Author’s response to reviews

Title: Empirical research in clinical supervision: A systematic review and suggestions for future studies

Authors:
Franziska Kühne (dr.franziska.kuehne@uni-potsdam.de)
Jana Maas (jamaas@uni-potsdam.de)
Sophia Wiesenthal (s_wiesenthal@posteo.de)
Florian Weck (fweck@uni-potsdam.de)

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Author’s response to reviews:

(Reviewer 1): (changes highlighted in green)

Major issues

1. My one major issue with this manuscript is that the aim and purpose of the study is unclear and is described somewhat differently at different points in the text. More importantly, the aims do not correspond fully to the content and execution of the study. For example, in the abstract the aims are described as "review the current empirical literature on clinical supervision, specifically regarding supervision aspects, study design issues and the effects of clinical supervision.". These goals are ambitious but are unfortunately not fully met in the manuscript. For example, it is unclear what is meant by supervision aspects and there is no comprehensive description of the supervision aspects of all included studies. After having read the manuscript I perceive that the study aims were to review the status and quality of the empirical literature on supervision and to provide suggestions for future research, which are indeed very important research goals. I would strongly suggest scrutinizing the wordings of the aims and be very careful in aligning the aims with the study methods and results.

>>> Thank you very much for your helpful review, and especially for highlighting this important aspect. We thus captured your suggestion, and adapted and reworded the respective text passages (p. 2, 5, 8, 9, 11).
2. Also, the title of the paper should correspond better to the aims and the term "evidence-based" in the title is misleading since assessing the evidence base is not a purpose of this study and none of the included studies can claim to be evidence-based. I would suggest something along the lines of "Empirical research in clinical supervision: A systematic review and suggestions for future studies".

>>> Thanks for your suggestion, which we realized by rephrasing the title.

Minor issues

1 The study includes results from a survey among other researchers but this part is not clearly stated in the aims of the study. Since it constitutes a major part of the results it should be highlighted in the aims.

>>> Since ethical concerns did not enable publication of the survey results, we agreed with the editor to omit the survey from the manuscript. Please find the communication with the editor at the end of the cover letter.

2 While well-written, there are some cumbersome or awkward phrasings in the text that would benefit from further proof reading.

>>> Thank you for your hint. We took professional language editing again, and uploaded the AJE certificate to the online submission system.

3 The authors decide to include all forms of psychotherapy but should then discuss if and how supervision is different between theoretical schools. The recommendation to conduct more studies on clinical supervision of psychodynamic therapy is only relevant if there are important differences. And if there are important differences, then perhaps we need to investigate supervision within each theoretical framework separately? At least it is a worthwhile topic for discussion.

>>> The recommendation to conduct more studies on psychodynamic therapy was put into perspective by the former survey results, and therefore, was not preserved in the current version of the manuscript. In the current version, we decided to avoid confusion, and to adhere to our viewpoint not to limit the review to psychotherapeutic approaches. Since the survey was omitted and as the second reviewer also argued for a meta-theoretical perspective, we reworded the recommendation on p. 8 into “Conduct supervision from a meta-theoretical perspective”. Further, we added the meta-theoretical view to the discussion section on p. 11.
In the results section, the effects of clinical supervision are presented very vaguely due to the variety of designs used in different studies and no firm conclusions can be drawn. The decision to include all forms of study designs clearly limits the possibility to draw firm conclusions in this regard and needs to be discussed.

>>> We included this important point in the discussion section (p. 13) by including the following sentences: “Since the review aimed to illustrate the status and quality of supervision research, we did not restrict it to specific designs, but mapped the status quo. This necessarily increased heterogeneity, and especially regarding supervision effects, it limited the possibility to draw clear-cut conclusions or to combine the results statistically.”

In recommendation 1, the authors suggest constructing adherence and competence scales for supervision but it is unclear exactly what is meant and how these would be different from existing instruments such as the SAGE and the SCS?

>>> This aspect referred to results from the online survey, which is not included in the manuscript anymore.

Overall, the recommendations for future studies are sound but also obvious from a methodological point of view since they all refer to conducting more rigorous and scientifically robust research. The authors may consider stating more concise recommendations for future research in this area and provide examples.

>>> Thank you very much for highlighting this important aspect. In accordance with the other reviewer’s comments, we now refer more explicitly to the competency-based supervision model in the conclusion section, and added the following aspects and bullet points (p. 14): Taking a competency-based view, the following are examples of significant foci of future practice but also of supervision research (Kühne et al., 2017; APA, 2018; Falender, 2018; Gonsalvez & Calvert, 2014): Define, review and continuously develop supervisor competencies. Include active methods, live feedback and video-based supervision. Enhance the deliberate commitment to ethical standards to protect patients. Positively value and include scientific knowledge and progress. Foster profession-long learning of supervisees and supervisors. […] but also experimental studies […]”

The authors mention that some studies included in other contemporary reviews were not included in the present one but it is unclear why and what effects this may have on the conclusions.
Thank you for pointing this out. We explained this aspect further in the limitations section (p. 13) by including the following sentences: “More specifically, one study was not located via our search strategy, and the other publications did not describe explicitly if the patients were adults. As the excluded publications were mainly referring to CBT supervision, it generally reflects the stronger evidence-base of CBT that has its roots in basic research.”

Reviewer 2: (changes highlighted in blue)

Clearly clinical supervision is a distinctly neglected topic. This manuscript is an important addition to the existent (sparse) literature and empirical exploration. The mere fact that so few supervision publications met criteria is data enough!

Thank you so much for your helpful suggestions and supporting remarks. Due to your first comment, we pointed out the small sample size more precisely on p. 10 (“Despite using wide inclusion criteria, it is remarkable that only such a small number of studies could be included.”).

I wish they had referenced the APA Guidelines for Clinical Supervision (2014, 2015) more extensively and inclusively as they represent the zeitgeist of supervision practice and research in the U.S. and are a culmination of the various approaches with a committee composed of most of the research leaders in clinical supervision. That approach, metatheoretical in nature, is important as so many of the studies have been through the lens of CBT, as the authors illustrate in publications that met criteria for inclusion. It would have been very important to consider the guidelines and the components of clinical supervision as a lens.

Thank you for proposing the inclusion of this important reference. We added the following paragraph on p. 11: “Aside from psychotherapy approaches, the meta-theoretical perspective of competency-based supervision, as proposed by the American Psychological Association (2014, 2018), provides a more integrative and broader view. Their supervision guidelines involve seven key domains central to good-quality supervision, from supervisor competencies to diversity or ethical issues. Importantly, they describe supervision to be science-informed, which again underlines the importance of supervisors and supervisees to keep their evidence-based knowledge and skills up-to-date during profession-long learning.”

And we added the following sentence on p. 3: “Hence, it is pivotal for supervisors to reflect upon their own knowledge or skills gaps, and to engage in further qualification (APA, 2018).”
I also wish the authors would address more specifically and emphatically their excellent point that supervisee satisfaction is an inadequate measure of clinical supervision.

>>>Thank you again, we thus added the following aspect on p. 12: “Taken from health care-related conceptualizations (Brettschneider, 2011), subjective satisfaction may depend on a number of variables, such as mutual expectations, communication, the supervisory relationship, the access to supervision or financial strains. In this sense, satisfaction is distinct from learning and competence development.”

Confusion of coaching, feedback, and supervision could be more clearly identified and distinguished.

>>> You are right, we added the following definitions on p. 4: “Besides providing a definition on clinical supervision, it is relevant to delineate related terms. One is feedback, a supervision technique that “refers to the ‘timely and specific’ process of explicitly communicating information about performance” (APA, 2018, p. 28). Contrary to supervision, coaching strives to enhance well-being and performance in personal and work domains (www.isfcp.info/what-is-coaching-psychology), and is therefore clearly distinct from supervision and psychotherapy with mental health patients provided by licensed therapists.”

The recommendations are interesting but again, more reflective of a fragmented sense of what clinical supervision entails. This is an interesting manuscript, sad in that clinical supervision is so widely misunderstood. It would be incredibly helpful if the authors could present more of a framework for where the field needs to go to ensure that a study like this would be fruitful in the future. Examples include more specific attention to supervisor competencies, clarity about the actual supervision provided (modality, process), greater attention (as they do indicate) to live observation or video review to ensure the highest duty of the supervisor, protection of the client, a legal and ethical standard that may be generally neglected.

>>>Thanks again for pointing out this essential issue. In the conclusion section, we now refer more explicitly to the competency-based supervision model, and added the following aspects and bullet points (p. 14): Taking a competency-based view, the following are examples of significant foci of future practice but also of supervision research (Kühne et al., 2017; APA, 2018; Falender, 2018; Gonsalvez & Calvert, 2014): Define, review and continuously develop supervisor competencies. Include active methods, live feedback and video-based supervision. Enhance the deliberate commitment to ethical standards to protect patients. Positively value and include scientific knowledge and progress. Foster profession-long learning of supervisees and supervisors. […] but also experimental studies […].”
Editor’s comments: For the two reviewers, we are quoting the communication with the editor, Dr. Darren Byrne, on the online survey (which lead to its omission) below:

### 1 ###################################################################################################################

Sent: 05 June 2019 12:55

To: Darren Byrne

Cc: 'Florian Weck'

Subject: AW: your submission to BMC Psychology, PSYD-19-00054 - from Editor to Author

Dear Dr Byrne,

Thank you for your mail, I am answering to the two requests in the following.

1) Data was compiled anonymously, i.e., we did not ask participants to state any personal data. They were just asked to rank the 5 recommendations and give additional comments (see pdf of the survey enclosed). Further, we did not record IP-addresses or any other information related to the participants. Thus, participants took only part if they agreed. In case of anonymous data collection, of low-risk studies, non-invasive procedures, of studies not including patients or deception, our department does not require an official approval by an ethics committee.

2) The participants were informed that the survey was part of a systematic review registered with PROSPERO. In this context, publication is a usual standard. Please see the first lines of the survey and the e-mail participants received which I also enclosed.

For any other questions, please do not hesitate to contact me.

Kind regards

Franziska Kühne

### 2 ###################################################################################################################

Von: Darren Byrne [mailto:darren.byrne@springernature.com]
Dear Dr. Kühne

Thank you for your response.

I have further assessed your survey and response. As you have stated that this survey is exempt from ethical approval we require responses to the following statements:

1) A clear statement that ethics approval wasn’t required.
2) Identify the governing body that approved the exemption/granted the waiver, or that issued the guidelines the authors are following that indicate the study is exempt.
3) An explicit statement that informed consent was obtained.

I look forward to your response.

Kind Regards

Darren

### 3 ###################################################################

From: Franziska Kühne [mailto:dr.franziska.kuehne@uni-potsdam.de]

Sent: 17 June 2019 13:27

To: Darren Byrne

Cc: 'Florian Weck'; Jana Maas; Sophia Wiesenthal
Since exempting ethical approval referred to an inner-departmental agreement, I suppose that there does not exist any formal document on this issue. Further, we only considered the implicit agreement to participation.

Therefore, we would like to suggest to omit the additional part of the survey from the study, and concentrate on its central part, the systematic review. This was also the more labour-intensive and more informative part, which is why we hope that our suggestion may offer a positive solution.

As a proposal, I have deleted Appendix 1 and changed the sentences that referred to the online survey (I highlighted the last paragraphs before deletions and the changes made in yellow in the word document). What do you think?

Kind Regards

Franziska
Dear Dr. Kühne

Thank you for responding and for the suggested changes to your manuscript.

I agree with your proposed course of action. As peer review of your manuscript is now complete, I will send you a decision on your manuscript, this will allow you to revise your manuscript and respond to the reviewers' comments.

Kind Regards

Darren