.62%)	2 (3.85%)	2 (3.85%)	2 (3.85%)	8 (15.38%)	5 (9.62%)	3 (5.77%)	4 (7.69%)	2 (3.85%)
Hogan (1964)					✓				
Ekstein & Wallerstein (1972)									
Mueller & Kell (1971)									
Delaney (1972)				✓			✓		
Ard (1973)	✓		✓		✓				
Bernard (1979)									
Littrell et al. (1979)							✓		
Langs (1980)	✓				✓				

Model/ approach	Goal setting	Homework	Use of imagery/ metaphor	Regression accepted in supervision	Expects preparation from therapist coming to supervision	Co-therapy with supervisor	Supervisor can treat/ counsel supervisee if agreed by both parties	Acknowledge-ment of emergency situations	Acknowledge-ment of how an administrator fits into the supervisory process
Rice (1980)	✓								
Linehan (1980)	✓								
Beier & Young (1980)						✓			
Stoltenberg (1981)	✓								
Loganbill et al. (1982)					✓				
Yogev (1982)	✓								
Blocher (1983)	✓				✓				
Bordin (1983)	✓	✓							
Hosford & Barmann (1983)	✓								
Patterson (1983)	✓								
Wessler & Ellis (1983)					✓				
Connell (1984)	✓	✓					✓		
Grater (1985)									

Model/ approach	Goal setting	Homework	Use of imagery/ metaphor	Regression accepted in supervision	Expects preparation from therapist coming to supervision	Co-therapy with supervisor	Supervisor can treat/ counsel supervisee if agreed by both parties	Acknowledge-ment of emergency situations	Acknowledge-ment of how an administrator fits into the supervisory process
Friedmand & Kaslow (1986)	✓								
Hess (1986)									
Stoltenberg & Delworth (1987)								✓	✓
Ault-Riche (1988)	✓								
Watkins (1990)					✓				
Wetchler (1990)									
Mead (1990)									
Hawkins & Shohet (2012)	✓					✓			
Rodenhauser (1994)									
Thomas (1994)	✓				✓				
Rigazio-DiGilio & Anderson (1994)									
Holloway (1995)	✓								

Model/ approach	Goal setting	Homework	Use of imagery/ metaphor	Regression accepted in supervision	Expects preparation from therapist coming to supervision	Co-therapy with supervisor	Supervisor can treat/ counsel supervisee if agreed by both parties	Acknowledge-ment of emergency situations	Acknowledge-ment of how an administrator fits into the supervisory process
Hipp & Munson (1995)	✓								
Carroll (1996)	✓								
Carroll (1996)	✓								
Haber (1996)									✓
Liese & Beck (1997)	✓								
Ward & House (1998)	✓								
Bob (1999)	✓		✓			✓		✓	
Nelson & Johnson (1999)	✓					✓		✓	
Edwards & Chen (1999)	✓			✓					
Granello (2000)	✓								
Gilbert & Evans (2000)								✓	
Scaife (2001)									

Model/ approach	Goal setting	Homework	Use of imagery/ metaphor	Regression accepted in supervision	Expects preparation from therapist coming to supervision	Co-therapy with supervisor	Supervisor can treat/ counsel supervisee if agreed by both parties	Acknowledge-ment of emergency situations	Acknowledge-ment of how an administrator fits into the supervisory process
Frawley-O'Dea & Sarnat (2001)	✓								
Lee & Everett (2004)									
Ladany et al. (2005)	✓								
Armstrong & Freeston (2006)	✓								
Morgan & Sprenkle (2007)	✓								
Inskipp & Proctor (2009)	✓					✓			
Page & Wosket (2015)	✓								

Appendix L

Table L.1. Empirical evidence use in models.

Model/ approach \ No. of models with element	Cites empirical evidence 46 (88.46%)	Based on empirical evidence 0
Hogan (1964)		
Ekstein & Wallerstein (1972)	✓	
Mueller & Kell (1971)		
Delaney (1972)		
Ard (1973)		
Bernard (1979)	✓	
Littrell et al. (1979)	✓	
Langs (1980)	✓	
Rice (1980)	✓	
Linehan (1980)	✓	
Beier & Young (1980)	✓	
Stoltenberg (1981)		
Loganbill et al. (1982)	✓	
Yogev (1982)	✓	
Blocher (1983)	✓	
Bordin (1983)	✓	
Hosford & Barmann (1983)	✓	
Patterson (1983)		
Wessler & Ellis (1983)	✓	
Connell (1984)	✓	
Grater (1985)	✓	
Friedmand & Kaslow (1986)	✓	
Hess (1986)	✓	
Stoltenberg & Delworth (1987)	✓	
Ault-Riche (1988)	✓	
Watkins (1990)		
Wetchler (1990)	✓	

Model/ approach	Cites empirical evidence	Based on empirical evidence
Mead (1990)	✓	
Hawkins & Shohet (2012)	✓	
Rodenhauser (1994)	✓	
Thomas (1994)	✓	
Rigazio-DiGilio & Anderson (1994)	✓	
Holloway (1995)	✓	
Hipp & Munson (1995)	✓	
Carroll (1996)	✓	
Carroll (1996)	✓	
Haber (1996)	✓	
Liese & Beck (1997)	✓	
Ward & House (1998)	✓	
Bob (1999)	✓	
Nelson & Johnson (1999)	✓	
Edwards & Chen (1999)	✓	
Granello (2000)	✓	
Gilbert & Evans (2000)	✓	
Scaife (2001)	✓	
Frawley-O'Dea & Sarnat (2001)	✓	
Lee & Everett (2004)	✓	
Ladany et al. (2005)	✓	
Armstrong & Freeston (2006)	✓	
Morgan & Sprenkle (2007)	✓	
Inskipp & Proctor (2009)		
Page & Wosket (2015)	✓	