Knowledge Practices in Clinical Supervision:

A Qualitative Study with Psychologists

Belinda Gottschalk

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Certificate of original authorship

I, Belinda Gottschalk, declare that this thesis, is submitted in fulfilment of the requirements for the award of PhD, in the Faculty of Arts and Social Sciences at the University of Technology Sydney.

This thesis is wholly my own work unless otherwise reference or acknowledged.

In addition, I certify that all information sources and literature used are indicated in the thesis.

This document has not been submitted for qualifications at any other academic institution.

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Abstract

It is well recognised that professionals should continue to learn throughout their working lives. In healthcare professions, one common practice designed to achieve this is clinical supervision. Supervision occurs within the context of rapidly changing professional lives, where widely available and ever-changing knowledge has led to a bombardment of information that is both empowering and confusing to professionals and their clients. Research that explores how professionals work with knowledge through supervision could shed light in this area. This is highly relevant to psychology, where the regulatory body prescribes that professionals meet regularly with colleagues to discuss their practice.

Much existing supervision literature conceptualises the practice in an individualised, decontextualised and reductionistic fashion, which is influenced by recent drives towards competency-based and evidence-based practice. This practice-based study aimed to examine and understand clinical supervision using an epistemic practice perspective, and in so doing, address gaps and offer a novel conceptual and methodological lens. The research posed two questions, namely, 'From an epistemic perspective, what is discussed in clinical supervision?', and 'What epistemic practices are enacted in clinical supervision and with what effects?'

Three pairs of psychologists audio-recorded five consecutive supervision sessions and were interviewed twice over that time. The sessions were analysed with a view to identifying and examining what was discussed, how problems were epistemically framed and what knowledge objects emerged in supervision conversations. Knorr Cetina's concept of epistemic object was activated in conceptualising and analysing how the psychologists approached knowledge objects. Further, epistemic practices that served to expand knowledge objects and make knowledge actionable were identified and explored. These included the recontextualisation of knowledge drawn from practice and theory, reframing, wondering, story-telling and asking expansive questions. Supervisors and supervisees activated these practices in an entangled fashion to build and extend knowledge within a context of collaboration.

The study makes empirical, conceptual and methodological contributions to the fields of supervision, and professional practice and learning. It illuminates the content of supervision, revealing it to be an epistemically intense practice involving skillful and continuous recontextualisation of knowledge. Concepts previously activated in studying knowledge practices are extended, and a fine-grained, longitudinal, practice-based study that does justice to the complexity of supervision is offered and demonstrates how knowledge is 'always in the making in supervision'. The research

builds an original understanding of supervision as emergent, complex and involving mutually constitutive engagement of practitioners and practice. Articulating supervision in this way provides novel and original understandings, offering possibilities for how this important professional learning practice is conceptualised and researched into the future.

Chapter 1: INTRODUCTION

THIS CHAPTER IS STRUCTURED AS FOLLOWS:

1.1 The reader is introduced to the research area and approach.

    1.1.1 The practice of clinical supervision is defined and broadly outlined.

    1.1.2 The implications of a focus on knowledge in the research are described.

1.2 The context for the study is explored in relation to:

    1.2.1 The demands faced by modern professionals in a knowledge-laden and risk averse society

    1.2.2 The Australian psychology supervision landscape

    1.2.3 Reasons for studying clinical supervision

    1.2.4 My position towards the research topic, as both researcher and practitioner

1.3 Given the context, the aim and research questions are stated. The novel nature of the theory (1.3.1) and methodology (1.3.2) underpinning the research is emphasised.

1.4 A brief outline of each chapter of the thesis is provided.

1.1 Introduction to the research

Clinical supervision (hereinafter referred to as 'supervision') is a key practice for learning and professional development across many professions. The existence of supervision is an acknowledgement by professionals that not all required knowledge can be pre-specified or taught as part of professional training programs, necessitating ongoing development in order for practitioners to best serve the public. Supervision has been studied extensively, coming in recent years to be seen as a field of practice in its own right (Falender & Shafranske 2014), as "more serious attention and fervent interest are now being directed towards supervision than at any other time in its 100-year plus history" (Watkins 2014a, p.267).

Thus a substantial body of supervision literature has developed, encompassing professions such as psychology, counselling, social work, medicine, nursing and teaching. Much of the available literature is focused on the potential value of supervision and how it can be improved to benefit practitioners, with the hope that this will then benefit those who consult them. The current literature is dominated by an emphasis on required competencies, evidence-based practice and accountability (Watkins 2012c), all key trends in modern-day professional practice. These offer advantages for practitioners and their clients, but also bring unintended consequences as they risk whittling the study of supervision down to recipes for 'best practice',

potentially downgrading practitioners' professional judgement and the artistry of practice.

This study focuses on psychology, examining how psychologists work with knowledge in supervision. Psychology employs supervision activities and methods common to many healthcare professions (Martin, Copley & Tyack 2014; Spence et al. 2001; Vandette & Gosselin 2019), thus a contribution to understanding psychology supervision is relevant to supervision more broadly. I investigate supervision from a new angle, using a novel methodological approach (a practice-based study) and an original conceptual lens - an epistemic practice perspective that builds on the recognition that professionals increasingly deal with complex forms of knowledge in their work. Supervision is conceptualised as a significant professional learning practice and explored using theory and methods that are unusual in the supervision literature, thereby advancing the study of supervision as well as the study of professional practice and learning.

1.1.1 What is clinical supervision?

Clinical supervision is essentially a practice where one professional (the supervisee) discusses their work with another (the supervisor). The supervisor is often more experienced or senior, and may be paid for undertaking this role. Supervision takes place in a host of different circumstances and comes to have different meanings in different contexts and professions (Dilworth et al. 2013; Kilminster & Jolly 2000). It is frequently confounded with practices such as consultation, mentoring, preceptorship, management or counselling (Buus & Gonge 2009; Clarkson & Aviram 1995; Davys & Beddoe 2010; Fowler & Cutcliffe 2011; Grant & Schofield 2007; Pack 2009; Wade & Jones 2015; Wright 2012). One definition rarely covers all variations of the practice, even within a single field (Sergiovanni, Starratt & Cho 1993). For example, in Australian psychology there is supervision for the purposes of initial registration, supervision as part of a training program for endorsement[1] and supervision for Continuing Professional Development (CPD) purposes.

Because supervision takes shape differently depending on the context in which it is enacted, one definition cannot apply to all situations. Given the diversity in supervision practice across professions and within psychology, I have chosen to describe the practice simply, using an operational definition that makes sense in the context of my

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[1] The term used to describe 'specialist' psychology registration in one of nine categories e.g. clinical psychologist, counselling psychologist, and organisational psychologist. Certain registered psychologists can undertake a period of supervised practice to become endorsed in one of these categories.

research. In this, I am inspired by MacLaren et al.'s claim that "rather than reducing supervision to a singular concept, it is helpful to think about supervision 'practices' (what is done)" (2016, p.3). Hence, clinical supervision is defined in this study as follows: a regular, ongoing professional activity that takes place between registered psychologists, in the context of a relationship wherein the supervisee discusses her work with the supervisor, who might be more experienced. The supervision forms part of both practitioners' CPD. This research studies supervision as a *practice*, the totality of which is made up of more than the sum of its parts or its participants. Since "a practice counts, as such, only for those who are capable of recognizing it" (Nicolini 2009, p.1405), the participants in this research see their activity as constituting supervision, with this recognition resting on the mutuality and familiarity of the practice as it has come to be defined by the community of psychologists of which they form a part.

The literature on supervision recognises that it is a highly complex activity (Cottrell et al. 2002; Creaner 2014; Dilworth et al. 2013; Kilminster & Jolly 2000; Scaife 2012), characterised by variety and uncertainty (Sergiovanni 1985) that make it "among the most complex of all activities associated with the practice of psychology" (Holloway & Wolleat 1994, p.30). The main reason for this is that the participants generally constitute a triad - supervisor, supervisee and client - yet the client is traditionally absent and the supervisor knows him/her only by hearsay. Each member of the triad has "a unique background, personality, and worldview" (Whiting 2007, p.140), all of which become entangled within supervision. Thus the practice does not readily lend itself to reductionistic understandings, leading this research to adopt an approach that acknowledges and accounts for complexity.

1.1.2 A focus on knowledge

This study foregrounds the epistemic dimensions of supervision. 'Epistemic' refers to knowledge, and what it means to know something (Damşa et al. 2010). Dictionary definitions of knowledge incorporate facts, skills, understandings, information, awareness and familiarity. In this research, knowledge includes all these aspects, encompassing knowing that, knowing how, knowing why, knowing for, knowing what and knowing when (Markauskaite & Goodyear 2016). Further, it sees knowledge as having a reciprocally constitutive and inextricable relationship with practice, "so that it does not make sense to talk about either knowledge or practice without the other" (Orlikowski 2002, p.250). Knowledge thus becomes "inseparable from the circumstances of its practical use" (Mäkitalo 2003, p.511).

'Knowledge work' in this research refers to the actions that psychologists undertake as they work with and on the knowledge that pertains to their practice (Hermansen 2014). Such work requires that professionals adapt their professional knowledge to work on the problems that they face in the course of everyday practice (Nerland & Jensen 2014b). This work rests on the knowledge base of their discipline, i.e. "the norms, values, concepts, routines and artefacts that are made relevant within a professional field by those who inhabit it" (Hermansen 2014, p.473). Although there will be a body of knowledge that remains relatively stable in practising a profession, this research views knowledge in the context of professional practice as uncertain, complex and emergent (Hopwood 2016). It is conceptualised as emerging through activity and interaction, such that knowledge is something *done* together (Gergen 1985) in situated contexts (Bruni, Gherardi & Parolin 2007). Further, the interaction that takes place in working with the problems of practice generates knowledge creation for professional practice (Markauskaite & Goodyear 2014; Sarja & Janhonen 2009; Sergiovanni 1985, p.15; Whiting 2007).

This study foregrounds knowledge, rather than learning, in a context where developing an understanding about professional learning is important (see 1.2). It is well established that clinical supervision is a professional learning practice (Bernard & Goodyear 2014; Carroll 2010; Wade & Jones 2015; Watkins 2012a), hence I take it as given that learning often takes place in supervision. I investigate this by adopting an epistemic lens that asks questions about knowledge, seeing knowledge work as a window onto supervision, which is a site of professional learning. Although my focus is on epistemic work in clinical supervision, I understand such work as potentially contributing to learning, hence the investigation of knowledge is inseparably connected to researching learning. My understanding of the relationship between knowledge and learning is explored further in 3.6.

1.2 Context for this study

This research is contextualised and justified in relation to the demands faced by healthcare professionals who practice supervision, the psychology supervision landscape in Australia, the relevance of researching supervision, and my involvement as both a psychologist and a researcher of supervision.

1.2.1 The demands on modern professionals

What it means to be a healthcare professional is changing due to rapid technological development and shifting institutional and societal conditions and demands (Edwards & Daniels 2012; Evetts 2014; Fenwick, Nerland & Jensen 2012; Jensen, Lahn & Nerland 2012). Increasingly, "forms of knowledge and ways of knowing now needed by professionals have become more complex" (Markauskaite & Goodyear 2014, p.82), making it difficult for higher education to prepare practitioners for practice and implying that ongoing, on-the-job learning is critically important as professionals develop and their careers progress. Professional work takes place in a society dominated by knowledge and which is increasingly risk-averse, both of which have profound implications for practice.

Technological advances have increased access to information on an unprecedented scale, and expert knowledge has become more prevalent in everyday society (Nerland & Jensen 2010). This 'knowledge society' (Knorr Cetina 1997) is characterised by new ways of producing and distributing knowledge and expertise, involving multiple global stakeholders and actors (Nerland 2018). Complex work situations make substantial demands on professionals, obliging them to "operate as "intermediaries" who, in the face of multiple kinds of knowledge and the stamp of uncertainty, are charged with solving problems and safeguarding collective and individual interests" (Jensen, Lahn & Nerland 2012, p.1). In this context, professionals need to learn to work with and integrate knowledge in new ways as epistemic environments become increasingly complex and contested (Nerland, Jensen & Bekele 2010), yet this is difficult as they face "knowledge conditions characterised by uncertainty, partiality and fragility" (Hopwood 2017a, p.122).

Coupled with the changes brought on by a knowledge society, current professional practice also takes place within a 'risk society' preoccupied with safety and oversight (Beddoe et al. 2016; Carmichael 2010; Mitchell 2018). Increased awareness of risk and accountability has led to renewed interest in supervision, which is seen as a means of avoiding risk and preventing mistakes (Beddoe 2012). This is accompanied by a growing emphasis on standardising professional guidelines and competencies,

suggesting that professionals measure their practice against existing knowledge. However, this does not take into account the emergent nature of knowledge and practice (Nerland 2016). Moves towards evidence-based practice i.e. the quest to base practice on science rather than on professional judgement or intuition, also reflect concerns about risk. However, some argue that the power of supervision to prevent against mistakes is a myth, and that "the search for perfection, and the wish to avoid all error, is part of an obsessional culture which is in danger of losing not only its freedom, but also the creativity that goes with it" (Henderson et al. 2000, p.202). Focusing primarily on evidence-based practice can lead to practice becoming devoid of artistry and intuition (Bradley 2009). Hence, this research strives to acknowledge the artistry and creativity of supervision by investigating it in a manner that does justice to its complexity.

In this context there are competing views of supervision. Some see it as increased surveillance and a means of social control (Gilbert 2001) with the potential to stifle professional growth (Beddoe 2010), while others argue that the responsibility and accountability of professionals obligates that they accept appropriate oversight (Clouder & Sellars 2004). Regardless of one's stance, these debates indicate the complexities and demands that professionals face when working with clients and organisations in contemporary society. For the participants in this research, the impact of risk and pressures of accountability are real and evident in supervision sessions, where they confront various ethical and professional concerns. The epistemic and personal demands that they face as a result of these complex situations contribute to the richness of knowledge work that becomes evident in the chapters that follow.

1.2.2 Psychology supervision in Australia

Clinical supervision is a relatively new area of research in Australia and New Zealand, appearing in the literature from the late 1990s (Lynch, Hancox & Happell 2011). As with the international literature (see Chapter 2), there is still a lack of consensus in understanding supervision, leading to debates between policymakers (e.g. professional boards) and practitioners, and sometimes resulting in negative connotations such as the idea of 'snoopervision' (Lynch, Hancox & Happell 2011).

The 1 July 2010 heralded a fundamental change to the structure of the health professions in Australia, including psychology. On this date, the Australian Health Practitioner Regulation Agency (AHPRA) was formed, bringing a national registration

and accreditation scheme to ten Australian health professions[2]. Prior to this, health professions had been regulated and organised by each individual state. In some respects, this overhaul constitutes a local reflection of the growth of regulation and governance resulting from the increased risk aversion discussed in 1.2.1 above (Carmichael 2010). It brought significant changes and challenges across the affected professions. In psychology, the newly formed Psychology Board of Australia (PBA) faced the challenge of integrating the different arrangements in each state into one coordinated system, with associated policies across a host of relevant areas. The PBA became responsible for setting policy, while AHPRA is responsible for administering it.

One such policy area is Continuing Professional Development (CPD). All generally registered psychologists[3], who currently number 30 685 in Australia (Psychology Board of Australia 2019), are now mandated to undertake thirty hours of CPD per year, of which at least ten hours must constitute 'peer consultation'. This is defined as "supervision, mentoring and consultation … for the purposes of professional development and support in the practice of psychology. It includes a critically reflective focus on the practitioner's own practice" (Psychology Board of Australia 2015, p.9). In practice, peer consultation tends to take the form of supervision, as this is the most likely and familiar context for discussing one's own practice.

Another area of change has been supervisor training. Prior to the inception of the PBA, training for psychology supervisors was not necessarily required. In 2013 it became mandatory for most categories of supervisor to undertake initial training and then renew their accreditation with a masterclass (refresher course) every five years (Psychology Board of Australia 2018). Currently, 21.6% (8 159) of generally registered psychologists are accredited by the PBA to act as supervisors (Psychology Board of Australia 2019). This applies only to psychologists who supervise students, interns, registrars[4], overseas qualified psychologists transitioning into Australian practice and psychologists returning to practice after a break of more than five years. To supervise one's peers or colleagues in the workplace (provided they do not fall into any of the above-mentioned categories) does not require approval by the PBA. Supervisor training has thus become an important component of the psychology landscape in Australia, making research on supervision in this context particularly pertinent.

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[2] This has grown to 16 professions in 2019.
[3] As opposed to provisionally registered psychologists, who are usually trainees or interns.
[4] Generally registered psychologists undertaking a period of supervised practice to attain endorsement in a specialised area of practice e.g. clinical psychology.

1.2.3 The importance of studying clinical supervision

Clinical supervision is the "signature pedagogy" (Bernard & Luke 2015, p.15) across health professions, making it a key professional learning practice. In psychology, it is the third most frequently undertaken professional activity (after psychotherapy and assessment) (Falender 2018). Supervision can be seen as a "professional watering hole" (Grant & Schofield 2007, p.11), offering a space and time outside of everyday practice where practitioners can receive support and educational input, as well as ensure that they are working competently and ethically. It is thus vitally important to study this significant practice and shed light on its various dimensions.

The changes in the structure of professional regulation in Australia (described in 1.2.2 above) have made research on supervision all the more relevant due to the requirement for psychologists to undertake peer consultation (which usually takes the form of supervision), as well as the growth in supervisor training programs. Supervision forms a critical component of each practitioner's CPD, and many psychologists will engage in supervisor training to earn and retain their accredited status as supervisors. However, there is generally no solid theoretical foundation for the way in which CPD is implemented, with policies often underpinned by problematic and outdated visions of what constitutes learning (Boud & Hager 2010; Boud & Hager 2012; Boud, Reich & Rooney 2011; Fenwick 2009). Furthermore, the local evidence base for developing supervisor training is small. Current, situated research is thus crucial in informing policy and practice.

Given that it is designed partly to support learning, supervision is a natural fit for investigating knowledge work among professionals (Köpsén & Nyström 2015). Yet studies of supervision have rarely focused on its epistemic dimensions. Nerland and Jensen call for research that "looks at professionals' engagement with knowledge beyond the frontline work with clients … where knowledge itself forms the object of exploration" (2012, p.108). Supervision is ideal in this regard, offering a space 'behind the scenes' of professional life, where knowledge work is integral to what takes place. As outlined in 1.2.1 above, professional work is highly complex and demanding. Rapidly produced and widely available knowledge has led to a bombardment of information that is both empowering and confusing to professionals and those whom they serve (Nerland & Jensen 2014a). Since supervision offers practitioners an activity through which they can navigate some of these demands, there is considerable value in understanding more about the practice and its relationship to knowledge.

Lastly, the most prevalent trends in the current supervision literature are competency-based supervision, evidence-based practice and accountability (Watkins 2012c). All

three of these are driven by societal demands for professional services to be efficient, streamlined, consistent and predictable. Such demands are a clue to what is valued by the professions and by society at large. However, these values may conflict with a conceptualisation of professional practice as emergent, unpredictable and in constant flux. Given supervision's importance within training and practice for healthcare professionals, there is significant benefit in studying the practice - to practitioners, policy-makers, healthcare administrators and other stakeholders.

1.2.4 Locating the researcher

I come to this study as an Educational and Developmental Psychologist with over twenty years of experience in a variety of contexts. I have experienced supervision throughout my career, both as a supervisee and a supervisor, and have been fortunate to have enjoyed supportive supervision experiences that contributed substantially to my professional development. I have been enriched both professionally and personally by acting as a supervisor, thereby contributing to the learning and development of individuals and groups. I have found supervision to be an empowering experience of considerable benefit to supervisors and supervisees.

Supervision forms an important component of a psychologist's work, as does psychotherapy. There is an abundant literature about what happens in psychotherapy, and over the course of my career I have read books that capture some of the 'magic' that occurs when the components of the therapy environment align in the best possible way, thereby transforming people's lives. I have rarely come upon literature that describes supervision in the same way, yet my experience has been that when supervision (like therapy) works well, its outcomes can be transformative. The challenge of how to capture this in writing, academically, set me on a quest to study supervision differently, acknowledging its magic while attempting to understand it analytically.

Part of my psychology career has been spent working as a Professional Officer at AHPRA, dealing with psychology regulation and registration. This work coincided with the structural changes in Australian professional life described in 1.2.2 above. Having previously only considered supervision at a local level through my individual experience, this brought new perspectives relating to far-reaching and organisational dimensions of supervision. The combination of these two areas of my experience - as a practitioner and a regulator - has brought me to this research.

I thus acknowledge my attachment to and investment in the object of my enquiry. Knorr Cetina (1997) (whose ideas are fundamental to this research) argues that

researchers develop a social relationship with the objects that they study, spurring them on to fill a 'lack' created by their need to know more. I will demonstrate and argue in the chapters that follow that my pursuit to understand more about supervision as an object of enquiry has built knowledge of value to the fields of supervision, professional practice and professional learning.

1.3 A new approach to studying clinical supervision

In responding to the relevance and importance of researching supervision, recent years have shown a profusion of studies, more so than ever before (Wilkins & Antonopoulou 2018). Despite this abundance of literature, there is limited research that describes what *actually* happens in supervision (Wilkens, Grant & Forrester 2017). Furthermore, research has tended to stem from a positivist framework, with an emphasis on building an evidence base that can inform what participants (usually supervisors) can do to optimise supervision practice. More recently this has manifested itself in a focus on competency-based supervision.

While not denying that this literature has contributed enormously to the practice of supervision, I will argue that supervision has not been conceptualised, researched or understood in a manner that does justice to its complexity or takes into account the inextricable relationships between the supervision context, its participants, the role of knowledge and the nuances of practice. This entanglement of knowledge and practice in action in supervision is not clearly understood or conceptualised, hence becomes the focus of this study. By bringing practice theory and epistemic practice resources to the study of supervision, I contribute new knowledge to the fields of supervision and professional practice. The chapters that follow will demonstrate that my theoretical and methodological approach illuminates aspects previously overlooked and overcomes some key limitations of existing work in the field.

In light of the context of supervision and previous approaches to its study, this research aimed to study supervision in a new way in order to attend to its complex dynamics differently. In meeting this aim, the study set out to answer the following two research questions:

- **Research question 1**: From an epistemic perspective, what is discussed in clinical supervision?
- **Research question 2**: What epistemic practices are enacted in clinical supervision, and with what effects?

The following sections briefly summarise the theoretical and methodological approaches adopted in answering these questions.

1.3.1 Theoretical approach

The conceptual framework for this research stems from practice theory, located within contemporary understandings of professional learning that emphasise the emergent nature of practice. Practice theory foregrounds "the detailed understanding of how real-time practices are carried out in the workplace" (Nicolini 2009, p.1391) and focuses on the practice, not the practitioner or other individuals involved (Hopwood 2016). This is expressed in my theoretical framework as well as my approach to design, methodology and analysis (see 1.3.2 below).

I conceptualise supervision as a practice in that it constitutes intentional, organised, social activity characterised by particular arrangements of sayings, doings and relatings (Kemmis 2009; Schatzki 2012). As a practice common in healthcare professions, supervision is itself comprised of multiple practices, of which knowledge practices constitute one aspect and form the focus of this research. Further, the practice of supervision constitutes one component of a web of other overlapping, interconnected, associated practices (Gherardi 2009a; Schatzki 2012), both within the psychology profession (e.g. psychotherapy, psychological assessment etc.) and outside of it (e.g. child protection, medicine etc.).

I have researched supervision with a view to illuminating its knowledge practices in a way that acknowledges its relational nature, situatedness and complexity. As such, knowledge and learning are seen as interconnected and enacted through practice in supervision. An epistemic practice perspective is adopted, focused on how knowing is produced, shared and accomplished in professional work (Hopwood & Nerland 2019). Specific concepts - knowledge objects and epistemic objects - are drawn from the theory of Knorr Cetina (1997, 2001). Other key conceptual components are the idea of knowledge recontextualisation (Guile 2014), as well as the concept of epistemic framing (Hopwood & Nerland 2019).

Compatible with practice theory, supervision is studied as a situated, complex and uncertain practice rather than a stable product of the individuals who practise it. Few studies of supervision have considered supervision from the contemporary perspective of practice-based approaches or drawn on the professional learning literature. Further, although practice theory has been used as a lens to study various professional work contexts, it has only rarely been used to research the practice of supervision. Given this is a novel approach to studying supervision, the research addresses conceptual

gaps in the supervision literature, links it to the professional learning literature and offers a new and original lens for analysis.

1.3.2 Methodological approach

The complexity of supervision (see 1.1.1) poses a challenge to meaningful research (Holloway & Wolleat 1994). In light of this, supervision research has been critiqued for a host of methodological shortcomings. My approach to this dilemma, in line with my conceptual framework, has been to undertake a practice-based, qualitative study focusing on close, detailed observation of situated practice in real time, across time. Three pairs of psychologists in regular and ongoing supervision audio-recorded five consecutive supervision sessions and emailed the audio-recordings to me. Each participant was interviewed on two occasions (midway through the process and at the end). Data was analysed using a combination of MAXQDA software and manual, spreadsheet-based approaches. More details are provided in Chapter 4.

1.4 Structure of the thesis

This thesis is comprised of nine chapters, structured as follows:

Chapter 1 has introduced the reader to the study of clinical supervision, describing what the practice involves and its contextual influences, particularly in Australia. The chapter has outlined my aim to study and understand clinical supervision in a new way, conceptually and methodologically, which has given rise to the study's research questions.

Chapter 2 provides a review of the clinical supervision literature. Broad themes are outlined, critically discussing how supervision has been framed as a research problem. This leads to identifying shortcomings and gaps in the literature, such as how little research has been undertaken into uncovering the actual, detailed content of supervision sessions. I argue that the general tendency has been to conceptualise supervision using reductionistic, individualistic and decontextualised understandings, which I aim to overcome by using contemporary theory of professional practice as a conceptual lens.

Chapter 3 delineates my conceptual framework by outlining what an epistemic practice perspective on supervision entails. I start by locating supervision as a professional learning practice, describing three key conceptualisations of professional learning that culminate in my conceptual focus, namely practice theory. I outline what this implies and go on to describe my main theoretical influence, the work of Knorr Cetina, whose focus on knowledge influenced the epistemic practice perspective. I explain some of Knorr Cetina's key concepts, focusing on epistemic objects, which are central to my

study. I then outline and explain the other key concepts activated in the research, namely epistemic practices, epistemic framing and recontextualisation. The chapter draws on and describes other professional practice research that adopts an epistemic practice perspective.

Chapter 4 presents the methodology of the research. I describe why I chose a practice-based study and how this fits with the conceptual framework described in Chapter 3 and the shortcomings of the literature as outlined in Chapter 2. I then outline the design of the research, methods of data collection and analysis, and details of the participants. I reflect on my role as researcher-practitioner, conceiving of it as 'intimate outsidership' (Ganong 2011). Lastly, I consider ethical considerations and methodological limitations.

Chapter 5, 6 and 7 present the study's findings. Each chapter focuses on one supervisory dyad, providing an overview of the content of their supervision sessions, discussing the epistemic frames that shaped the sessions, as well as the knowledge objects that emerged, including a consideration of which of these functioned as epistemic objects. The latter part of each chapter analyses and explores the epistemic practices that emerged in the sessions, identifying six predominant epistemic practices. These are: recontextualising knowledge from experience of practice to the case/issue, recontextualising theoretical knowledge to the case/issue, reframing, wondering, story-telling and asking expansive questions.

Chapter 8 integrates, discusses and theorises the findings of the three preceding chapters, exploring frames, knowledge objects and epistemic practices, emphasising their emergent and unfolding nature and considering the most relevant aspects pertaining to each. In doing this, the supervisory pairs are compared and contrasted, e.g. in their different approaches to epistemic objects and they ways in which they expand knowledge objects. Two key foci of expansion are identified, namely opening up the object with a view to insight and understanding, or to building actionable knowledge. In discussing epistemic practices, I explore the key role played by recontextualisation of theoretical and practice knowledge. Although analytical distinctions are made for the purposes of investigation and interpretation, the entangled and collaborative aspects of practice are emphasised.

Chapter 9 concludes this thesis by responding directly to the research questions, outlining the contributions made by the research (empirical, conceptual and methodological), critically reflecting on the research process and exploring the implications of the study.

Chapter 2: LITERATURE REVIEW: Clinical Supervision

THIS CHAPTER IS STRUCTURED AS FOLLOWS:

2.1 The supervision literature is introduced and the structure of the chapter is outlined.

2.2 Literature search strategies and the scope of the literature covered is described.

2.3 Key themes in the supervision literature are outlined, with a view towards critically discussing how supervision has been framed as a research problem. These themes are:

    2.3.1 How supervision is defined

    2.3.2 How the functions and purpose of supervision are conceptualised

    2.3.3 Whether and how supervision is worthwhile for its participants, and in what ways

    2.3.4 Whether and how supervision benefits supervisees' clients

    2.3.5 Factors identified empirically as more likely to make supervision effective

    2.3.6 The centrality of the supervision relationship

    2.3.7 Models used to conceptualise and optimise supervision

    2.3.8 Current trends towards competency-based and evidence-based supervision

2.4 Shortcomings and gaps in the supervision literature are identified and discussed. These include limited research on supervision content (2.4.1) , a tendency to understand supervision in a reductionistic (2.4.2), individualistic (2.4.3) and decontextualised (2.4.4) manner, and the absence of a contemporary theoretical lens in conceptualising supervision (2.4.5).

2.5 Concluding points are made regarding the supervision literature as a whole and how this research addresses identified gaps.

2.1 Introduction

An abundance of literature on clinical supervision has been published, particularly in the last 30 years. A consideration of this literature provides a sense of how the practice has been approached, and where consensus and dissent are manifest. I will argue that the general approach to the study of supervision is problematic in understanding the practice in a reductionistic, individualised and decontextualised fashion. Furthermore, it is rarely informed by contemporary theories of knowledge, learning and practice. The literature is thus limited in its conceptualisation of supervision practice, which has been exacerbated by the methodological limitations that characterise its study (see Chapter 4). This literature review starts with an overview of how literature was sourced and what literature was covered. It moves on to discuss key themes in the supervision literature, broadly covering knowledge claims that are widely accepted and those that are debated. The chapter concludes with a consideration of the conceptual and theoretical gaps and shortcomings in the literature, arguing for the

contribution of an alternative theoretical lens in informing new and different understandings of supervision.

2.2 Overview: Literature search strategies and scope of this review

The literature on clinical supervision was reviewed by consulting various databases - mainly EBSCO, ProQuest Education, Google Scholar, VOCED and PsycINFO. Search terms - 'Clinical'/'Supervision'/'Psychology'/'Professional' - were used in a variety of combinations to source pertinent literature. Key journals reviewed over the last 15-20 years included *The Clinical Supervisor, Counsellor Education & Supervision, Journal of Curriculum and Supervision* and *Journal of Counselor Preparation and Supervision.* An effort was made to locate literature that included terms related to both 'Clinical Supervision' and 'Practice Theory'/'Practice-based'/'Sociomaterial'. This yielded very little relevant literature. Literature was reviewed and updated through Google Scholar alerts and ongoing searches until 31 July 2019.

Non-empirical work tends to outweigh other sources in the supervision literature (Bernard & Luke 2015; Hoge et al. 2011, p.192), indicating that research has lagged behind theoretical discussion (Spence et al. 2001) and leading writers to call for more empirical investigation, particularly into actual supervision practice (Beddoe et al. 2016). This is reflected in the breakdown of sources consulted, summarised in Table 1 below:

Table 1: Types of sources consulted

TYPE OF SOURCE	NUMBER OF SOURCES
Non-empirical sources[5]	127
Literature reviews	40
Empirical research: Quantitative	*23*
Empirical research: Qualitative	*29*
Empirical research: Mixed methods	*4*
Empirical research: TOTAL	56
TOTAL sources	223

Supervision is central to professional development in many professions and workplaces. For the purposes of this review, the focus is on mental health professionals, particularly in psychology and counselling. Because of the overlap

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[5] This includes literature on: personal experiences, reflective pieces, supervision in general, development of supervision models, critiques of supervision, guidelines for supervision practice, textbooks on supervision etc.

between supervision practices in different professions, the review extended to other supervision contexts e.g. nursing. Certain types of supervision were excluded because they are not considered 'clinical' e.g. research supervision. Since my study focuses on one-on-one supervision among qualified psychologists (see 1.1.1 above), the literature most relevant to this scenario was reviewed. Literature on group supervision was excluded and research with students/trainees was minimised unless directly relevant. The table below summarises the coverage of the literature according to profession:

Table 2: Breakdown of literature consulted - by profession

PROFESSION	NUMBER OF SOURCES
Counselling / Psychotherapy[6] (includes school counselling)	79
Psychology (includes school psychology)	41
General (allied health/healthcare/mental health)	30
Nursing	30
Social work	13
Other specific focus area e.g. physiotherapy, forensics, family therapy, substance abuse or child welfare	12
Medicine	10
Teaching (school)	8

The extensive clinical supervision literature across professions concerns itself with a variety of themes. These are evident internationally and over time. Those that constituted a focus of reading for this review were:
- Definition of clinical supervision
- Purpose/functions of supervision
- Value/benefits of supervision for supervisor and supervisee
- Value/benefits of supervision for clients
- Factors that contribute to effective (or ineffective) supervision
- The supervision relationship
- Models of supervision
- Current trends: competency-based and evidence-based supervision

Each of these themes is covered in 2.3 below, providing a partial picture of how clinical supervision has been framed as a research problem. The choice of these areas involved excluding other pertinent themes considered less directly relevant to the focus of this

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[6] There may be some overlap between the categories of 'counselling/psychotherapy' and 'psychology', due to differences in nomenclature in different contexts. Nonetheless, each source was only counted once, in whichever profession seemed most appropriate.

research e.g. multicultural supervision, supervision in specialist intervention areas, and the use of technology in supervision.

2.3 Themes in the literature: How has clinical supervision been framed as a research problem?

Clinical supervision has been approached from a variety of angles and by addressing a multitude of dimensions. In order to give a broad picture of the literature and to provide a sense of where it is lacking, this literature review addresses a number of common themes. For each area, a broad overview is provided, with reference to key literature. This provides the groundwork necessary to critique the literature, in so doing illuminating potential contributions and prefacing an understanding of the theoretical, conceptual and methodological rationale for this study.

2.3.1 Definition: What constitutes clinical supervision?

The practice of clinical supervision can have different meanings to different practitioners depending on the time, place, profession and context (Clarkson & Aviram 1995; Dilworth et al. 2013; Kilminster & Jolly 2000). There has been an ongoing lack of consensus as to its definition and despite many years of scholarship, this definitional ambiguity remains (Cutcliffe, Sloan & Bashaw 2018; Nancarrow et al. 2014; Pollock 2017; Snowdon, Millard & Taylor 2015). This is partly due to the diversity and variability within the field (as described in 1.1.1), particularly since supervision is practised in many different professions (Falender, Shafranske & Ofek 2014; Martin, Copley & Tyack 2014), and with international variations (Beddoe et al. 2016). Variability makes it difficult to find a definition that covers all aspects of the practice, even within one field such as psychology (Grant & Schofield 2007; Sergiovanni, Starratt & Cho 1993).

Divergence also stems from the existence of a number of similar professional practices, such as mentoring, preceptorship, coaching and consultation (Cutcliffe & Fowler 2011; Davys & Beddoe 2010; Fowler & Cutcliffe 2011; Pack 2009; Wade & Jones 2015; Wright 2012). Such practices occur internationally and across professions but take different forms depending on the context (Buus & Gonge 2009; Köpsén & Nyström 2015). The different understandings of what constitutes supervision create difficulties for research, since comparisons of studies are bedevilled by the fact that they may not be investigating the same practice (Cutcliffe & Fowler 2011; Davys & Beddoe 2010; Dawson, Phillips & Leggat 2013; Wright 2012).

An oft-cited definition of clinical supervision was developed by Bernard and Goodyear in 1992, and has been revised through successive versions of their text, *Fundamentals*

of Clinical Supervision. They define supervision as "an intervention provided by a more senior member of a profession to a more junior colleague" (Bernard & Goodyear 2014, p.9), in the context of a relationship that extends over time and is hierarchical and evaluative. These features make it best suited to situations where students, interns or new graduates are involved, which is not the case for this research, which targets experienced psychologists (see 4.6). However, it provides a useful starting point for understanding how supervision is understood and defined.

One definition with broader applicability is Proctor's elucidation of supervision as "a working alliance between a supervisor and a counsellor in which the counsellor can offer an account or recording of her work; reflect on it; receive feedback and where appropriate guidance" (1994, p.313). This definition informs the way that supervision practice is understood in this research (see Chapter 1), as a regular, ongoing professional activity that takes place between registered psychologists, in the context of a relationship wherein the supervisee discusses her work with the supervisor, who might be more experienced. The supervision forms part of both practitioners' CPD. The definition conceptualises supervision as a practice, in line with the conceptual framework informed by practice theory (see Chapter 3). Since practices are inherently social (Nicolini 2009; Reckwitz 2002), the definition emphasises the centrality of the relational component of supervision. Because this research explores what happens in supervision, without assuming to know what occurs, the definition is deliberately open-ended, not prescribing what specific activities are undertaken by either party within supervision.

Different definitions emphasise different aspects of the practice e.g. developing evidence-based supervision (Falender 2014a), gatekeeping functions (Krupka 2018), the importance of reflection (Schofield & Grant 2013), supervision as a supportive intervention (Pollock 2017) or supervision's role in lifelong learning (Falender & Shafranske 2014). Definitions highlight how the supervisor holds a multiplicity of roles, which need to be simultaneously balanced and flexibly applied. These roles may include gatekeeper, teacher, mentor, counsellor, troubleshooter, coach and assessor (Bannink 2015; Forshaw, Sabin-Farrell & Schroder 2019; Pack 2009; Proctor 2011; Ungar 2006). The supervisor's multiple roles allude to the functions of supervision, which are covered in the following section. These roles set up expectations that contribute to the complexity of supervision i.e. the supervisor needs to understand what role to take at what time and with what supervisee. Such complexity suggests that understanding supervision using linear, straightforward or reductionistic understandings is unlikely to be productive or illuminating.

2.3.2 Functions and purpose of supervision

Broadly, the two primary aims of supervision are the protection of the public (i.e. supervisees' clients) and practitioners' professional development and learning (Bernard & Goodyear 2014; Martin, Copley & Tyack 2014; Overholser 2004; Wade & Jones 2015). Most definitions include some reference to the purposes of supervision, which are often seen to comprise three broad dimensions that have become widely accepted across professions and countries (Carmichael 2010). These are:
a) Normative function - administrative, quality control and evaluative aspects of supervision, whereby supervisors monitor supervisees' work to ensure it meets acceptable professional standards. In most professions, supervisors hold some level of accountability for their supervisees' practice.
b) Formative function - educational component, involving ongoing development of skills, knowledge and competence, primarily through reflecting on practice.
c) Restorative function - supportive dimension, whereby supervisors support personal wellbeing, assist with stress management, debrief supervisees and work towards preventing burnout (Armour 2018; Brunero & Stein-Parbury 2008; O'Donovan, Halford & Walters 2011; Proctor 2011).

This model of three functional elements is an area of consensus in the literature, with many texts referring to some version of this, most commonly Proctor's (2011). The model was not empirically derived and seems accepted largely on the basis of its sense in practice and appealing "essential simplicity" (Armour 2018, p.34). It is used in undertaking research, particularly in evaluating the benefits of supervision (see 2.3.3). It is also used as a basis for the empirically-derived Manchester Clinical Supervision Scale (MCSS), the most widely-used assessment tool in supervision research (White & Winstanley 2010b). As White and Winstanley state, "a welcome linkage has been established over time, therefore, between an operational definition, a conceptual model and a dedicated research instrument" (2010b, p.154).

Different practitioners and scholars in the field prioritise different functions, e.g. Proctor (2011) sees the restorative function as the most important. Reid & Soan note that "which function is required within a supervisory session at a particular point will vary according to the context, current circumstances and the experience of the supervisee" (2018, p.6). Although a neat triumvirate, the reality of supervision is such that sometimes differentiating between the functions and/or finding a balance between them is no easy task (Beddoe 2010; McKenna et al. 2010). The three functions co-exist in "creative tension" (Carroll 2009, p.218) and may conflict with one another at times (Proctor 2011) e.g. when a supervisor wishes to be supportive of a supervisee who has transgressed professional norms. Thus, the multiplicity inherent in the

intersecting functions of supervision provides some context for what makes supervision complex and points to the levels of skill and competence required by supervisors. Lastly, the way in which supervision participants perceive the functions of the practice is important as it can influence the focus of an activity in a session (Sergiovanni, Starratt & Cho 1993), and hence the content of the knowledge work and epistemic engagement.

2.3.3 Value and benefits for supervisor and supervisee

Another key theme in the literature attempts to address the question of whether, how, and to what extent supervision is a worthwhile undertaking. This is an important issue, given a push towards accountability in the professions, which pressures supervision to 'prove' its value (Beddoe et al. 2016). Answers to questions about worth tend to focus on two areas—how does the practice benefit practitioners, and how does it benefit clients? The latter will be addressed in 2.3.4 below. Despite a plethora of studies undertaken to address it, the former question does not have a definitive answer. Growing evidence suggests certain areas in which supervision does appear to be beneficial, and certain conditions under which it is more likely to be helpful. In terms of such conditions, the literature tends to agree that supervision is most likely to be effective if undertaken regularly, for at least an hour, with supervisees allowed to choose their supervisors (Edwards et al. 2005; Saxby, Wilson & Newcombe 2015; Wilkins & Antonopoulou 2018).

With regards to whether and how supervision benefits its participants, the focus has been mainly on how the supervisee might benefit. Problematically, the supervisor's learning and development has not generally been considered (Bernard & Luke 2015; Carrington 2004; Watkins 2012b), implying that supervision is a one-way process rather than something that can benefit both parties (Carrington 2004). This is one reason why the current study chooses to focus on the supervisory dyad and the way that knowledge work occurs collaboratively.

Studies on supervisee benefits have recognised improvements for supervisees in relation to:
- self-awareness (Bifarin & Stonehouse 2017; Childers 2018; Newman, Simon & Swerdlik 2019; Rieck, Callahan & Watkins 2015; Watkins 2018);
- self-efficacy (Newman, Simon & Swerdlik 2019; Watkins 2018; Wheeler, Aveline & Barkham 2011; Wilkins & Antonopoulou 2018);
- job satisfaction (Carpenter, Webb & Bostock 2013; Hyrkäs, Appelqvist-Schmidlechner & Haataja 2006; Mor Barak et al. 2009; O'Donoghue & Tsui 2015)

- knowledge and skill (Bifarin & Stonehouse 2017; Bradshaw, Butterworth & Mairs 2007; Dilworth et al. 2013; Watkins 2018; Wilkins & Antonopoulou 2018);
- wellbeing (Bifarin & Stonehouse 2017; Gonge & Buus 2011; Saxby, Wilson & Newcombe 2015; White 2018; Wilkins & Antonopoulou 2018);
- professional development (Fender 2018; Gardner, McCutcheon & Fedoruk 2010; Inman, Hutman & Pendse 2014; Köpsén & Nyström 2012; Reid & Soan 2018); and
- relationships with clients (Bambling et al. 2006; Inman, Hutman & Pendse 2014; Watkins 2018).

The studies listed above are a sample of the extensive literature in this area. Taken together, they demonstrate a rich and robust evidence base across fields and contexts, using a variety of forms of evidence, with repeated findings that supervision does have value and makes a worthwhile contribution to practitioners. Such findings lead many in the field to argue that the evidence of supervision's worth is now well documented (Bambling et al. 2006; Bifarin & Stonehouse 2017; Brunero & Stein-Parbury 2008; Butterworth et al. 2008; Creaner 2014; Dilworth et al. 2013; Hoge et al. 2011; Watkins 2018). Furthermore, practitioners express anecdotally that supervision is essential to their practice, something I can attest to from my own experience. Beddoe et al's (2016) Delphi study of social workers, which accessed 53 participants across 15 countries using an online questionnaire, found that practitioners saw supervision as central to good practice, yet also acknowledged that empirical evidence in its favour could be stronger.

In this regard, some argue that evidence is insufficiently rigorous and methodologically limited (see discussion on methodological problems in 4.2.1), hence does not demonstrate incontrovertibly that supervision has value (Buus & Gonge 2009; Carpenter, Webb & Bostock 2013; Feltham 2000; Spence et al. 2001; White 2018; Wright 2012). Such voices claim that supervision's worth is taken-for-granted rather than evidence-based, and that although the evidence appears positive, it is weak. On the whole, although individual studies may be methodologically problematic, given the body of evidence that has accumulated, and the fact that empirical evidence has been amassed both qualitatively and quantitatively, this argument does not prevail. Supervision continues to be mandated and implemented, with many practitioners, including the participants in this study, claiming it to be an essential component of their practice.

Another area where the value of supervision is critiqued casts the practice itself in doubt. Although such criticisms are beyond the brief of this review it is important to acknowledge that not only are the benefits of supervision not universally acclaimed, there are arguments that it can be detrimental. Critics argue that supervision can

constitute 'snoopervision' (Krupka 2018) i.e. surveillance (Crocket 2007; Gilbert 2001; West 2003) and/or is tainted by a modernist and neoliberal agenda (Cornforth & Claiborne 2008; Stevenson 2011). Although valuable for alerting practitioners to potential systemic flaws and the importance of feeling safe in one's supervision space, such arguments do not constitute mainstream views.

I move on to consider whether and how supervision benefits the clients it aims to serve.

2.3.4 Impact on outcomes for clients

The improvement of outcomes for clients/patients is seen as the gold standard of supervision, since this is one of its ultimate aims. However, outcomes have been difficult to measure and studies are plagued by methodological difficulties (Callahan et al. 2009; Falender 2014b; Wheeler & Richards 2007). As a result, outcome research shows limited evidence of effectiveness and findings tend to be modest (Allan, McLuckie & Hoffecker 2017; Snowdon, Leggat & Taylor 2017; Wilkins & Antonopoulou 2018). The evidence that does exist may come from qualitative studies or be anecdotal (Jones 2006). Although those with a positivist agenda see such work as insufficient, it offers valuable insights and contributes to a growing body of evidence.

A few key studies are upheld as models for assessing client outcomes. Among these is a quantitative Australian study by Bambling et al (2006), described as a "truly stellar, model study" (Watkins 2011, p.249). They concluded that clinical supervision improved the effectiveness of treatment, as measured by reductions in client scores on a depression inventory and client ratings of therapeutic working alliance. Their study leads Callahan & Watkins to conclude that supervision "may well have the capacity to exert a modest effect on client outcome" (2018, p.248). One of the only acclaimed randomised controlled trials of clinical supervision was undertaken by White and Winstanley (2010b). Their study found no overall significant differences between the clients of supervised versus unsupervised mental health nurses over a one-year period. However, extraneous variables might have played a role in their findings.

Importantly, some argue that achieving positive outcomes for clients might *not* be the best or only way to evaluate supervision (Milne 2014; Newman, Simon & Swerdlik 2019) since it may provide a variety of other worthy potential outcomes (e.g. as described in 2.3.3). Nonetheless, it is a prevalent and elusive focus in the literature, particularly for those who wish to use research to influence health policy or funding.

2.3.5 Ingredients of effective supervision

In the early days of supervision's development as a field, it was assumed that supervisory proficiency was learned through being supervised, and that a competent practitioner could be a competent supervisor (Bloor, Kitchen Andren & Strader Donnell 2018; Creaner 2014; Falender & Shafranske 2017). Such assumptions are no longer widely held (Gazzola & Theriault 2007). Research in supervision thus exists largely to assist supervisors to optimise practice, concerning itself with identifying variables and behaviours that contribute to supervision's effectiveness (or lack thereof) (Ladany, Mori & Mehr 2013). These are used as the basis for supervision competencies (see below). Taken as a whole, the evidence shows recurring empirical findings across contexts and professions, suggesting a sound evidence base for helpful supervisor behaviours and characteristics. Evidence is sourced through a variety of methods, usually interviews, inventories and questionnaires. A cautionary note is that research is often conducted with students, hence it is not clear to what extent conclusions can generalise to qualified professionals such as the participants in this research.

Empirically-derived lists of behaviours and characteristics that make supervision more effective are particularly helpful to supervisors as well as to those tasked with developing supervisor training programs. There is a level of consensus in the literature regarding these kinds of supervisor behaviours, many of which are related to building a positive supervision relationship (Ladany, Mori & Mehr 2013) (see 2.3.6 below). Examples include:

- The supervisor is respectful, genuine and empathic (Falender, Shafranske & Ofek 2014; Gibbs et al. 2016; Gray et al. 2001; Kilminster et al. 2007; Spence et al. 2001).
- The supervisor validates and reassures the supervisee (Gazzola & Theriault 2007; Gibbs et al. 2016; Gray et al. 2001; Kilminster et al. 2007; Lizzio, Wilson & Que 2009; Spence et al. 2001).
- The supervisor provides nonjudgemental, constructive and ongoing feedback (Falender, Shafranske & Ofek 2014; Falender & Shafranske 2014; Gray et al. 2001; Ladany, Mori & Mehr 2013; Spence et al. 2001).
- The supervisor articulates expectations and develops collaborative goals with the supervisee (Cottrell et al. 2002; Falender, Shafranske & Ofek 2014; Inman, Hutman & Pendse 2014; Kaufman & Schwartz 2004; Ladany, Mori & Mehr 2013).

This evidence base supports recent moves in the field towards competency-based supervision, which is part of a broader international move towards developing competency frameworks in the helping professions. This involves the development of competencies for supervisors, and occasionally supervisees e.g. Kangos (2018). It

incorporates a quest for best practices in supervision (Borders 2014; Falender 2014a; Falender, Shafranske & Ofek 2014; Watkins 2014b). Competencies include the knowledge, skills and attitudes required by supervisors, including knowledge of ethical practice, ability to work with diversity, and competence in building and managing a strong working relationship (Olds & Hawkins 2014). According to Holloway, competencies have become the "zeitgeist of supervision discourse" (2012, in Falender 2018, p.1243). One result of this move has been the introduction of mandatory supervisor training in a number of countries, including Australia.

Importantly, lists of competencies or factors contributing to effective supervision are not value-free. They tend to place responsibility on the supervisor for ensuring success, emphasising the individualistic nature of the process rather than its dyadic, interactional nature. Furthermore, such lists may leave one thinking that conducting supervision successfully becomes a process of doing certain things right and avoiding others, a reductionistic viewpoint that will be discussed further in 2.3.8 and 2.4 below.

2.3.6 The supervision relationship

The supervisory relationship is seen as the "heart and soul" (Watkins 2014c, p.20) of supervision, constituting the foundation for the work that takes place (Basa 2017) and facilitating the formative, normative and restorative functions of supervision. Unlike so many other aspects in the field, the usefulness and validity of the relationship, also known as the 'working alliance', is not contested (Davys & Beddoe 2010; Watkins 2014d). It is found to be pivotal in the success or failure of supervision across professions, regardless of the supervisor's approach (Basa 2017; Bernard 2010; Creaner 2014; Davys & Beddoe 2010; Ellis 2010; Falender, Shafranske & Ofek 2014; Inman, Hutman & Pendse 2014; Schofield & Grant 2013; Watkins 2014c). As Inman et al state, "the evidence continues to support the supervisory relationship as the most important and central component of effective clinical supervision" (2014, p.87).

The literature lists a host of variables that contribute to a positive working alliance, such as trust, lack of judgement, mutual respect, consistency, validation and flexibility (Martin, Copley & Tyack 2014; Spence et al. 2001). Watkins (2014d) concludes that a strong supervisory alliance is linked to higher self-efficacy, increased wellbeing, greater self-disclosure, better satisfaction and increased coping resources for supervisees. However, Goodyear cautions that the supervision relationship is "necessary but not sufficient" (2014, p.83) and that supervisors still need to adopt particular strategies to ensure effective learning, with the relationship mediating these.

Research into the supervision relationship tends to take an individualistic stance, focusing largely on *supervisor* variables (behaviour and characteristics) that contribute to the success or failure of the working alliance (as seen in 2.3.5 above). Despite the relationship being seen as the cornerstone of supervision, research has not tended to adopt approaches that allow for a dyadic, mutual, interactive and collaborative lens to be used to conceptualise the practice. This kind of lens is provided by the conceptual resources activated in this research, as will be discussed in Chapter 3.

2.3.7 Models of supervision

One area where the complexity of supervision becomes apparent is in the multitude of models used to understand the process. None of these has emerged in the literature as necessarily sounder, more effective or more universally accepted (Kaufman & Schwartz 2004). Models are based on widely divergent understandings of human functioning such as psychoanalysis, postmodern theory, feminism, systems theory, positive psychology and narrative therapy.

In the field's early days, models were developed based on one of three areas (Bernard & Goodyear 2014; Watkins 2012a), namely:
- Psychotherapy-based models - how supervision is conducted is modelled on an approach to therapy e.g. cognitive-behavioural, psychoanalytic or person-centred.
- Developmental models - the supervisor is encouraged to take the supervisee's developmental needs into account. These are usually expressed as stages that reflect the supervisee's growing autonomy and expertise e.g. Stoltenberg & McNeill's Integrative Developmental Model and Rønnestad & Skovholt's Lifespan model. Such models are not necessarily empirically grounded (Gonsalvez, Deane & O'Donovan 2017).
- Integrative or process models - these models focus on the process, levels or elements of supervision e.g. Bernard's discrimination model (Bernard & Goodyear 2014) or Holloway's systems model (1995).

More recent models might be based on current or postmodern theoretical approaches, such as positive psychology e.g. Bannink (2015), or the prevailing competency-based approach. A number of inclusive models have been developed that tend to draw on a variety of areas to include relevant factors in supervision and encompass some of its complexity. However, this makes them difficult to apply in practice. Such models may potentially restrict the artistry and judgement involved in supervision (Sewell 2018). For example, Milne et al's model (2008) features 32 contextual variables, 26 supervision interventions and 28 outcomes. The fact that this

is the product of a "best evidence synthesis" (Milne et al. 2008, p.170) highlights how difficult it is to conceptualise or formularise the complexity of supervision.

Importantly, most supervision models do not incorporate theory on adult learning (Goldman 2011). In general, models are underpinned by assumptions about practice and learning that may go unrecognised, tend to remain decontextualised and rarely do justice to the complexities of professional learning. What the abundance of models makes clear is that the techniques and framework adopted in supervision are not random, but are based on a broader understanding of the process and practice, which stems from a particular theoretical position. However, in the universality that the models imply, there is a lack of recognition that "any model of supervision is shaped by the cultural system in which it occurs" (Davys & Beddoe 2010, p.42) or that the model emerges from within the epistemic culture (Knorr Cetina 2007) of the profession that has shaped it and continues to do so.

2.3.8 Current trends: competency-based and evidence-based supervision

Three trends predominate in the current supervision literature in terms of conceptualisation, research and practice (Watkins 2012c). These are accountability, competency-based supervision and evidence-based practice, with the latter two assumed to help ensure the former (Falender & Shafranske 2012). The drive to establish competencies was discussed in 2.3.5 above. This is evident in the Australian setting, with supervisor training now mandated by the Psychology Board of Australia (see Chapter 1) and based on a list of six competencies.

However, as indicated in 2.3.5 above, competency-based supervision has its shortcomings. At times, competency frameworks can be too comprehensive or bulky to be useful (Gibbs et al. 2016). In addition, these frameworks are seen as more accountable because they are grounded in empirical evidence, yet this may not necessarily be the case (Falender & Shafranske 2017; Watkins 2014a), thus conflicting with moves towards evidence-based practice. Further, competency-based frameworks run the risk of operationalising supervision using only one approach, losing the diversity offered by being open to multiple approaches. Striving for measurable competencies also negates less operationalisable variables such as rapport, professional judgement and 'fit' between supervisor and supervisee. Broadly, the lists of competencies and best practices are useful, but they suggest that supervision can be 'boiled down' to its essential components, a reductionistic viewpoint that runs the risk of disregarding the nuances and complexities of the practice (see 2.4.2 below).

The quest in the supervision literature towards evidence-based practice also predominates, with this seen as a means of quality control (Milne & Reiser 2012). This trend is not without its critics, with some arguing that such practice "is notoriously difficult to enact" (Stevenson 2011, p.96), particularly when the uniqueness and instability of psychological processes is taken into account (Smedslund 2016; Smythe, MacCulloch & Charmley 2009). Practitioners have resisted evidence-based practice at times because it calls their professional judgement into question or seeks to limit it (Milne & Reiser 2012). Importantly, simply enacting evidence-based practice does not necessarily determine that practice will be more effective (Sewell 2018).

The quest for an evidence base for supervision practice is driven by a positivist paradigm that seeks to establish objective truths through seeing supervision as a stable, logical process that is measurable and can be pre-determined (Sergiovanni 1985), arguing that only if supervision is seen in this way can scientific conclusions be drawn (Milne & Reiser 2012). However, the practice of supervision is not necessarily stable and measurable given that it is a human endeavour involving multiple interrelated and unpredictable variables. As such, attempting its investigation through positivist means may lead to a loss of its essence and artistry (Scaife 2012; Sewell 2018). As Schofield & Grant claim, positivist understandings do "not yield a sufficiently detailed, nuanced, or rich description of the highly complex learning processes that occur within the supervisory dyad" (2013, p.3). Further, as Whiting claims, "the multifaceted nature of supervisory interactions is not easily described by traditional modernist frameworks that explain in linear, causal terms" (2007, p.140). Yet, although both competency-driven supervision and evidence-based practice have been critiqued, both remain dominant and influential forces in the current world of supervision.

Building on such critiques, I move on to discuss shortcomings in the supervision literature that pertain to the focus of this research.

2.4 Shortcomings and gaps in clinical supervision literature

This literature review has painted the broad brushstrokes of key themes in the supervision literature. When viewing the literature as a whole, particularly through the lens of contemporary theories of knowledge, practice and learning, certain shortcomings and gaps become apparent, some of which this research seeks to overcome. These include the following:

2.4.1 Limited research on supervision content

What is interesting given the abundance of supervision literature is how few studies make the content of supervision explicit, describing and analysing what *actually* goes on in supervision (Milne 2007; Pearce et al. 2013; Pollock 2017; West & Clark 2004; Wilkens, Grant & Forrester 2017). Given the difficulties in recruiting participants who agreed to be audio-recorded for this research (see Chapter 4), the lack of supervision content research is not that puzzling. However, due to the lack of research, supervision content is often taken for granted or assumed to be broadly understood as covering key areas such as case conceptualisation, intervention strategies and ethical issues (Barletta 2009).

A few studies do examine the content of supervision, although these occur in fields other than psychology. Pearce et al. (2013, p.139) reviewed the literature in nursing and allied health with a view towards understanding what supervision content might be most appropriate and associated with better quality outcomes. They found that four content-related themes emerged, namely reflective practice, task-oriented content, diversity of content and stress management. They concluded that the current research into content "is limited and of low quality" and that more research is needed (2013, p.139). In a mixed-methods study, McKenna et al. (2010) used phone and mail surveys to canvass 73 nurses in New Zealand about their current supervision provision and content. They found that nurses in supervision most frequently discussed reflection on clinical work (78% of the sample), professional development (51%), interpersonal issues (38%) and organisational/management issues (33%) (McKenna et al. 2010). However, this study relied on self-report rather than observational methods, as does most research in this area (Wilkens, Grant & Forrester 2017). Further, in both of these studies, categories of content are broad and do not give details of what specifically was discussed.

Wilkens et al's (2017) social work study highlighted the lack of evidence "about what happens when managers and child and family social workers meet to discuss casework" (2017, p.942). These researchers audio-recorded and analysed thirty

supervision sessions between social workers and their line managers, also social workers. They found a similar pattern and structure across sessions, namely a "verbal deluge" by the supervisee, followed by a discussion to identify the problem and concluding with a solution given by the manager (Wilkens, Grant & Forrester 2017, p.947). A further finding was that supervision focused on managerial oversight, with little time for reflection or discussion of the nuances of clients/cases. The educational and supportive functions of supervision were thus not being adequately fulfilled, despite managers stating that their priorities were for supervision to be reflective, supportive, analytical and helpful. However, this does not necessarily bear sufficient relevance to the supervision covered in this research, which does not have a managerial component.

Thus, other than these few studies, knowledge of what happens in supervision tends not to be empirically founded, with a lack of attention to the detail of supervision content. This gap in the literature is addressed by my study's focus on uncovering the knowledge objects of supervision.

2.4.2 Reductionistic tendencies

A pervasive problem with the literature on supervision is its tendency to oversimplify a complex practice. Much of the literature outlined above in relation to the functions, models and ingredients of effective supervision shows evidence of this tendency. Sometimes this is a by-product of the drive for evidence-based practice, which requires that supervision be measurable in order to research it. At other times simplification occurs because of the need to offer guidelines or competencies to practitioners, which can result in a cookbook approach that reduces supervision to recipes for universally applicable best practices.

Reductionistic tendencies are also evident in the tendency to see supervision as a one-way, linear process where supervisors transfer knowledge to supervisees, who then transfer it into practice (Carrington 2004; Gaete & Strong 2017; Luke & Gordon 2012). This makes sense given the asymmetrical nature of certain types of supervision (Watkins 2018), particularly of novice professionals, but does not apply in all instances or necessarily provide a comprehensive understanding of supervision practice. A reductionistic viewpoint does not capture the interplay of supervision and practice, as well as the mutually interactive nature of the supervision process itself. Given the complexity of supervision, as outlined in 1.1.1 above, this reductionism is potentially unproductive.

2.4.3 Individualistic tendencies

The supervision literature acknowledges that "supervision is inextricable from the relational context in which it unfolds" (Inman, Hutman & Pendse 2014, p.70). Yet despite this, an individualistic understanding of the practice tends to prevail. The positivist paradigm in the helping professions results in the designation of individuals as the primary unit of analysis (Bekerman & Tatar 2005) and supervision is no exception. This reveals itself in a variety of ways. Firstly, although the centrality of the supervision relationship is well established (as described in 2.3.6), there is minimal research or theorising that elevates relational participation over a conception of the relationship as the engagement of two separate individuals. Relationship-building is seen as the work of two individuals rather than as a dynamic and complex, ever-changing and emergent process occurring through the enactment of practice.

A handful of exceptions to this are apparent. For example, O'Byrne & Rosenberg (1998) argue for adopting a sociocultural perspective to supervision, seeing it as a social process of acculturation into a community of practice, and encouraging studies that favour description of "supervisees' emergent understanding embedded in contextual relationships" (1998, p.36). They argue that a qualitative approach grounded in contemporary theory offers possibilities for conceptualising supervision differently, rather than applying "a universal logic to all supervisees" (O'Byrne & Rosenberg 1998, p.36). In emphasising the complex, co-constructed and collaborative nature of supervision, they try to move away from individualistic notions to emphasise relational, emergent practice and learning in context.

O'Byrne and Rosenberg's focus on the social and participative nature of supervision raises the second area of individualisation in supervision in that the literature tends to ignore the idea that "learning is as much between people as it is within people" (Carroll 2009, p.213). Fenwick argues that seeing learning as "limited to an individual consciousness 'acquiring' new knowledge and then 'carrying' it across time and space is to ignore growing evidence that knowledge is enacted and improvised within situational relations" (2009, p.234). Yet the move towards competencies in supervision seems to run counter to this, with its focus on what an individual's mind does or does not possess.

Thirdly, supervision research focuses largely on individual perceptions (usually supervisees') or behaviours (usually supervisors') (Kemer et al. 2019). It seeks to uncover the most effective outcomes for individuals e.g. in terms of competency, stress reduction or self-awareness. The supervisor is at the centre of what happens and responsible for supervisee learning and development. This implies individual

accountability in complex circumstances where it is rare for only one person to be responsible. In addition, as mentioned above, the mutual learning that might take place is largely ignored (Carrington 2004; Forshaw, Sabin-Farrell & Schroder 2019). Broadly, such individualisation should be seen within the context of professions where a focus on individual autonomy and responsibility has widespread implications and may operate to obscure the social, cultural and economic forces at play (Crocket 2007).

As highlighted above, there are examples in the literature where a less individualistic approach prevails. For instance, Smythe, MacCulloch & Charmley (2009) see supervision as interactional, unpredictable and indeterminate, arguing that good practice rests "not in 'knowing' but rather in being open to all they are yet to know" (2009, p.24). They elaborate on the dynamic interplay between drawing on technical knowhow while still allowing for emergence, suggesting that the key to dealing with unpredictability lies in attunement and listening, which are relational and interactional accomplishments. Relationally is apparent in their definition of listening as a "human-to-human being together where each chooses to listen towards understanding both self and other" (Smythe, MacCulloch & Charmley 2009, p.23). They thus make success in supervision less of an individual responsibility and more a characteristic of the interactional and contextual enactment of the practice. They also foreground the "'living' of the supervisory encounter" (Smythe, MacCulloch & Charmley 2009, p.23), hence emphasising its moment-by-moment nature and the importance of understanding what actually occurs in practice (see 2.4.1 above).

Watkins states that "if there is one feature that now seems to characterize the tenor of all supervision models, it might best be stated as follows: across the decades, supervision conceptualization and conduct have come to increasingly reflect a more egalitarian, collaborative, co-participative, and co-constructed vision of process and outcome, where supervisor and supervisee actively and fully work together to create a supervision experience that is jointly optimal and productive" (2014, p.676). Yet, despite this shift and his acknowledgement that both supervisor and supervisee roles are equally influential, theoretical resources more able to account for the collaborative, interactive and relational nature of supervision have generally not been brought to bear in conceptualising the practice. This forms part of the unique contribution to knowledge that this research will make.

2.4.4 Decontextualisation tendencies

Across diverse aspects of the literature, context does not feature strongly in how supervision is conceptualised (Beddoe et al. 2016; Carmichael 2010; Gonge & Buus 2011; O'Byrne & Rosenberg 1998; Rapisarda, Desmond & Nelson 2011). Furthermore, the complex interactive and mutually influential web of relationship and context remains largely unexplored (Holloway & Poulin 1995). This is particularly evident in looking at the models of supervision, ingredients for effective supervision, and the search for competencies and best practice. As Tsui & Ho point out, supervision models reflect their cultural context, yet this has not been acknowledged (1998). Much of the research is American (Beddoe et al. 2016; Clarkson & Aviram 1995; West & Clark 2004; Wheeler & Richards 2007), stemming from counselling and psychology, thus may not necessarily apply in other countries and professions. Furthermore, studies tend to focus on trainees rather than qualified professionals (Carmichael 2010; Forshaw, Sabin-Farrell & Schroder 2019), thus may not be applicable to ongoing professional development.

Broadly, many studies imply a generalisability which is optimistic. Sergiovanni expresses this as follows: "dominant models of supervision and teaching emphasise uniform answers to problems, value-free strategies, separation of process from context … Since situations of practice are characterised by unique events, uniform answers to problems are not likely to be helpful" (1987, p.224). Importantly, the setting for supervision can influence its outcomes, process and relationships (McIntosh & Phelps 2000). In short, "supervisory reality is context bound and situationally determined" (Sergiovanni 1987, p.224). The lack of attention to context may partly be due to the focus on competencies, which are assumed to be universally applicable and evidence-based practice, which "frequently does not take account of the specific context" (Stevenson 2011, p.96).

At times, the field does attempt to take context into account e.g. *Best Practices for Clinical Supervision* (Borders 2014) emphasises that learning in supervision should be contextualised and situated, with supervisors urged to be flexible and cognisant of diversity. Borders states that a supervisory approach should be "based on the context, supervisee, and client through recognizing the complexity, ambiguity, and ill-defined problems endemic to supervision" (2014, p.161). However, such allowances tend to rely on individuals shifting their behaviour to accommodate circumstance and/or other individuals. Additionally, even when the role of context is acknowledged, it is usually not made explicit *how* context should be taken into account. Since practices are contextually embedded, one needs to study them without assuming that

generalisability is possible, as can more readily be achieved by a practice-based study (see chapter 4).

An exception to the tendency to decontextualise and individualise supervision is evident in a study by Gaete & Strong (2017), who used an ethnomethodological approach comprising video-recordings and interviews to examine how the parties in four supervisory dyads negotiated supervisee professional development through supervisory conversation. Their participants were trainees in psychology or social work, who were supervised as part of their training requirements. Participants were asked to identify significant professional development episodes, which were analysed using conversation and discourse analysis. The researchers were motivated partly by a desire to overcome the decontextualised nature of feedback research in supervision by using actual practice situations and emphasising the situated nature of practice. Rather than the usual focus on "big outcomes" (Gaete & Strong 2017, p.33) such as competencies, they chose to focus on how supervisory conversation can shape reality. In so doing, they identified five practices relevant to professional development. These practices constituted "recognisable ways in which supervisory dyads negotiated and accomplished a mutual understanding of the supervisee's PD" (Gaete & Strong 2017, p.6). The authors emphasise the co-creation of narrative in supervision, arguing that the "smaller, two-way (dialogical) PD accomplishments" (Gaete & Strong 2017, p.16) shed light on supervision as a formative practice. This study is notable for its focus on the micro-interactions and specific conversation that occur in supervision, emphasising the action of supervision as well as its relational and contextual nature, thereby addressing decontextualisation, individualisation and reductionism.

Hence, there are alternatives to a decontextualised approach that emphasise the situated nature of knowledge. It is important to acknowledge context in terms of the constraints it may place on interactions (locally, socially and institutionally) (Holloway & Poulin 1995), as well as the opportunities that it might enable. An alternative theoretical lens can serve to bring to the fore the broader socio-political, economic and cultural forces impacting on practice that may otherwise become obscured by decontextualisation, thereby illuminating knowledge as contingent on its context.

2.4.5 Lack of a contemporary theoretical lens

I have identified certain shortcomings and gaps in the supervision literature that this research aims to remedy. The key to this lies in adopting a more contemporary theoretical lens through which to view practice, knowledge and learning in supervision, making use of conceptualisations drawn from practice theory and work on knowledge practices. Such a lens has been absent in the supervision literature to date barring a few exceptions, some of which will be highlighted below.

A conceptualisation of supervision as a culturally embedded, dynamic and emergent practice is rare in the literature. Where the notion of 'practice' comes to the fore is mostly in discussion of 'best practice'. This embodies the opposite of a postmodern theoretical approach in its focus on individual behaviour, hierarchical knowing, compartmentalised and complete knowledge and individual responsibility. As will be seen in Chapter 3, relevant contemporary views see practice as unpredictable and emergent, "not held secure by a stable, fixed body of knowledge" (Hopwood 2016, p.76). The idea that there might be a single 'best' practice is anathema to this. Searching for 'best practice' "underestimates the difficulties of imitating and diffusing practices, ignores their opacity and does not address the challenge of translating a practice from the place in which it is embedded to the place of destination" (Landri 2012, p.89). Theoretical apparatus that is able to do this in the case of supervision thus needs to be brought to bear.

As far as knowledge is concerned, rather than a broad-based approach to knowledge that incorporates contemporary understandings, knowledge in supervision has become synonymous with specific behaviours that designate competency. Guidelines have been developed in the spirit of ensuring consistency and uniformity, yet these are difficult ideals to espouse in the helping professions. Locating knowledge as competency and seeing it as a transferable product suggests that increased training creates more knowledge, motivating supervisor training initiatives. Ideas of knowledge as equivalent to competency imply a certainty and finality which runs counter to contemporary, practice theory views of knowledge as provisional, partial, tentative (Hopwood 2016) and "always in the making" (Orlikowski 2006, p.460).

Also, despite widespread recognition of the crucial role that supervision plays in professional learning, there are surprisingly few connections between the study of supervision and the literature on professional and workplace learning (Goldman 2011; Goodyear 2014; Kilminster & Zukas 2005; Schofield & Grant 2013). The wealth of scholarly resources on learning at and through work tend not to be drawn upon in researching supervision. Those scholarly discussions or studies that do make a link

between theories of learning and an understanding of supervision are often underpinned by an approach to learning that sees it as a 'possession' transferred between individuals (see 3.2.1). Contemporary ideas of learning as emergent rarely feature in the supervision literature.

Notably, there are some studies and scholarly articles about supervision that buck the tendencies described above. For example, work by O'Byrne & Rosenberg (1998), Crocket (2007), Johnston & Milne (2012), Smythe et al. (2009), Sergiovanni (1985), Whiting (2007), Shurts (2015) and Ungar (2006) acknowledges supervision's complexity, indeterminacy, and/or constitutive nature. The calls made by these writers and researchers have been answered by turning to the literature on practice theory and knowledge practices to offer a contemporary and postmodern lens through which to view supervision.

A few researchers have looked to such theory in supervision or related fields. For example, Köpsén & Nyström (2012; 2015) attempt to understand supervision as a practice over and above its individual participants by studying how it is enacted in the workplace and influenced by the practice architectures of a training program in forensics. Their findings are based on an ethnographic study using observation and interviews with five forensic trainees and their supervisors. They draw on practice theory in examining how newcomers learned to relate and communicate with others and access resources, seeing such learning as "embedded in practices" (Köpsén & Nyström 2015, p.31). Although their context (forensic trainees in Sweden) is different to the supervision of psychologists in this research,[7] the explicit use of a practice theory approach for researching supervision is illuminating. Köpsén & Nyström find that supervision is essential to learning at work. They conclude that supervision is a "space of multiplicity that is shaped, conducted, and enabled in relation to the history, traditions, ideas, and principles of professional practice, as well as by material-economic preconditions" (2015, p.44). Their work evidences the entanglement of relationships, learning and practice and provides useful precedent for adopting an emergent approach to understanding supervision.

Another example that adopts a practice theory approach is by Kemmis et al. (2014). They consider the practice of teacher mentoring in different countries using the theory of practice architectures. Like supervision, mentoring is conceptualised as a "contested concept" (Kemmis et al. 2014, p.155). Research by Kilminster & Zukas (2005) draws a

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[7] Köpsén and Nyström's supervisees were trainees working in the same workplace as their supervisors, often under direct supervision.

direct link between workplace learning and supervision, using a theoretical model developed by Billett to understand supervision in a medical context. This offers precedent for envisaging supervision as an instance of professional learning and for incorporating ideas from the workplace learning literature into the study of supervision. Lastly, the ideas of Karin Knorr Cetina on knowledge practices and epistemic cultures are developed in depth in the work of Monika Nerland and colleagues, some of which is located in the helping professions, although not directly researching supervision (see Chapter 3). All these studies offer new ways to understand and research supervision that are suggestive of the temporality, instability and uncertainty of real-world professional practice, thus informing an approach that aims to overcome the shortcomings of the supervision literature described above.

2.5 Conclusion

This review of the supervision literature has revealed how research problems have been framed in particular ways, with shortcomings and gaps that invite new research opportunities. Outlining some of the central themes has demonstrated how within an extensive field of research, fairly homogenous understandings of the practice of supervision exist. These tend to be decontextualised, reductionistic and individualistic. Supervision has generally been viewed as a logical, stable process that should be driven by objective, knowable and quantifiable 'truths'. Further, prevailing understandings generally stem from a positivist paradigm of what constitutes 'good' research (Bekerman & Tatar 2005; Johnston & Milne 2012), with research problems framed in ways that reflect this. Current drives towards competency-based, evidence-based and accountable supervision reinforce such perceptions (Watkins 2012c). These trends reflect a particular set of socio-political and economic imperatives and align with contemporary demands for professionals within increasingly risk-averse cultures of practice.

The review has demonstrated how "there remain far more questions than answers relating to supervision and its effects" (Spence et al. 2001, p.152). However, casting a critical gaze on the literature has revealed that it is not only the abundance of questions that is problematic, but also the types of questions being asked. Such questions tend to be predicated on particular ideas about knowledge, practice and learning that emphasise individual responsibility, universal answers, and the separation of practice from its context. Hence, they have limited utility in understanding supervision, and cannot do justice to an uncertain, context-bound, unique and unpredictable practice. Even Borders, who is intimately involved with current moves to develop competencies and best practices, acknowledges this by stating that, supervision practice "is much more complicated, individualized, subtle,

and nuanced than any of our models, lists of competencies, and statements of best practices can adequately portray" (2015, p.5).

There is an inherent contradiction embodied within the trends evident in the supervision literature, because studying the human sciences cannot be exact or formulaic, and the more one tries to make it so, the less its complexities can be acknowledged. While upholding the need for practitioners to be accountable, this research swims against the tide to the extent that it favours a focus on instances of practice that may not be generalisable or offer universal competencies, but provide a unique depth of insight into what happens in supervision and how the practice is enacted and accomplished. A practice-based, emergent sensibility with a focus on knowledge brings supervision's complexities to the fore, providing useful, original and interesting insights into this crucial professional practice. Chapter 3 goes on to explore what this approach means, where it stems from, and what its implications are for studying and understanding supervision.

Chapter 3: AN EPISTEMIC PRACTICE PERSPECTIVE

THIS CHAPTER IS STRUCTURED AS FOLLOWS:

3.1 Supervision is conceptualised as a workplace learning practice, thus located within the field of professional learning.

3.2 An outline is provided of three phases in the study of professional learning, and how their ideas are reflected in the supervision literature. These are:

　　3.2.1 psychological theories ('possession'),

　　3.2.2 sociocultural theories ('participation'), and

　　3.2.3 contemporary theories ('emergence'), within which this study is positioned, seeing supervision as an emergent and indeterminate practice.

3.3 Since the broad theoretical framework for this research is practice theory, some key ideas and assumptions of practice theoretical approaches are outlined (3.3.1). More specifically, ideas stemming from the work of Karin Knorr Cetina are described (3.3.2). Two of Knorr Cetina's most important conceptual contributions are explained, namely epistemic objects and epistemic cultures.

3.4 An epistemic practice perspective, building on Knorr Cetina's ideas, is broadly outlined (3.4.1), with examples of research into epistemic practices and epistemic objects (3.4.2).

3.5 Key theoretical concepts for this research are explained, focusing on epistemic practices, knowledge objects and epistemic objects (3.5.1), epistemic framing (3.5.2) and recontextualisation (3.5.3). How these are activated in the research is outlined, with reference to precedent for the use of the concepts.

3.6 Given that this study of knowledge practices rests on an understanding of professional learning, the way in which the relationship between learning and knowledge is understood is outlined.

3.7 The conclusion summarises the chapter's key points.

3.1 Introduction

Ideas about the nature of workplace and professional learning have changed over time. They have evolved from relatively straightforward ideas about the relationship between practice, learning, knowledge and work to a more complex, problematising paradigm, within which the current study is located. The myriad of learning opportunities at and through work is now well recognised in the literature (Billett 2008; Sawchuk 2011). As highlighted in Chapter 1, supervision is universally recognised as a form of professional learning and a key mechanism in the training and ongoing development of practitioners in many professions (Bernard & Goodyear 2014; Carroll 2010; Wade & Jones 2015; Watkins 2012a). As Carroll explains, "the heart of supervision is learning" (2010, p.1) and since it involves learning, supervision invariably involves working with knowledge. In psychology in particular, supervision is seen as a structured practice that exists, at least in part, to further the cause of professional

learning. This is evidenced in Australian psychology by mandated peer consultation and a variety of supervision types (as described in Chapter 1). Despite this, the supervision literature tends not to locate the study of supervision within the study of professional learning.

However, when one views supervision in light of the professional learning literature, useful insights emerge. Hager's (2011) conceptualisation of professional learning identifies three main categories of workplace learning theory corresponding with three prevailing metaphors, namely 'possession', 'participation' and 'emergence' (Hager 2011; Hager, Lee & Reich 2012). Each tranche of theory is described below, with links articulated to supervision. This is followed by a consideration of practice theory, an approach that falls within the 'emergence' category. The chapter moves on to consider theoretical and conceptual influences specific to my focus on knowledge practices, describing how these have been used to study professional practice, and considering how they will be applied in this research.

3.2 Conceptualisations of professional learning

3.2.1 Psychological theories of professional learning

The early history of workplace learning scholarship was characterised by thinking stemming from psychological theories. This paradigm is still influential today (Dreier 2009; Fenwick 2006, 2009; Fenwick, Nerland & Jensen 2012; Hager 2011; Sawchuk 2011) and is characterised by a perception of learning as:

- an individual undertaking
- a cognitive product or 'thing'
- located and possessed within individual minds
- stable, predictable and able to be pre-determined
- equivalent to knowledge acquisition
- transferable from person to person and situation to situation e.g. from supervisor to supervisee
- inherently separate and separable from work

(Dreier 2009; Fenwick 2009, p.234; Hager 2011; Hager, Lee & Reich 2012; Lave 2012; Malloch et al. 2011; Vågan 2011; Wenger 1998).

Schön is a key professional learning theorist whose work falls within a possession understanding. His ideas focused on how professionals reflect on and in so doing, create knowledge in their work (Schön 1987). This is important since reflection is emphasised as a key mechanism for learning in supervision (e.g. see Borders 2014; Carroll 2010; Hewson & Carroll 2016; Wright 2012). Schön was instrumental in shifting

the notion of practice away from the application of pre-learned theory to examining how professionals actually work (Eraut 1994; Hager 2011). His work remains influential for professional learning (Fenwick, Nerland & Jensen 2012) and the practice of supervision. For example, the current list of supervisor masterclasses accredited by the Psychology Board of Australia[8] includes courses that focus specifically on reflective practice and reflective supervision.

The influence of a possession approach in conceptualising supervision is evident in the language and focus of the supervision literature, which (as discussed in 2.4) tends to see learning in supervision as stable, and able to be pre-determined using goal-setting and competencies. It also tends to be individualistic, emphasising how learning can be transferred from expert to novice or from supervision to practice. Knowledge is seen as a 'thing' that can be moved around without clear reference to context. For example, Borders claims that "supervisors are helping counsellors learn how to *transfer*[9] their learning so they can apply their knowledge to the new and challenging clinical context they will encounter" (2010, p.144). The notion of transfer does not encapsulate knowledge being acted upon and transformed in and through use, as is suggested by the concept of recontextualisation activated in this research (see 3.5.3 below).

A possession approach to professional learning has been critiqued for its individualistic nature, the suggestion that knowledge can be transported unproblematically across time and space (Fenwick 2006), and the idea that learning necessarily happens through "endless accumulation of discrete pieces" of knowledge (Hager 2004, p.30). Critics argue that one needs to see people and things as integrally involved with the making of knowledge, rather than separate from it (Zukas & Kilminster 2012). Lastly, the need to take sociocultural aspects and relational aspects into account led to the development of sociocultural approaches, which are described below.

3.2.2 Sociocultural theories of professional learning

This second broad category of professional learning theories foregrounds notions of participation (Hodkinson, Biesta & James 2008), positing that:
- learning arises out of participation in social practices, constituting both process and product (Hager 2011; Hager, Lee & Reich 2012; Lave 1996)
- context is critical in shaping and understanding learning (Dirkx, Gilley & Gilley 2004; Smeby & Vågan 2008)

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[8] See http://www.psychologyboard.gov.au/Registration/Supervision/Supervisor-training.aspx
[9] My emphasis

- learning processes are embedded in relationships (Cairns & Malloch 2011; Lave 1996; Wenger 1998).

The work of Lave and Wenger has had a widespread and enduring influence on the sociocultural approach. They studied informal work groups to understand the progression of learners from novices to full group members, seeing learning as a process of identity development (Vågan 2011, p.44; Zukas & Kilminster 2012). They sought to understand how learning happens outside of formal educational settings and within the context of "our lived experience of participation in the world" (Wenger 1998, p.3). In so doing, they developed the influential concepts of 'communities of practice', 'legitimate peripheral participation' and 'situated learning'. Such concepts are used occasionally in the supervision literature, usually to conceptualise how novices are acculturated into a disciplinary community e.g. see O'Byrne & Rosenberg (1998); Gordon & Luke (2016); Köpsén & Nyström (2012). The potential influence of such ideas is strongest with regard to the supervision relationship. Yet, although this relationship is key to how supervision is conceptualised (see 2.3.6 above), it does not necessarily translate to a more relational focus in research. The supervision relationship is generally construed as the outcome of two individuals working together, rather than studied in terms of its mutuality, interconnectedness and complexity.

Sociocultural theories have been critiqued for various reasons, giving rise to new approaches. At times they are seen as shifting the goalposts too far to the participative extreme without sufficiently taking individual agency into account (Eteläpelto 2008). Also, community of practice ideas tend to work well with historical and stable areas of knowledge, where it is appropriate to focus on processes of induction or apprenticeship (Edwards 2007; Nicolini 2012). However, professional learning goes beyond induction, making such ideas less useful in the modern context of rapidly changing practice. Further, it has been argued that if context is essential to understanding learning, it is unclear how individuals generalise beyond the specific context or bring previous understandings into play (Smeby & Vågan 2008)? Lastly, some see sociocultural theories as pursuing a modernist goal with a focus on improving performance, productivity and potentially profit (Hager 2011). Such criticisms lead to a consideration of the third category of workplace learning theories, within which this research is located.

3.2.3 Contemporary theories of professional learning

This group of theories is characterised by a metaphor of emergence (Hager 2011). Some examples are complexity theory, actor-network theory, some CHAT approaches, and the work of Gherardi, Nicolini and Schatzki. These ideas are variously described as postmodern (Hager 2011), post-Cartesian (Green 2015) and sociomaterial (Fenwick, Edwards & Sawchuk 2011). Some may fall within the banner of 'practice theory', 'practice-based approaches' or the 'practice turn'.

In line with some of the sociocultural theories, these approaches take *practice* (rather than individual learners) as a point of departure, extending this idea in different directions. Professional knowledge and learning are seen as complex, dispersed and produced through the enactment of everyday work, rather than located in individual minds (Fenwick 2009; Gherardi 2014; Hager, Lee & Reich 2012). Context and learners (in this case, the supervisory dyad) are inextricably interconnected (Hager 2011), with knowing always particular to the context in which it is situated (Fenwick & Nerland 2014). Practice is conceptualised as evolving continually, in so doing shaping practitioners' knowledge and skills. In the process, both professional and context mutually shape one another as they develop within a web of social and material relations and interconnections (Fenwick 2006; Fenwick & Edwards 2013; Hager, Lee & Reich 2012).

Predictability and stability are seen as unrealistic aims for professional practice, since the unfolding of practices implies that "nothing is determined in advance of its own emergence" (Fenwick, Nerland & Jensen 2012, p.61). The nature of questions about knowledge and learning is thus different from other approaches - instead of asking about internal cognitive processes or individual behaviours, questions focus on the kinds of social interactions and material settings that provide a fruitful context for knowing, learning and working (Gherardi 2014). Such ideas challenge assumptions that one can separate subject and object or knower and known, aiming to counter the binary nature of many psychological and socio-cultural approaches (Fenwick, Edwards & Sawchuk 2011), because dichotomies are seen to limit thinking and hinder understanding of practices (Cairns & Malloch 2011, p.81).

Chapter 2 outlined how supervision has tended *not* to be conceptualised in these ways. Hence, locating this research beneath the broad umbrella of such approaches offers a novel way of thinking about supervision as a practice. In this study the focus is on how the practice of supervision is emergent, unfolding and collaborative, how it expands knowledge and opens up possibilities, rather than on supervisor or supervisee characteristics or behaviours. The research embodies Gergen's (1985) oft-cited idea

that knowledge is something that people *do* together, rather than something they possess in their heads.

In summary, contemporary theories of professional learning as emergence allow for a richness of understanding that possession and participation approaches do not encompass. Theories that characterise professional learning as emergent are potentially better equipped to make sense of the complexities and contradictions faced by the realities of modern day professional practice (Fenwick 2009) (as described in 1.2.1). This study aims to demonstrate how this applies in the case of clinical supervision by drawing on practice theory, which is expanded on in the section that follows.

3.3 Theoretical framework - Practice theory

3.3.1 Practice theory

Part of the contribution that this research makes is its conceptualisation of supervision as a practice, investigating knowledge work as practice unfolds. *Practice* is foregrounded, in line with key ideas informing contemporary theories, as described in 3.2.3 above. Supervision is recognisable to psychologists as a practice with characteristic doings, sayings and relatings (Kemmis 2009). It is continuously enacted in their professional training and on an ongoing basis once qualified. This section provides more information about practice theory, which constitutes the overall conceptual framework for this research. Nestled within this framework are specific ideas about knowledge practices which will be described later in the chapter.

'Practice theory' encompasses a broad church of contemporary approaches. While there are differences between these, Reich & Hager (2014) argue that six key threads are common to most. The first four of these are most relevant to this research. The threads are:

- knowing-in-practice - doing, knowing and context become intertwined and inseparable as practitioners carry out collaborative work
- relationality - relations between people, material objects and context are highlighted
- contextualisation - practices exist and change in the context of historical and social forces
- emergence - practices develop in ways that cannot be pre-specified
- sociomateriality - practice involves human and non-human actors and artefacts
- embodiment - people's physical bodies are crucial in how practices unfold (Reich & Hager 2014).

Practice theorists may focus on different aspects of practice, such as technology, inter-professional work or organisational learning. This research foregrounds knowledge work i.e. epistemic practice, and sees knowledge as embedded within practice. As such, it draws on relevant assumptions stemming from practice theory, and compatible with the contemporary ideas outlined in 3.2.3 above. These are:

- Professional practice inevitably involves actively working with knowledge (Hopwood 2017a), going beyond applying what one already knows. It is an uncertain, value-laden process of "questioning, reshaping, and collective knowledge-making" (Hopwood 2017b, p.3)

- Individuals are not examined as the unit of analysis. The focus is on what is involved and the relations among actors as people interact and practices unfold (Fenwick, Edwards & Sawchuk 2011; Hopwood 2014; Nicolini 2012). Professional expertise is thus understood relationally, not as a one-way exchange between "heroic individuals" (Edwards 2010, p.61)

- Individuals are involved in shaping their world while at the same time being shaped by it over time, a process of "dialectical engagement" (Edwards 2012, p.23)

- Knowledge is expressed through activity (knowing is doing and vice versa), and produced and reproduced within practices (Gherardi 2009b; Nicolini 2012)

- Professional knowledge is socially and culturally contextualised (Markauskaite & Goodyear 2014, p.79), with context understood as more than a backdrop or container for practice, and instead as inextricably interconnected with practice (Fenwick, Edwards & Sawchuk 2011). Knowledge and practices are shaped and constrained by practice architectures, namely cultural-discursive, material-economic and social-political arrangements (Kemmis et al. 2012).

Practice approaches are able to embrace the messiness of real-world practices such as supervision (Fenwick, Edwards & Sawchuk 2011). Using practice theory as a lens allows for a nuanced understanding of supervision, shining a light on the complexity, mutuality and interconnectedness of the practice as it unfolds. How this is done methodologically will be outlined in Chapter 4. Within this broad theoretical framework, my research takes up questions related to knowledge and epistemic practices. Practice theory ideas are applied to knowledge work in supervision using concepts primarily drawn from one theorist, Karin Knorr Cetina. I move on to outline what these ideas entail.

3.3.2 The work of Knorr Cetina

Given that my interest is in epistemic dimensions of practice, namely how psychologists work with knowledge, my research questions have been influenced by the work of Knorr Cetina. She is a sociologist well known for her 1999 book, *Epistemic Cultures: How the Sciences Make Knowledge*, which outlines her research into the knowledge cultures of high-energy physics and molecular biology laboratories. Her work focuses on the study of knowledge as applied mainly to sciences, finance and globalisation.

Knorr Cetina (1997, 1999, 2001) suggests that modern Western society is a 'knowledge society', hence that epistemic dimensions dominate how we interact and function in the world. She believes it is crucial that knowledge practices are investigated, partly because "knowledge has become constitutive of social relations" (1997, p.8). In order to understand the connection she makes between knowledge and social relations, one needs to recognise her distinction between 'practice', which is characterised by rules, habits and routines, and 'epistemic practice' (2001). The latter predominates when professionals confront non-routine problems (as occurs in supervision), developing particular kinds of relationships with the objects of their practice (Knorr Cetina 2001; Markauskaite & Goodyear 2016). Knorr Cetina argues that work is centred around such objects, which may be material (e.g. assessment tools, client consent forms) or non-material (e.g. psychological theories, diagnoses). She emphasises the relational dynamics between professionals and objects, arguing that professionals' emotional investment in their objects of activity makes them "an emotional home for expert selves" (Knorr Cetina 2007, p.371). The objects of professional enquiry come to mediate the relationships between professionals and their knowledge, and play a central role in how practice unfolds (Nerland & Jensen 2010). These are termed 'epistemic objects' and are explained in 3.3.2.1 below. The study of such objects in supervision can enhance understanding of the practice by viewing it through a novel lens.

Knorr Cetina's ideas (along with some who base their work on her concepts - see 3.4) can be seen as consistent with practice theory, and compatible with the emergent approach to professional learning described in 3.2.3 above. Her foregrounding of practices as enacted is emphasised in her definition of knowledge "as practiced - within structures, processes, and environments that make up specific epistemic settings" (Knorr Cetina 1999, p.8). She approaches knowing as incomplete, partial, emergent and provisional, and focuses on "practices and webs of relations" (Nerland & Jensen 2014a, p.622) in the production and circulation of knowledge and in how knowledge processes shape practitioners to see problems in particular ways (Nerland

2012). Her work demonstrates how social relations and knowledge are entangled as they unfold in practice (Gherardi 2012), and she offers an account of "how knowledge is developed and shared in socio-historical contexts over time" (Nerland & Jensen 2014a, p.621). Thus, Knorr Cetina's recognition of knowing-in-practice, emergence, situatedness and relationality contribute to making her ideas compatible with contemporary theorisations of practice (Reich & Hager 2014).

I move on to offer a picture of Knorr Cetina's most influential concepts in relation to my conceptual framework. The way that these are understood and applied in this research will be addressed in 3.5 below.

a) Epistemic objects

In order to understand supervision on epistemic terms, it is important to attend to one of Knorr Cetina's most significant conceptual contributions, namely the epistemic object, a concept derived from Rheinberger's notion of 'epistemic things' (2005). These are objects of enquiry that are incomplete, open-ended, question-generating, indefinitely unfolding and complex (Knorr Cetina 2001). They are distinguished from what Rheinberger terms 'technical objects', in that the latter are fixed, well-defined and stable (Khazraee & Gasson 2015; Knorr Cetina 1997; Miettinen & Virkkunen 2005). Epistemic objects need not be material, in fact "they are processes and projections rather than definitive things" (Knorr Cetina 2006, p.12). Their lack of completeness of being is their defining characteristic (Knorr Cetina & Bruegger 2000). As Rheinberger explains, "they are epistemic by virtue of their preliminarity, of what we do not yet know about them" (2005, p.407). This gives them an expansive quality and makes it impossible for them to ever be fully attained (Knorr Cetina 2001). As practitioners try to reveal them, they tend to increase in complexity (Knorr Cetina 2001), "comprising cascades of unfolding instantiations" (Ewenstein & Whyte 2009, p.27). Knorr Cetina explains epistemic objects as analogous to "open drawers filled with folders extending indefinitely into the depth of a dark closet" (2006, p.12). Some examples she provides include computer programs, machines used in scientific experiments and financial markets.

Epistemic objects are defined by their function, by how they are used rather than what they 'are' i.e. they do not possess 'epistemic-ness' as an inherent property. The same object might function as a technical object or an epistemic object, depending on the circumstances of the enactment of the practice within which the object is entangled (Hopwood 2016; Nerland & Jensen 2012). When an object is activated epistemically, it tends to be involved in processes of knowledge development and learning, extending practice and enhancing creativity (Ewenstein & Whyte 2009; Knorr Cetina 2001). As

Ewenstein & Whyte explain, the uncertainty and indeterminacy of epistemic objects "generates questions which turn into avenues for further exploration. Pursuing these avenues causes the epistemic object to evolve, satisfying some questions while opening up new ones" (2009, p.12). In this respect, Knorr Cetina characterises the epistemic object's uncertainty as a 'lack' that precipitates its unfolding and leads to a 'structure of wanting' in the subject (in this case, the psychologist) as she desires to know more. The lack corresponds to an ongoing interest that is not fulfilled by ultimate knowledge (Knorr Cetina 1997). Hence, professionals do not have a neutral relationship with their knowledge as the objects of their practice serve to engage and motivate them, constituting identity and propelling learning (Jensen 2012).

Studies have demonstrated how professionals' engagement with knowledge objects can stimulate learning. For example, Jensen (2012) interviewed early career professionals to explore how they become and stay enrolled in a particular discipline, or knowledge culture (see 3.3.2.2). She outlines how they come to see knowledge as open-ended and unfolding, moving back and forth between theory and practice as they encounter real-life problems. Thus, the incompleteness of the object stimulates a desire in the professional to know more, providing for the ongoing unfolding of object-oriented practice (Knorr Cetina 2001). According to Nicolini, Mengis and Swan (2012), it can go further than this in a team environment, by initiating a form of collective obligation towards the object that binds practitioners and fuels collaboration. In supervision this may be reflected in both parties in the dyad becoming affiliated to the object, even though it usually forms part of the supervisee's practice only i.e. supervisees discuss their clients, whom supervisors generally never encounter.

The concept of epistemic object is useful to this research in illuminating the complexity of practice as well as the lack of certainty that professionals deal with in the course of their work. The concept "allows us to investigate the interplay between explorative and confirming actions, when professionals need to move beyond the routine to handle complex challenges" (Nerland & Jensen 2012, p.103). Epistemic objects are seen as a driving force in knowledge development (Nicolini, Mengis & Swan 2012), hence become highly relevant to the exploration of how knowledge is worked with in supervision. The way in which an understanding of epistemic objects is activated in this research is outlined in 3.5.1 below.

b) Epistemic cultures

Characteristics of and distinctions between professions can be understood on epistemic terms. Knorr Cetina's concept of 'epistemic cultures' captures this. Although not a central component of my conceptual framework, it offers insights into my

position as an 'insider' in this research (see 4.7) in that my experience as a psychologist grants me a helpful sensibility to the epistemic culture of psychology. Further, although the research questions in this study do not focus on the epistemic culture of psychology, the study of the objects and practices of supervision is understood as inextricably interconnected with the culture of the discipline at large. One cannot understand the knowledge objects and the role that they play without understanding the epistemic culture within which they are generated and entangled (Markauskaite & Goodyear 2016).

Epistemic cultures are defined as "those amalgams of arrangements and mechanisms - bonded through affinity, necessity, and historical coincidence - which, in a given field, make up *how we know what we know* … cultures that create and warrant knowledge" (Knorr Cetina 1999, p.1). Different professions form distinct cultures that have particular ways of dealing with knowledge, learning and identity (Jensen, Nerland & Enqvist-Jensen 2015; Nerland 2012), setting up oft-unarticulated expectations around knowledge. Thus, epistemic cultures produce and approach knowledge in distinctive ways. This highlights the contextual and historical nature of knowledge, since the impact of epistemic cultures is pervasive and often goes unnoticed. As Nerland claims, "practitioners are shaped through and learn to see the world through the lenses of their knowledge culture" (2012, p.28), without necessarily realising the extent of this. Epistemic cultures also serve to constitute their knowers (i.e. practitioners) in different ways. Within epistemic cultures, Knorr Cetina explains how 'machineries of knowledge construction' operate to produce, circulate, apply and validate knowledge (2007). Such machineries differ between professions (Mørk et al. 2008), with supervision constituting part of these machineries within psychology.

The chapter moves on to outline how Knorr Cetina's concepts have been enacted through an epistemic practice perspective on professional learning.

3.4 Epistemic practice approaches to the study of professional practice

This section starts by explaining what is meant by an epistemic practice perspective and then explores different ways in which this has been applied in research.

3.4.1 An epistemic practice perspective

Since Knorr Cetina's ideas shape my conceptual framework, it is important to examine how they have been used in research that is close to my field, specifically in relation to professional practice. Such research adopts an epistemic practice perspective, foregrounding knowledge and how knowledge is worked with. Epistemic practice is the means by which knowledge is produced, validated, legitimised and shared in a field of expertise (Cunningham & Kelly 2017; Knorr Cetina 2001; Nerland 2016). It involves ways in which problems are unpacked and analysed, means of verifying knowledge and strategies for finding solutions (Nerland 2018). An epistemic practice approach shifts the focus from what knowledge 'is' to how knowledge is 'done' (Nerland 2016, p.131). As Hopwood & Nerland explain, this perspective attends to how "knowledge is activated and becomes actionable, how reasoning is made explicit, how positions as knowers are taken in interaction, and how connections in action are formed on epistemic terms" (2019, p.3). As is done in this research, it enables magnification of knowledge in use (Hopwood & Nerland 2019), examining knowledge-related interactions as professional practice unfolds.

Since knowledge is fundamental to how professionals are trained and work, the relevance of this perspective to professional practice is clear. Epistemic work requires professionals to move beyond what they have been taught and enact knowledge in relation to particular issues or clients. In this way, epistemic practice is key to making knowledge actionable (Nerland 2018). According to Markauskaite & Goodyear the idea of epistemic practice "relocates knowledge work back into the settings of practical action … It involves not only the production of knowledge about the phenomenon but also production of practices to create this knowledge" (2016, p.235).

Hence there are strong links between knowledge and action, and knowledge and context, all of which are relevant to supervision, where the focus is on working with knowledge in relation to particular cases and issues. This implies an understanding of supervision practice as involving entangled connections between the knowledge worked with in supervision and how it is enacted in practice. Rather than holding to the idea that knowledge is *transferred* into the supervisee's therapeutic practice, the emergence of knowledge in both supervision and everyday psychology practice is emphasised, as is the interconnectedness of knowledge and practice. In outlining some

empirical examples below, I focus on research that applies an epistemic practice perspective within professions closest to my field of this study. There does not appear to be any research that applies an epistemic practice perspective to the study of clinical supervision.

3.4.2 Empirical resesarch that adopts an epistemic practice perspective

Research conducted using an epistemic practice perspective demonstrates the analytical value of the approach for studying professional practice, in my case supervision. This perspective, grounded in Knorr Cetina's ideas, is expressed in studies by a number of researchers of professional practice and learning e.g. research in Norway generated by the ProLEARN project studied knowledge practices and processes in four professions - nursing, teaching, computer engineering and accounting (Jensen 2012; Jensen, Lahn & Nerland 2012; Lahn 2010; Nerland & Jensen 2010). According to Hopwood, this body of work "eschews an individual unit of analysis, and also steps away from social participation as a metaphor, engaging instead with questions of professional knowledge and learning in terms of temporality and spatiality, mediation and circulation" (2016, p.78). Although psychology and/or supervision are not directly researched in these studies, this work comes closest to informing how the identified conceptual gaps in the supervision literature (as discussed in Chapter 2) might be tackled by using an approach situated within the contemporary theories of professional practice outlined in 3.2.3 and 3.3.1 above. Although research adopting an epistemic practice perspective in relation to the professions covers various foci, those pertaining to epistemic objects and epistemic practices are discussed below, since they are most relevant to this study.

a) Empirical study of epistemic objects

My first research question ('From an epistemic perspective, what is discussed in clinical supervision?') investigates the content of supervision sessions on epistemic terms, leading me to focus on epistemic objects in supervision. A variety of studies undertaken in workplace and professional contexts have employed and extended Knorr Cetina's concept of epistemic objects, thus informing my conceptual framework. In general, this research highlights the centrality of epistemic objects in professionals' knowledge work and knowledge-building (Damşa & Ludvigsen 2016). Ewenstein & Whyte (2009), for example, demonstrated how architectural drawings constituted epistemic objects that were incomplete and unfolded as practice proceeded. They emphasised the learning potential of epistemic objects in finding that "conceptual design knowledge is developed not so much through relatively stable boundary objects, but through constantly unfolding epistemic objects" (2009, p.27).

Tronsmo & Nerland examined how a secondary school curriculum functioned as an epistemic object and how it evolved over time as teachers engaged with it (Tronsmo 2018; Tronsmo & Nerland 2018b). Damşa & Ludvigsen (2016) studied how student teachers co-constructed and worked on shared knowledge objects, demonstrating how such work facilitated learning through collaboration. Miettinen & Virkkunen (2005) used a CHAT perspective to study occupational health and safety inspectors, demonstrating how routines in the workplace came to serve as an epistemic object in order to produce new behaviours. Further, work undertaken by Hopwood (2016, 2017a) investigated partnerships between parents and professionals in parenting services. He demonstrated how behavioural charts functioned as epistemic objects in handovers between nursing staff, acting to produce "moments of interruption and reflection" (Hopwood 2016, p.296). He also showed how these handovers embodied the characteristics of epistemic objects, manifesting knowledge that is incomplete, ever-changing and unstable (Hopwood 2017a).

Nerland and Jensen have applied the concept of epistemic objects as a theoretical tool in analysing and studying professionals' knowledge work. They outline how the epistemic practices of computer engineers and nurses "emerge in the intersection of knowledge objects circulated in the profession" and articulate how "these objects become explored, developed and materially defined in local work contexts" (2014b, p.85). Their study of nurses (Nerland & Jensen 2014b) demonstrated how engagement with epistemic objects - in this case, clinical procedures - contributed to the development of professional practice. In studying computer engineers, they demonstrated how the unfolding nature of knowledge objects engaged the engineers, and in so doing generating learning and development (Nerland & Jensen 2010). They showed how in a dynamic and ever-changing field, the objects of practice constituted thinking and generated creativity and change, and also served to link local and wider practice (Nerland & Jensen 2010).

b) Empirical study of epistemic practices

My second research question ('What epistemic practices are enacted in clinical supervision, and with what effects?') examines the epistemic practices that are enacted in supervision, making prior research that identifies these practices in professional contexts relevant to my conceptual framework. Some of this research is undertaken in scientific or technological fields e.g. Cunningham & Kelly (2017), but I focus here on human and social sciences. While 'epistemic practice' broadly denotes the ways in which knowledge is produced and shared in epistemic cultures or professions, 'epistemic practices' refers to the specific ways in which this is done (Jensen, Nerland & Enqvist-Jensen 2015).

Hopwood & Nerland (2019) applied an epistemic practices approach in analysing parenting services. They identified four key epistemic practices, namely diagnostic reasoning, recontexualising, testing and contesting knowledge claims. In another study based on the same empirical work, Hopwood & Makitalo outlined six "epistemically laden" (2019, p.599) practices by which partnership was accomplished between parents and professionals. These were: making observations, specific modes of questioning, reinterpreting, reframing, orienting to the future and offering metacommentary. Nerland (2016, 2018) compared different professional courses—in software engineering, teaching and law—in terms of how students were introduced to epistemic practices in their field. She identified how epistemic practices differed between professions, in so doing reflecting the distinctiveness of epistemic cultures. For example, epistemic practices that were key to teaching included connecting abstract concepts with practice and formulating an inquiry question, while legal students needed to master how to sort a case and investigate the relevance of different sources of law. In a related study, Enqvist-Jensen et al (2017) identified six specific knowledge practices activated by law students, namely organising the information, generating questions, identifying relevant sources, collaboratively exploring and justifying concepts, relating concepts to cases and drawing preliminary conclusions.

Although not common in psychology, research adopting an epistemic practice perspective is emerging. For example, an upcoming special issue of *Theory and Psychology* (Jensen 2019) is devoted to epistemic practices in psychology. Such research addresses questions of "*what* psychology should study and *how* and *why* it should do so" (Jensen 2019, p.2). In one of the articles in this issue, Jensen describes his ethnographic research with cultural-historical psychology researchers in a Denmark university. Jensen spent two months observing, interviewing and participating in activities with the psychologists, focusing particularly on how they attended to and developed concepts and comparing their concept use with natural scientists. He described the activities of the psychologists as a particular mode of knowledge production, involving specific objects, practices, claims to authority and connections to other fields of practice (Jensen 2019). His conclusions emphasised the role of entanglement in how the psychologists used and produced knowledge.

The research examples above demonstrate the relevance of exploring epistemic objects and epistemic practices in professionals' knowledge work. Given the relatively current nature of many of these studies, and their absence in the field of supervision, the potential for my research to contribute to a developing body of work is enhanced.

3.5 Concepts central to this research

Adopting an epistemic practice perspective in this research allows me to zoom in on knowledge practices in supervision, foregrounding certain aspects of practice i.e. knowledge work, while focusing less on others, such as embodiment or materiality. Epistemic dimensions are key to addressing my research questions, hence I am using the theory outlined in this conceptual framework "to bring to the fore certain aspects while pushing others into the background" (Nicolini 2009, p.1402). The way this is done relies on activating certain concepts, primarily knowledge objects and epistemic objects. I also draw on concepts developed and advanced by other theorists, namely epistemic framing and recontextualisation.

These concepts underpin my research questions and flow from an interest in epistemic practices. To recap, 'epistemic practice' is broadly understood as the means by which knowledge is produced, validated, legitimised and shared in a field (Cunningham & Kelly 2017; Knorr Cetina 2001; Nerland 2016). The specifics of *how* this is done on an interactional level in a local context, i.e. by psychologists in supervision, are identified and defined as 'epistemic practices'. The research seeks to uncover these practices, in line with my second research question. As will be seen, one aspect that is key to such practices is recontextualisation, which is explained in 3.5.3 below. How the concepts applicable to my first research question - knowledge objects, epistemic objects and epistemic framing - are understood in this research is outlined in 3.5.1 and 3.5.2 below.

3.5.1 Knowledge objects and epistemic objects

Knowledge objects and epistemic objects are key concepts activated in this research. These terms tend to be used interchangeably in the literature, including by Knorr Cetina (Damşa & Ludvigsen 2016). She uses 'epistemic objects' to refer to knowledge objects/objects of enquiry that have the qualities of epistemic objects (as described in 3.3.2.1 above) *and* are shared widely within a professional community, e.g. computer programs or financial instruments (Knorr Cetina 2006; Knorr Cetina & Bruegger 2000). For Knorr Cetina, epistemic objects are the products of epistemic cultures, thus are bigger than local situations or individuals. Some of the empirical work that employs her concepts uses a similar designation, e.g. the nursing procedures in Nerland & Jensen's research (2012), while other studies focus on local epistemic objects such as behavioural charts in Hopwood's study (2016) or architectural drawings in the work of Ewenstein & Whyte (2009).

For the purposes of this research, I distinguish between the two concepts - knowledge object and epistemic object. The objects I research are local, i.e. specific to supervision conversations. I use 'knowledge object' to designate an issue or problem (object of enquiry) that is the focus of a supervision conversation e.g. how a psychologist might help a particular client. 'Epistemic object' is used specifically to refer to those knowledge objects that are approached in a way that conceptualises them as question-generating, unfolding, incomplete, complex and future-focused. This distinguishes between objects approached in a relatively stable fashion and objects discussed in ways that embody what is not yet known (Nicolini, Mengis & Swan 2012), exemplifying the uncertainties of professional practice and emphasising the emergent nature of epistemic objects. As Ewenstein & Whyte describe, epistemic objects "reflect a knowledge development process that proceeds in an ongoing and dialogical way; embodying a lack, raising a question, begging an answer, unfolding, developing a lack elsewhere, raising new questions, and so on" (2009, p.27). Nerland & Jensen (2010) point out that when professionals try to reveal or open up knowledge objects, they tend to become more complex rather than less so. I examine the data to see when and how this happens. Thus, if a knowledge object comes to *function* as an epistemic object in a supervision conversation, it is referred to as such.

One of the aspects I consider in examining supervision sessions is whether and how knowledge objects become expanded or opened up. The understanding of expansion and expansive learning in the workplace has been conceptualised differently by different theorists. Various terms are used to describe the phenomenon whereby some form of opening up takes place to generate potential understandings. Engeström's theory of expansive learning is one of the most well-known, and considers the difference between stabilisation knowledge and possibility knowledge (Engeström 2007). The latter predominates when objects are worked with in ways that do not assume stability and encourage movement, hence overlaps with the idea of epistemic objects. Coming from a CHAT framework, Engeström's theory refers to learning something that is "not yet there" (2010, p.2), echoing the not-yet-known nature of epistemic objects. Although Engeström applies this concept primarily to learning rather than knowledge, the metaphor of expansion is a useful one for investigating how knowledge objects are approached. This approach also resonates with the understanding of supervision involving psychologists working together to generate new possibilities and insights, rather than the supervisor teaching something to the supervisee.

Theories concerning the opening up of knowledge have been empirically applied using an epistemic practice perspective. Hermansen's (2014) study of resource development by teachers in Norway refers to opening up as 'elaboration', by which she means

actions that explore the meaning potentials of a resource, concept or issue. Further, Enqvist-Jensen et al (2017) found that collaboration and the construction of questions was instrumental for law students in opening up problems for exploration and preventing premature problem-solving. These ideas about expanding the object of enquiry play an important role in how supervision discussions are understood in this research.

3.5.2 Epistemic framing

The concept of framing originated with sociologist Erving Goffman's book *Frame Analysis: An Essay on the Organisation of Experience* (1974). It was used predominantly in the fields of discourse analysis and communications, but has moved beyond these to be applied in various analytical contexts. Framing refers to the way in which events, activities and problems are organised and interpreted i.e. how we make sense of situations (Goffman 1974). Epistemic framing overlays this idea with an epistemic inflection, applying the concept to knowledge work, focusing on the nature of knowledge problems and what knowledge is brought to bear in working with them. It indicates how knowledge issues or problems are identified, defined and understood (Hopwood & Nerland 2019).

Framing serves to delineate meaning boundaries in the same way that a picture frame bounds space, thus setting up a foundation for potential interpretation and action. The concept is relevant in analysing professionals' knowledge work because practitioners' ability to respond to the epistemic demands of practice is interwoven with the way in which objects of enquiry are framed (Hopwood 2017a). Framing thus has consequences for knowledge work (Hopwood & Nerland 2019), influencing the epistemic resources that are activated in working with knowledge. The frame creates the environment within which engagement with the knowledge object/s takes place. It might contribute to how a knowledge object is opened up, and the ways in which knowledge is made actionable. Research has indicated that experts in a field (in this case, psychologists) have more frames available than laypeople or novices, implying that they might be more flexible problem-solvers in their expert area (Mattila 2001). In psychology, categories can be seen to act as frames in that they signify problems as indicative of, for example, diagnoses (Berkenkotter & Ravotas 1997). This is discussed in more detail in Chapter 8.

Precedent exists for using the concept of epistemic framing in practice-based studies and epistemic practice research. For example, Bruni, Gherardi & Parolin's (2007) study of telemedicine argued that framing served as a discursive practice to delineate boundaries of meaning within which subsequent actions were interpreted. Framing

was found to be central in how a space for meaning-making was created, and how situations were interpreted retrospectively. Hopwood's work falls within a practice theory framework and draws on ideas of epistemic framing. In his work on parent-professional partnerships he identified how professionals' framing of parenting problems can construct them either as appropriate and surmountable difficulties, or not (Hopwood & Mäkitalo 2019). Hopwood & Nerland (2019) demonstrated how information was collected by a professional (child-care nurse) in order to create an epistemic frame which informed the nurse's diagnostic thinking and into which the parent was enrolled. They concluded that partnership between parents and professionals "unfolds through creation of epistemic frames, making knowledge actionable by moving between forms of knowledge, and allocating epistemic responsibilities" (2019, p.18).

The concept of epistemic framing will be activated in relation to my first research question, which considers what is discussed in clinical supervision from an epistemic perspective.

3.5.3 Recontextualistion

Another key component of my conceptual framework is the idea of recontextualisation, drawing on the work of Guile, a U.K. researcher and educationalist. Guile sees the enactment of professional knowledge in practice as a process of continuous recontextualisation. By this he means that knowledge generated and practised in one context is changed when put to work in a different context (Evans & Guile 2012). In the process, theory and practice 'commingle' as practitioners actively work with knowledge (Guile 2014). Thus, knowledge cannot simply be transplanted, inserted or transferred to another context. In order for knowledge to do work in a different context than that within which it was generated, it must be recontextualised (Evans & Guile 2012). This suggests that a process takes place within supervision whereby knowledge is worked on and with to make it fit for purpose i.e. for use with clients in practice after supervision. Another way to view this is Markauskite and Goodyear's view that professional knowledge work "involves complex, dynamically changing mixtures of 'knowledge in one's mind' and 'knowledge in the world'" (2016, p.223).

Part of the value of this concept to this research is its connection to context - the concept assumes that all human activity is contextual and that no knowledge is independent of context (Guile 2014; Guile & Evans 2010), aligning it with the practice theory ideas outlined in 3.3.1 above. Guile & Evans argue that "disciplinary knowledge is context-dependent because it rests on the 'schools of thought', the traditions and

norms of disciplinary practice which were responsible for its generation, application and continued development" (2010, p.8), which has parallels with the ideas of practice architectures and epistemic culture. Because context tends to be ignored or underplayed in much writing on supervision (see 2.4 above), this concept becomes all the more useful to this research. The concept of recontextualisation is also apt for use in this study because it emphasises the relational processes involved in working with knowledge, seeing such work as a social and collaborative endeavour (Evans & Guile 2012).

Recontextualisation is activated mainly in considering my second research question, namely what epistemic practices are enacted in supervision and with what effects. Since supervision is a process of knowledge work directed towards improving practice, psychologists need to continuously recontextualise knowledge, both within supervision discussions, and subsequent to these in implementing supervision knowledge. The supervision literature holds to the idea that part of a supervisor's role is to link theory with practice (Holloway 1995), by collaboratively offering and translating relevant theory into insights or actions that the supervisee might find useful. In order to do this, recontextualisation is key, yet the concept is rarely evident in the supervision literature. Importantly, such translation should not be seen as a *transfer* of knowledge. Instead, Guile explains that theory and practice commingle as professionals make judgements and act. He suggests that professionals "are making conceptually-structured professional (i.e. practical) judgements in context-specific circumstances, rather than applying their theoretical knowledge practically or taking practical decisions that lack any conceptual content" (Guile 2014, p.89). Recontextualisation thus involves a continuous interrelationship between theoretical understanding and professional experience, both of which constitute forms of knowledge, on which professional judgements rest (Guile 2014).

Recontextualisation processes have largely been studied in relation to education (Guile 2014; Guile & Evans 2010). Hopwood and Nerland (2019) however, do identify recontextualisation as an epistemic practice used by nurses working in partnership with parents to help them with difficult childrearing situations. Hopwood & Makitalo (2019) point out how epistemic practices used by nurses to achieve partnership with parents both accomplished recontextualisation and were the product of recontextualisation, emphasising the complex and entangled nature of knowledge work. In the context of psychology, Berkenkotter & Ravotas (1997) studied how psychotherapists instantiated classifications in their case notes. They found that therapists tended to make client issues compatible with diagnostic classifications rather than providing a broader picture of clients' lives. In effect, note-making by therapists recontextualised knowledge about the client. In a similar way, knowledge is

recontextualised when brought to the supervision context, and the knowledge work that is done in supervision econtextualises various knowledge forms while integrating them with what is known about the client. This research will demonstrate how this happens in supervision.

3.6 Relationship between knowledge and learning

This chapter started with an outline of how ideas of professional learning have developed over time. This serves as background to my focus on knowledge practices in supervision, since supervision is seen as a key practice for learning in a professional context (Carroll 2010; Wade & Jones 2015; Watkins 2012a). Before concluding the chapter it is important to outline how I understand the relationship between learning and knowledge. Although I foreground knowledge, I assume that it is inextricably interwoven with learning through the enactment of practice, an understanding which is informed by the practice theory component of my conceptual framework.

Having aligned myself with the third tranche of contemporary theories of professional learning, I do not conceive of learning *or* knowledge as a psychological product unproblematically transferred between people and contexts. Learning is also not as straightforward as progressing from a less knowledgeable to a more knowledgeable state or 'applying' prior knowledge to new problems. Rather, knowledge is "culturally and socially situated and materially grounded" (Markauskaite & Goodyear 2014, p.80), and embedded within the practices within which it is learned and put to work. Contemporary theories make evident that workplace practices invariably involve learning, regardless of a practitioner's level of experience (Hopwood 2016), and, as part of practice, learning and knowledge are accomplished and enacted collaboratively by practitioners, and closely related and entangled as professionals go about their everyday work (Tronsmo & Nerland 2018a). Learning is "intrinsic to epistemic practices in which knowledge is explored and complex problems sought to be resolved" (Nerland & Jensen 2012, p.103), emerging out of a web of interconnections in practice (Edwards & Daniels 2012). Since learning and knowing are entangled, studying the epistemic dimensions of practice reflects learning, because learning happens as knowledge work unfolds.

Kemmis et al put forward the idea of learning as being 'stirred in' to practices (2017). By this they mean that practitioners learn ways of interacting within the arrangements of practice. Knowledge and learning come about through participation in practices, and it becomes difficult to distinguish 'learning' from 'practising'. One way to then identify learning is to consider whether changes emerge from practice (Kemmis et al. 2017). Such changes might take the form of new interpretations or an improved

capacity to take action. As Hopwood explains, learning is "changes in knowing (interpreting and acting) that occur in and further the ends of a particular professional practice" (2016, p.269). In this research, learning in supervision can thus be seen as expanded understandings and/or an increased repertoire of potential actions that come about through the enactment of supervision.

This research focuses on understanding how knowledge work emerges through supervision practice. I argue that such knowledge work contributes towards professional learning. Prior research using an epistemic practice perspective has demonstrated that engaging with knowledge objects creates opportunities for learning (Nerland 2018; Nerland & Jensen 2012; Nerland & Jensen 2014b). Indeed, the idea of epistemic practice "facilitates an understanding of the inter-relationship between explorative and confirmative actions that constitute a core dynamic in learning as it moves between what is known and what remains to be explored" (Jensen, Nerland & Enqvist-Jensen 2015, p.879). Thus, the process of solving problems, discussing clients and commingling knowledge from theory and practice is likely to contribute to the learning that psychologists experience through supervision. Such learning is viewed through an epistemic lens in discussing the findings in Chapters 5 to 8 below.

3.7 Conclusion

This chapter has argued for contextualising the study of supervision within an understanding of professional learning. Contemporary theories of professional learning that emphasise the emergent nature of practice form the foundation for the understanding of supervision adopted in this research. Stemming from this, the research takes up questions relating to knowledge work in practice, foregrounding epistemic dimensions. The chapter has demonstrated the usefulness of an object relations and epistemic practice perspective in conceptualising aspects of professional practice and knowledge, as demonstrated by the work of Nerland, Jensen, Hopwood and others. "At the core of the epistemic practice perspective is an interest in how knowledge is produced, circulated and approached in distinct ways in different knowledge communities, and in revealing the interrelated dynamics of knowledge practices and culture in contemporary society" (Nerland & Jensen 2012, p.104). This research advances this agenda through applying an epistemic practice perspective to the study of supervision in psychology, something which is unique to the literature on both supervision and epistemic practices. In doing this, the research is broadly informed by practice theory and specifically informed by concepts developed by Knorr Cetina, as well as ideas of epistemic framing and recontextualisation.

Chapter 4: METHODOLOGY

THIS CHAPTER IS STRUCTURED AS FOLLOWS:

4.1 The reader is introduced to the methodology and reminded of the research questions.

4.2 The rationale for choosing a practice-based study is outlined, emphasising how this is compatible with the conceptual framework. The way in which the research addresses key methodological criticisms in the supervision literature is explained (4.2.1).

4.3 The research design is presented.

4.4 Methods of data collection - audio-recordings and interviews - are described.

4.5 The process of data analysis is described and a broad overview of the data is provided.

4.6 The recruitment process is outlined, and details of the research participants are provided.

4.7 My role as researcher-practitioner is considered, drawing on the idea of 'intimate outsider'.

4.8 Ethical considerations are outlined.

4.9 Methodological limitations are taken into account.

4.1 Introduction

Undertaking research requires the researcher to make a series of decisions about paradigm, methodology, research design, methods of data collection and analysis. Each decision needs to be achievable, ethical and compatible with the conceptual framework. Decisions need to further the aims and research questions of the study, follow logically from previous research in the field—either by extending it or exploring uncovered terrain—and ensure that the project contributes to its field. What follows provides the rationale underpinning the sequence of decisions regarding the methodology for this research. The starting point was some methodological and conceptual shortcomings apparent in supervision research. Conceptual and theoretical issues outlined in Chapter 2 prompted me to consider how to overcome these, thereby illuminating supervision in a manner that makes a novel contribution to the field. Practice theory stimulated a design that is relatively unique in the field of supervision, offering an unusual theoretical foundation for supervision research. The research thus gives voice to a different kind of evidence to that conventionally lauded in the literature. I outline below why and how the practice theory component of my conceptual framework provided the methodological underpinnings of the study and explain how my research overcomes some significant methodological criticisms in the supervision literature.

As stated in Chapter 1, the following research questions contribute to the shaping and enactment of my methodology:

- **Research question 1**: From an epistemic perspective, what is discussed in clinical supervision?
- **Research question 2**: What epistemic practices are enacted in clinical supervision, and with what effects?

These questions address the 'what?' and 'how?' of clinical supervision as epistemic work. As will be explained below, they are addressed through the research design, which follows three supervisory pairs across five consecutive supervision sessions, using audio-recordings and interviews.

4.2 A practice-based study

Despite the prevailing reductionistic frame used to study supervision (as discussed in Chapter 2), in practice it is situationally determined and characterised by "uncertainty, instability, complexity and variety" (Sergiovanni 1985, p.11). What is needed is conceptual and methodological apparatus that can meet this challenge, in so doing taking into account that "the delivery of the intervention itself changes the understanding of the situation on a moment-by-moment basis" (Holloway & Wolleat 1994, p.25). Because practice-based approaches provide methodological resources with which to examine supervision in this light, this research undertakes a practice-based study. Such an approach is characterised primarily by its conceptual and methodological sensibilities rather than by particular methods or techniques (Fenwick, Edwards & Sawchuk 2011; Gherardi 2012).

Given that practice-based studies "converge on a common interest in understanding the production/consumption of knowledge and its circuit of reproduction" (Gherardi 2012, p.199), the approach is a strong fit for a study of knowledge practices in supervision. Knowledge is understood as being expressed through the activity of supervision, as well as produced and reproduced through its practice. Not only does this follow from the conceptual framework, as outlined in Chapter 3, practice-based studies also emphasise those elements that the research aims to highlight, namely an in-depth understanding of supervision as it happens, in all its complexity and unfolding, emergent nature. The following elements characterise the methodology as practice-based:

a) Getting up close to practice

Practice-based studies are a broad church that do not pin themselves to specific methods, and draw on diverse empirical approaches (Fenwick, Edwards & Sawchuk 2011). What *is* common is the foregrounding of practice, getting up close and

examining practice as it happens. Such studies tend to "begin from the local and the singular, following details of everyday interaction to understand practice in situ" (Fenwick, Edwards & Sawchuk 2011, p.177). Practice-based studies zoom in on practice in real time, allowing for interactions and behaviours that might generally be taken for granted to be revealed as "skilled accomplishment" (Nicolini 2012, p.1400). Foregrounding practice implies that individuals are not the unit of analysis, thus aspects traditionally studied in supervision research—supervisory style, personality characteristics and attitudes for example—are not examined in this practice-based study. Instead, the focus is on what is involved as people interact in practice and how practice unfolds moment-by-moment (Hopwood 2014; Nicolini 2012), making the activity of supervision the focus of analysis, sampled through recordings of supervision sessions and interviews with practitioners (see 4.4). Through close examination of supervision practice, I can offer a depth of understanding that can realistically answer the research questions while contributing to the "detailed understanding of how real-time practices are carried out in the workplace" (Nicolini 2012, p.1391).

b) Situatedness

Practice-based studies emphasise that "practice is always contextualised" (Green 2009, p.8), studying work as local practice, in situ (Gherardi 2012). Knowledge is seen as a situated activity, produced by situated practices and emergent within the dynamics of interaction in supervision (Gherardi 2009b). Context is conceptualised as created by practices rather than as a backdrop for practice (Gherardi 2012). Examining three pairs in detail, in different contexts, allows for situatedness to play a role in analysis and in understanding what emerges. Findings generated through the research are thus context-dependent and grounded in practice, hence in alignment with the conceptual framework outlined in Chapter 3.

c) Consideration of complexity and emergence

This research studies supervision in a way that acknowledges its complexity, foregrounding its unfolding nature, without anticipating what might be found, but rather examining practices closely to reveal and understand their entanglements. I recognise the complexity and multiplicity of practice (Fenwick, Edwards & Sawchuk 2011; Landri 2012), along with being sensitive to those things that may not necessarily be noticed by practitioners (Hopwood 2016) and thus contribute to complexity. As outlined in Chapter 2, few voices in the supervision literature embrace this complexity and/or emergence. One example that does do so is Sergiovanni's (1985, 1987) social constructivist perspective, raising ideas reminiscent of practice theory e.g. "knowing is in the action itself" (1985, p.25) and "knowing cannot be separated from what is known" (1987, p.224). He argues in favour of embracing uncertainty and instability in

studying supervision, conceptualising professional practice as "managing messes" (1985, p.11). Along similar lines, Holloway (1994) champions the idea of supervision as involving artistry and mystery that cannot be made transparent and unfolds as it takes place. By taking a close look at practice in action, this research observes supervision in these terms, emphasising emergence in the enactment and interconnectedness of the relations and activity of supervision (Hopwood 2016).

d) Qualitative methods

Because qualitative methods, particularly observation, generally allow for detailed insights into the enactment of real-time practices, they tend to predominate in practice-based studies (Fenwick, Edwards & Sawchuk 2011; Nicolini 2009). Qualitative research usually takes place through close observation within the naturalistic setting (Taylor, Bogdan & DeVault 2016), making it a natural fit for such studies. A qualitative approach allows me to be close to the phenomenon under study, enabling me to draw on my own experiences as a supervisor, supervisee and therapist as a resource and acknowledging my role as part of the research process. There is already an abundance of quantitative research in the supervision literature, but this provides only one kind of picture of the practice. The quantitative tradition fails to offer "contextually sensitive and detailed descriptions" (Kline 2003, p.82) that provide an in-depth understanding of supervision as a practice. Qualitative methods offer something different, more fully approximating a sense of what the practice of supervision entails.

My ideas about design and methods are inspired by studies on knowledge practices that utilise a similar theoretical perspective, as discussed in 3.4 above. Such work draws on the same broad conceptual background, exploring and extending the ideas of Karin Knorr Cetina, as I am doing. They tend to use qualitative methods that combine semi-structured interviews (some conducted over periods of time) with observation, document analysis and/or case studies of specific practices in various professions (Jensen & Lahn 2005; Nerland 2012; Nerland & Jensen 2012). The qualitative approach adopted in this research is thus compatible with the aim of the study, the theoretical and conceptual framework and similar studies in the area of professional practice. In addition, the research is inspired by certain methodological shortcomings of supervision research. A practice-based study provides a means of overcoming these, as will be outlined in the following section.

4.2.1 Methodological problems in supervision research and how these are addressed in this study

Common methodological problems and conventional approaches in supervision research prompted me to study supervision differently. These methodological problems, outlined below, provide a rationale for my research design and methods. As explained in Chapter 2, the methodologies used to understand supervision have generally failed to conceptualise the practice in a manner that is situated, acknowledges complexity and incorporates contemporary understandings of knowledge and learning. What is more, the literature itself recognises other shortcomings, leading to general agreement that more research is necessary, with a "plethora of research questions that have yet to be answered" (Bernard 2010, p.241) and a perception that the current evidence base is "incomplete, emerging or developing" (Cutcliffe & Fowler 2011, p.374). Many call for more qualitative studies in the field (Carpenter, Webb & Bostock 2013; Kline 2003; Milne & Watkins 2014; Watkins 2014a). The conceptual and methodological limitations justify my choice of a practice-based study and qualitative methods. Such an approach is less likely to encounter the kinds of common methodological problems evident in the supervision literature.

The supervision literature is littered with methodological difficulties (Gonsalvez & McLeod 2008; Hoge et al. 2011; Kilminster & Jolly 2000; Ladany, Mori & Mehr 2013; Senediak 2013), with critiques stemming usually from an imperative to establish an evidence base in line with positivist requirements (see 2.3.8 above) (White & Winstanley 2010a, p.16). Although much supervision research is criticised for its inability to live up to scientifically rigorous standards, there is precedent in the supervision literature for embracing other understandings of what constitutes evidence (Smedslund 2016). Scaife for example, claims that a positivist understanding of evidence-based practice "privileges the technical-rational over the personal-moral" (2012, p.211) to the detriment of the psychology profession. She argues for broadening the definition of evidence to include aspects that are less easily measurable (Scaife 2012). The case is also made for capturing evidence that is "rooted in practice" (Wheeler, Aveline & Barkham 2011, p.90). Such arguments, along with the methodological problems apparent above, reinforce the rationale for a practice-based study, which does not measure itself by positivist notions of evidence-based practice, but provides an alternative kind of evidence, shedding light on practices using a lens that is able to acknowledge complexity and context.

The key methodological criticisms in the supervision literature that are addressed by this research are as follows:

Table 3: Relevant methodological critiques of supervision research

	Methodological critique	Source
1	Studies tend not to be based in practice. There is little observation of "what actually happens in supervision" (West & Clark 2004, p.20) and the "alliance in action" (Watkins 2014a, p.264).	• Wheeler, Aveline & Barkham (2011) • Schofield & Grant (2013) • Senediak (2013) • Holloway (1995)
2	The content of supervision is not often made explicit.	• Milne (2007)
3	Studies are not ongoing - only single instances are sampled.	• Bogo (2006) • Watkins (2014a) • Wheeler, Aveline & Barkham (2011)
4	Most studies investigate supervision after it has occurred.	• Brunero & Stein-Parbury (2008) • Watkins (2014b) • Beddoe et al (2016)
5	Research tends to rely on self-report and satisfaction measures.	• Goodyear & Bernard (1998) • Kilminster & Jolly (2000) • O'Donovan, Halford & Walters (2011) • Senediak (2013) • Spence et al (2001) • Wheeler, Aveline & Barkham (2011)
6	Studies do not attend to context.	• Rapisarda, Desmond & Nelson (2011)
7	Studies focus primarily on the supervision experience for one party, usually the supervisee, rather than involving the dyad.	• Schofield & Grant (2013) • Rapisarda, Desmond & Nelson (2011) • Bernard & Luke (2015) • Carrington (2004) • Watkins (2012b)
8	Many studies involve trainees or students, thus may not be relevant to qualified practitioners.	• Spence et al (2001) • Wheeler (2007) • Forshaw, Sabin-Farrell & Schroder (2019)

This practice-based study addresses these difficulties explicitly. Firstly, recording of supervision sessions allows for close examination of supervision in situ and in action (addressing point 1 in the table above). The content of supervision is made evident and analysed through audio-recordings, and research question 1 directly interrogates supervision content (point 2 above). By recording five supervision sessions, there is a longitudinal dimension to each supervisory pair (point 3). Supervision is examined over time, as it occurs (recorded sessions) as well as afterwards (interviews) (point 4). These methods are discussed in more detail in 4.4. below. Audio-recordings do not rely on self-report, and interviews focus on what took place in the audio-recorded sessions (point 5). Sensitivity to context is ensured in a practice-based study, which alerts the researcher to the role of context and the dialectic between actor and environment (point 6). The research pays equal attention to both supervisor and supervisee. The supervisory dyad acts as the unit of analysis, examining supervision relationally, rather

than as a one-way exchange between individuals (point 7). Lastly, participants are qualified practitioners with many years of experience, making the research relevant to the study of professional development and lifelong learning (point 8).

A desire to overcome the methodological difficulties outlined above, and a plan of how to do so using a practice-based study, led to the choice of design and methods, as outlined in the sections that follow.

4.3 Research design

The unit of analysis in this research is the supervisory dyad. The study consists of three supervisory pairs (supervisor and supervisee) of psychologists. In each instance the practitioners are engaged in what they would characterise as the practice of clinical supervision, and this practice is recognisable as such by colleagues. However, each supervisory pair works in a different context and engages with different types of clients. As will be evident, the three dyads provided significant diversity of practice to ensure the richness of the data.

The pairs audio-recorded five consecutive clinical supervision sessions. Supervisor and supervisee were interviewed individually on two occasions: after session 2 and after session 5. The research design is depicted diagrammatically below:
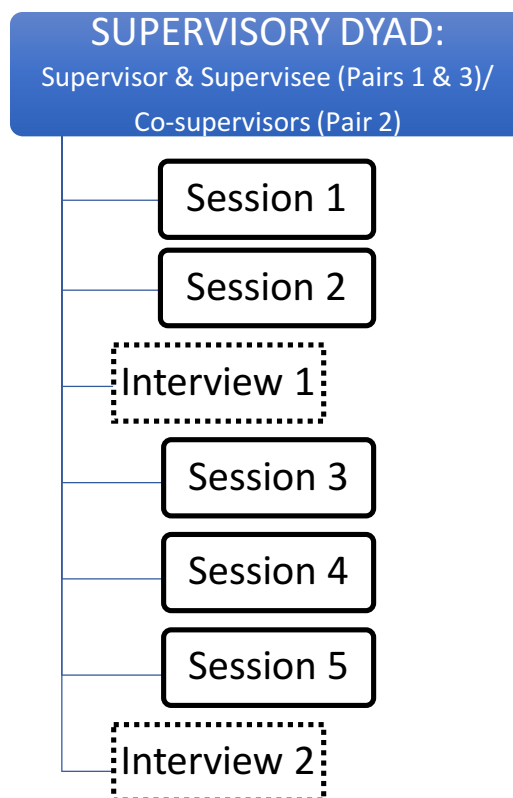
Figure 1: Research design

This design provides a close look at what happens in supervision, uncovering complexity of its knowledge practices, enabling an in-depth consideration of the research questions and overcoming key methodological shortcomings, as discussed above. Analysis of each supervisory pair enabled consideration of how a case may be constrained or defined by local conditions, acknowledging the situated nature of practice. However, having three pairs allowed for broadening understanding beyond the local.

4.4 Methods of data collection

Data was collected using two methods - audio-recordings and interviews.

4.4.1 Audio-recording

Audio-recording was a practical and appropriate way to gather the data I required to analyse supervision sessions. This method was less intrusive than observing the sessions directly, thus less likely to deter potential participants. Although audio-recordings do not allow for an analysis of non-verbal communication or embodiment, these were not central to the research questions and I felt satisfied that verbal interactions would be sufficiently rich as a data source. Participants audio-recorded five consecutive supervisions sessions, using an iPhone. The sessions were then emailed to me, usually on the same day. The recording and emailing of files ran smoothly. Excerpts of session transcripts are included in Appendix 5.

4.4.2 Interviews

Two semi-structured interviews were conducted with each participant and these were also recorded (see Appendix 4). Excerpts of interview transcripts are included in Appendix 5. Although their semi-structured nature allowed for flexibility, all participants were asked the same key questions in the same order. Questions were adapted slightly for each pair, e.g. to reflect cases discussed or a particular supervision context such as peer supervision. The first interview took place after the second session of recorded supervision, and the second interview took place at the end of five recorded sessions. Interviews took 45-60 minutes each. These were conducted face-to-face with Pair 1 (supervisee only) and 2. The interviews took place in a private area at the participant's home or work. Some interviews were conducted using Skype (audio-calling) (Pair 1's supervisor and Pair 3). Interviews focused on the recorded supervision sessions, exploring the cases and issues discussed. General aspects relating to supervision were also covered, e.g. expectations of supervision, the supervision relationship and the contribution of supervision to professional development.

The rationale for having interviews along with audio-recordings was to offer a window into how supervision impacted practice over time. Allowing participants to reflect on supervision sessions and subsequent practice provided a fuller understanding of their practice. The interviews were a means to explore issues and questions around professional learning and the connections between supervision and other psychological work. This could shed light on the role and impact of epistemic work in supervision, informing both research questions. This was important since I did not have direct access to the participants' work with clients. The rationale for having two interviews was to encourage participants to offer detailed information about particular cases by covering only two or three supervision sessions at a time, as well as prevent them forgetting about sessions if too much time passed. Participants were emailed transcripts of their sessions (password-protected) prior to the interviews. Using these methods, the following data was generated for analysis:

Table 4: Items of research data generated through data collection

Pair no.	Sessions recorded	Interviews conducted		TOTAL
		INTERVIEW 1	INTERVIEW 2	
1	5	2	2	9
2	5	2	2	9
3	5	2	2	9
TOTAL	15	6	6	27

Data collection started on 25 April 2017 with the recording of Pair 1, Session 1. Data collection concluded on 19 September 2018, with the recording of Pair 3, Interview 2 (supervisee). Supervision sessions took place approximately monthly for most pairs. The data collection process extended over the following time periods:

Table 5: Time periods for data collection

Pair no.	First session recorded date	Fifth session recorded date	Final interview date	Duration of data collection
1	25 April 2017	25 October 2017	1 December 2017	7 months
2	10 July 2017	14 February 2018	6 March 2018	8 months
3	27 October 2017	31 August 2018	19 September 2018	11 months

4.5 Data analysis

4.5.1 Transcribing of data

Both the supervision sessions and the interviews were in the form of audio files. These were imported into MAXQDA 12, in order to be transcribed, which I did myself. This was done verbatim. As Braun and Clarke (2006) note, analysis begins through familiarisation with the data. By transcribing the sessions and interviews myself, the process of data analysis began at the transcription phase, starting the process of my reflection on how data might address the research questions and where the focus of analysis would lie. As I transcribed, I wrote comments and memos in MAXQDA to return to at different phases of the data analysis. Hence, the process of transcription already led to me making meaning of the data (Braun & Clarke 2006).

While transcribing I anonymised the information, changing names of participants, clients and organisations/employers. Identifying details were altered, with care taken to avoid too much alteration of meaning. For example, the gender of a client was not changed, but the suburb and school were. It is not inconceivable that were a client to read this thesis he or she might recognise his or her story. This points to the difficulties of total anonymisation in qualitative research (see 4.8 below). However, given the changes that were made and the amounts of transcript data that will appear verbatim in the thesis, this is highly unlikely.

4.5.2 Analysis of data

Data analysis in qualitative research poses unique challenges, due to the large amounts of data generated (Elo & Kyngas 2008). In reducing this data to a workable format, one strives to retain its flavour, still doing justice to its complexity while processing it in a manner that makes theoretical and conceptual sense. MAXQDA was used to code my data. I felt that using software would help me organise and get a sense of the large amount of data more easily than a manual coding system. Its transcription facility is also useful, making transcribed data immediately available for coding. Prior to coding, I read through the transcripts in hard copy and made notes. These notes tended to develop into codes once I analysed the same transcript in MAXQDA, coding as I read. I then returned to the hard copy to see what I had missed. Repeated readings of each transcript in this way led to ongoing new insights as well as code development.

Coding broadly followed Braun & Clarke's thematic analysis approach (2006) with analysis supported by Srivastava & Hopwood's (2009) framework for analysing qualitative data. Initially, codes generated were primarily descriptive (Miles, Huberman

& Saldana 2014). These were then reviewed as coding progressed, with certain codes being collapsed into other codes, some codes becoming redundant and some codes becoming sub-codes. Themes were generated with some regard to the relevant literature and the research questions. I tried not to impose too much of this, to remain open to what emerged from the data. The process was thus largely inductive, with categories generated as coding progressed. Coded categories were mostly generated and grouped by asking two broad questions of the data, based on the research questions, namely:

- **What** is being discussed in the supervision sessions/what is the focus of these sessions? (relates to research question 1)
- **How** is this discussed/handled by the supervisor and supervisee? (relates to research question 2)

Although my primary interest was in epistemic aspects of the data, it did not make sense to limit my codes to this from the outset, since it was not clear how epistemic practices were woven into the supervision sessions and how epistemic dimensions may relate to other dimensions of supervision.

Simultaneous to the coding process, I summarised the data in spreadsheet form (see Appendix 6 for excerpt of data analysis spreadsheet). This process allowed me to look at the data in a less granular form, helping to hold on to the 'bigger picture' without losing myself in the coding or finding it too fragmented (Bryman 2004). Once the data was coded, 11 themes emerged (Appendix 8). The coding provided a broad overview of the data. One of its outcomes was that it elucidated four broad categories of problems/issues presented in supervision, in answer to 'what is being discussed?'. These are tabulated below:

Table 6: Numbers of problems/issues discussed according to category of problem/ issue

	TYPE OF PROBLEM/ISSUE			
Pair no.	**Client-focused**: client is focus of discussion	**Supervisee-focused**: supervisee is focus e.g. supervisee thinks she made a mistake	**Organisation-focused**: organisa-tional or systemic issue is focus	**Practice management-focused**: problems of how to manage practice are focus e.g. taking leave
1	5	0	1	2
2	8	4	0	3
3	8	4	1	0

Coding was useful for categorisation but less useful in offering insights into the role and dynamics of knowledge practices. In order to explore this in more detail, a spreadsheet was developed with the following headings: 'What is happening here?', 'What is happening epistemically here?' and 'Anything else interesting?' (see Appendix

7 for excerpts of data summaries spreadsheet). Each client or issue presented in supervision was grouped according to the four categories outlined above and then analysed using the spreadsheet. At this stage of the analysis, relevant theory regarding knowledge practices was activated as a lens to identify how problems were framed, what the knowledge objects were, whether and how these functioned as epistemic objects, and what epistemic practices were emergent. These concepts, along with the research questions, then shaped the reporting of the findings.

4.6 Recruitment and participation

4.6.1 Recruitment

I set out to recruit at least three supervisory dyads using relevant key criteria for inclusion in the study. Participants (supervisors and supervisees) were required to be registered psychologists i.e. not interns or students[10], undertaking supervision for the purposes of professional development. They needed to be involved in regular individual (not group) supervision and working in Australia (this expanded to New Zealand as recruitment progressed - see below). Supervision would need to be defined as 'clinical' (involving the problems of clinical/therapeutic practice) by both parties - supervision of a primarily managerial or administrative nature would be excluded. I did not anticipate these criteria being problematic. There are 30 685 practising, generally registered[11] psychologists in Australia (Psychology Board of Australia 2019). In order to remain registered, all psychologists are required to undertake ten hours of 'peer consultation'[12] per year as part of their Continuing Professional Development (CPD) requirements (Psychology Board of Australia 2015). Many psychologists fulfil these ten hours through some form of clinical supervision.

Recruitment turned out to be more challenging than expected and it took six months to recruit three pairs. To avoid potential participants having to face the discomfort of directly declining my request, my recruitment strategy was to use an arms-length approach. This involved approaching people I knew who worked as or with psychologists. I emailed these individuals with a request to pass on an invitation letter

[10] This is relevant in Australia because there are varying pathways to registration as a psychologist, some of which involve an extended internship period. Hence, much psychology supervision occurs with interns and students. Such supervision has a strong training component which distinguishes it from supervision with registered practitioners.

[11] This is as opposed to provisionally registered psychologists, who are usually interns or students.

[12] 'Peer consultation' is defined as "supervision, mentoring and consultation in one-on-one or group format, for the purposes of professional development and support in the practice of psychology. It includes a critically reflective focus on the practitioner's own practice." (Psychology Board of Australia 2015, p.9).

to psychologist friends, contacts and colleagues (see Appendix 1: Invitation letter). This email was sent to approximately 40 people, some of whom were part of large networks of psychologists. For example, one of my contacts emailed an entire health district, equivalent to over 160 practitioners. I also accessed relevant Facebook and LinkedIn groups. I was invited to speak to two groups of psychologists, but neither of these presentations yielded participants. My university psychology department was unwilling to assist me. A number of people, including my supervisors, actively assisted me to find participants. Despite these efforts, the uptake was minimal. The level of reluctance was puzzling. Through informally canvassing non-participants, it seemed the key factor in non-participation was psychologists' reluctance to be recorded in supervision. This was due mainly to the privacy of the supervision space and the perceived risk of evaluation (possibly reflective of the more pervasive risk aversion in contemporary society identified in Chapter 1.2.1). Another factor was that, surprisingly, many psychologists were not engaged in any form of supervision, or claimed to be 'informally' accruing their peer consultation CPD points.

Because of recruitment difficulties, I decided to broaden the criteria to include psychologists in New Zealand. Since New Zealand health practitioners automatically gain registration in Australia in terms of the Trans-Tasman Mutual Recognition Act 1997 (Psychology Board of Australia 2016) , arguably the broader practice context is similar enough to that of Australia so as not to introduce any problematic variables in the study. Additionally, since I was not setting out to compare Australian and New Zealand practice, the expanding of geographical criteria did not threaten the integrity of my research questions. Through a personal contact in New Zealand I was able to secure a third supervisory dyad by July 2017.

4.6.2 Participants

A table summarising the details of the research participants is provided below. All participants were female.

Table 7: Research participants

Pair no.	Name*	Profession/ Registration category	Years in prac- tice	Employ- ment context	Location of practice	Role in super- visory dyad	Type of supervision	Moda- lity of super- vision
1	Louise	Clinical psychologist[13]	25	Private practice	Sydney, AUS	Supervisor	External supervisor: contracted by organisa- tion	Face-to- face
1	Sam	Clinical psychologist	24	Non-profit counselling organisa- tion	Sydney, AUS	Supervisee		
2	Penny	Clinical psychologist	23	Private practice	Sydney, AUS	Both[14]	Peer super- vision	Face-to- face
2	Sybil	Psychologist	18	Private practice	Sydney, AUS	Both		
3	Cathy	Educational & Counselling psychologist	14	Private practice	Auckland, NZ	Supervisor	External supervisor: by private arrange- ment	Tele- phone
3	Kayla	Psychologist	16	Private practice/ Child develop- ment service	Auckland, NZ	Supervisee		

* Pseudonym

4.7 My role as researcher-practitioner

Patton asserts that "qualitative inquiry is personal. The researcher is the instrument of inquiry" (2014, p.6). I have practised as a psychologist for over twenty years and have experienced supervision on countless occasions, both as a supervisor and a supervisee. My research is inspired in part by my experiences of supervision, and the knowledge and experience I bring can be an asset to me as a researcher. However, I also bring preconceptions and assumptions about supervision, which are difficult to articulate. How this could influence my findings was foremost in my thoughts as I analysed and wrote up my data. This does not preclude an influence on the analysis, but I expect my

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[13] In Australia, psychologists are categorised according to whether or not they have completed additional supervised training in an endorsed area of practice. If this has been achieved, they can use the title 'Clinical Psychologist', for example. In New Zealand, this endorsement qualification is referred to as 'scope of practice' and also enables one to make use of a 'specialist' title.

[14] Penny and Sybil are engaged in peer supervision, thus acting both as supervisor and supervisee. The session time is divided in half - Penny presents a case for half the time and Sybil for the other half.

sensitisation to the possibility went some way towards tempering this (Beddoe 2010). I acknowledge that removing my subjective voice entirely is neither possible nor desirable (Lichtman 2014). Rather, I have attempted to be reflexive and cognisant of how my experiences of supervision might colour my vision, in line with literature that emphasises the role and impact of the researcher in qualitative research (Lichtman 2014).

I came to the study as both researcher and practitioner, with an insider's knowledge of how supervision operates, but not in the situated sense of working with the participants or being au fait with their workplaces. I am thus close to their practice but remain outside of it. This resembles Ganong's (2011) notion of the 'intimate outsider'. Advantageously, my 'intimately outside' position allowed me to more quickly gain the trust of the participants, as I could directly relate to their practice as psychologists and supervisors/supervisees. They knew that I am bound by the same code of ethics and that I understand the boundaries of professional practice. When listening to the audio-recordings, I understood technical terms and psychological jargon. In the interviews, I did not need the basics of therapy or supervision to be explained and could readily understand the participants' situations. This allowed me to more quickly establish rapport, given that I could relate to the challenges of practice.

However, my positioning also posed challenges. The participants were aware that were I to observe anything worrying in their practice, I would be under obligation to report this. This did not appear to overtly trouble them. However, they did seem concerned by any potential evaluation of their practice, wanting to ensure that they did 'well' in supervision, despite my reassurances that the research did not have an evaluative component. The risk was that it may have been more difficult to be observed by someone in the same profession if they imagined that my 'knowing how' to practice would make me more likely to notice any shortcomings.

Some participants commented on the effect of my 'presence' on their supervision sessions, particularly in the first session while they were adjusting to being recorded. Such effects were to be expected, particularly given the difficulties with recruitment (see 4.6) and the impact was limited. I consider on balance that any adjustments made by participants in response to my 'listening in' were not instrumental to the findings. Having five recorded sessions for each pair mitigated against this, given that participants had time to acclimatise to the recording. There is also little evidence in the session content that participants held back in disclosing their thoughts and feelings.

4.8 Ethical considerations

Ethics approval was sought from the UTS Human Research Ethics Committee. Application was made in December 2016, with approval granted in February 2017 (approval number UTS ETH16-0914). Participants provided written consent (see Appendix 3: Consent form) and understood that they could withdraw from participation at any time. The risks to participants are listed below, along with what was done to mitigate them:

- *Inconvenience*: due to the time taken for interviews and to record and email audio-recordings.
- *Anxiety, discomfort and/or self-consciousness*: due to being recorded. I reassured participants that the research was not evaluative. While this might not have completely reduced the risk of discomfort, I reasoned that given the nature of their professional work and their psychological insight, participants would have some tolerance for this.
- *Confidentiality*: given the private nature of supervision and psychologists' obligation to their clients, participants might be concerned about a breach of confidentiality. In this instance, my insider status as a psychologist worked in my favour, since participants saw me as a colleague with an understanding of professional ethics and a shared obligation to protect confidentiality.
- *Power differentials*: given that supervisors tend to have more power in supervisory relationships, there was a risk that supervisees might feel pressured to participate. This, however, did not seem relevant to those who agreed to take part.
- *Identification of incompetent or inappropriate practice*: as a psychologist I am obligated to report practice that breaches ethical guidelines. Certain types of breaches require mandatory notification e.g. intoxication at work (Psychology Board of Australia 2014). This was highly unlikely to occur. Other breaches may involve conduct that could be deemed inappropriate or harmful e.g. a supervisor bullying a supervisee. Given that participants knew they were being recorded, this risk was minimal. Were I to have observed problematic behaviour, I planned to seek advice from a more experienced practitioner before proceeding. Fortunately, this did not occur.

The primary ethical concern with this research was confidentiality. Psychologists' clients undertake therapy safe in the knowledge that their privacy is ensured. Since ethics approval did not require that I seek permission from clients, and since my participants trusted me to disguise clients' identities (which were unknown to me), it was incumbent upon me to ensure confidentiality as best as possible. As Lincoln & Guba (1989) note, it is difficult to guarantee confidentiality in a qualitative study given the local nature of the knowledge. Even changing names, places and other identifying

details does not fully guarantee that the case will not be recognised. I have tried my utmost to change the content sufficiently so as to ensure that privacy is protected, without altering anything that materially affects the data.

4.9 Methodological limitations

This study makes an important contribution by studying supervision over time. The temporal component could be strengthened if interviews were held after each supervision session, to track more closely how supervision impacts on practice and to avoid issues with participants' memory. However, this would place an onerous time burden on participants and may increase reluctance to participate. The study also offers something novel in its close analysis of how knowledge is worked with in supervision. It would be useful to investigate how this knowledge plays out in therapy practice through observation/recording of therapy sessions as well as supervision sessions. However, this would be problematic to achieve in terms of consent and confidentiality, and recruitment might prove difficult.

A practice-based study implies that work is described and captured by obtaining "specific doings and sayings" (Nicolini 2009, p.1401). The methods used did not provide direct access to the 'doings' of supervision, since they were audio-recordings rather than observations. I did however, have full access to the 'sayings' of supervision (through the audio-recordings) and the interviews offered access to some understanding of the 'doings' that followed in subsequent therapy sessions.

The choice of the dyad as the unit of analysis involves disentangling one aspect of a web of intersecting and overlapping practices and activities (Fenwick, Edwards & Sawchuk 2011). This draws attention to some aspects while backgrounding others. My choice was driven by a curiosity about knowledge practices, which I felt could be productively explored through the activities of the supervisory dyad. This has led me to background other aspects of interest to practice theorists, such as materiality and embodiment. These aspects were less available to me given the research design and focus. Audio recording did not give access to the bodily component of supervision. Further, the objects that emerged in the supervision sessions were primarily non-material. Although material aspects are relevant to supervision and constitute part of the entanglement in practice, these were not prioritised as they were less central to my research questions.

Three pairs were recruited to participate in the study. This may self-select practitioners who are comfortable with their practice, potentially distorting the data and not necessarily being representative of a broader group. Since generalisability and

representativity are not aims of qualitative research (Myers 2000), nor priorities in a practice-based study, this is not necessarily a limitation. Further, this does not detract from the novel and unique nature of the data and hence its contribution to knowledge. Although the participants may not represent supervision in general, they provide three in-depth and authentic instances of how supervision is practised amongst experienced, generally registered psychologists in Australasia.

Having outlined my methodological approach, I move on to present the findings from the three supervisory dyads. These are described and analysed in chapters 5, 6 and 7 - one chapter per pair.

Chapter 5: FINDINGS PAIR 1 - LISA and SAM

THIS CHAPTER IS STRUCTURED AS FOLLOWS:

5.1 The reader meets the first supervisory dyad, Lisa and Sam (Pair 1). Lisa is the supervisor and Sam is the supervisee.

5.2-5.6: For each session:

- An overview of the session content is provided.
- The epistemic frame that shaped the session is identified and discussed.
- The focus of the knowledge work i.e. the knowledge object, is identified. Consideration is given to how knowledge objects emerge over the course of a session and whether they function as epistemic objects.

5.7 The predominant epistemic practices emergent in Pair 1's sessions are identified and explored. Analysis focuses on how they contribute to opening up the knowledge object and making knowledge actionable. The epistemic practices are:

5.7.1 Recontextualising knowledge from experience of practice to the case/issue

5.7.2 Recontextualising theoretical knowledge to the case/issue

5.7.3 Reframing

5.7.4 Wondering

5.8 An overview of Pair 1's sessions is provided, summarising the epistemic frames, knowledge objects and epistemic practices.

The following three chapters follow a similar format. Each chapter provides an analysis for each supervisory dyad that encompasses both research questions. In all three chapters, I outline in detail how knowledge is worked with in relation to epistemic framing, knowledge objects and epistemic practices.

5.1 Introduction: Meet Pair 1

Pair 1 is comprised of Lisa and Sam, both highly experienced clinical psychologists. Sam, the supervisee, works in a non-profit counselling organisation. Lisa works in private practice and is contracted by Sam's organisation to offer supervision for a few days each month. Sam and Lisa studied psychology together many years ago in the U.K. When Sam's organisation was looking to recruit external supervisors, she suggested Lisa apply for the role. They have been in supervision together for about three years. Lisa sees her supervisory role as offering Sam an opportunity to reflect on her own work, thereby helping her clarify her thinking about her practice. She also sees herself as support to Sam's wellbeing as a therapist. She acknowledges that Sam's level of clinical experience means that she requires minimal input in sessions. Sam's perception is in line with this - she wants to use supervision as a reflective opportunity to consider her work from different perspectives.

Table 8 summarises what Lisa and Sam discuss in each session. The overview demonstrates how discussions were primarily client-focused. Since the sessions are an hour long, they are able to discuss issues and clients in depth.

Table 8: Summary of Session Content – Pair 1

Session	Content - client/issue discussed	Focus of discussion	Relevant basic details
1	Sally	Client-focused	17-year-old female; fatigue and depression
2	Kylie	Client- and supervisee-focused	Long-term client; stopped taking her medication; suicidal ideation
3	Contracts; Work role	Organisation-focused	Contracts for co-workers; work stress; organisational boundaries
4	Mike	Client-focused	Adult male (30s); psychosis
	Simon	Client-focused	Elderly male; hoarding disorder
5	Taking leave	Practice management-focused	How to handle upcoming leave
	Kylie	Client-focused	Long-term client; Sam is finding working with her exhausting

This chapter provides an overview of each session's content. This is followed by a consideration of key epistemic dimensions. Analysis focuses on how problems or issues are framed and the focus of the knowledge work i.e. knowledge objects (research question 1). The most salient epistemic practices used by the pair are subsequently identified and discussed (research question 2), with a focus on how epistemic practices serve to expand the knowledge object and make knowledge actionable.

5.2 Session 1: Sally, an adolescent with depression

"I don't work with many people who are seventeen" (Sam)

5.2.1 Overview of session content

Sam and Lisa's first session focuses on Sally, a 17-year-old who Sam is treating for depression and fatigue. Sally feels disconnected from her family and friends. She has an overwhelming sense that there is no point talking to anyone and that nothing can be done to help her. It is not clear what has motivated Sam to bring this case to supervision, although it becomes apparent that she has limited experience with 17-year-olds. She seems stuck, explaining to Lisa that Sally's improvement has been minimal. Sam starts by telling the story of Sally and their work together. Her narrative is interrupted by Lisa's questioning, checking to ensure that Sam is handling Sally's suicidal ideation appropriately. They hypothesise about the purpose of the suicidal ideation, postulating that Sally may use this to have those around her take her state of mind seriously. They discuss the GP's input that Sally has an STD, speculating that she might have been sexually abused. They also consider the merits of involving Sally's parents in her therapy. Over the course of the session, Sam outlines what she has done therapeutically with Sally thus far e.g. assessed risk, liaised with the GP and school, offered validation, suggested activity scheduling and generally offered a *"corrective emotional experience"* (Sam). Lisa provides other suggestions that Sam might try e.g. applying for an HSC concession, helping Sally think about the future, building self-efficacy, and teaching daily routine and study skills, some of which may not be *"the typical role for a psychologist"* (Lisa). The session ends abruptly when time runs out.

5.2.2 Epistemic frame

Discussing a problem or issue invariably involves framing it in some way (see 3.5.2). "Epistemic framing refers to ways problems are identified and conceptualised as specific types of problems" (Hopwood & Nerland 2019, p.7). Early in Session 1, Sam characterises Sally as having an *"emotional deprivation schema"*. This concept emanates from Schema Therapy (Young et al. 2006), an interest shared by Sam and Lisa. The theory on which schema therapy is based sets the frame for their discussion as they regularly return to Sally's schema and use theory to recontextualise their knowledge in relation to Sally's case (see 5.7.2). Using psychological theory as a shared frame implies that no explanations are needed, since both supervisor and supervisee are party to the knowledge required. The dominance of the schema frame in understanding Sally comes through in Sam's first interview, where she reports that

Sally's emotional deprivation schema made it difficult to connect with her, creating countertransference[15] for Sam.

5.2.3 Knowledge object

The concept of a knowledge object, as explained in 3.5.1, addresses the question of what the knowledge work is oriented towards. For example, it may be oriented towards understanding the client in more depth, or exploring how the supervisee can work with her going forward. In this session, although they share the conceptualisation of Sally's 'emotional deprivation schema', neither Sam nor Lisa adopts this as a fixed or full understanding of Sally. They approach Sally as an object to be interrogated and puzzled over, working to identify what is relevant in making sense of her. Sally as knowledge object provokes their questioning, and knowledge develops and unfolds as they attempt to answer the questions that emerge. They acknowledge the complexity and incomplete nature of Sally as knowable (Knorr Cetina 2001). As such, Sally functions for them as an epistemic object, beyond simply a focus of knowledge work. Their opening up of the client follows a process of linking together what they already know about Sally - information driven by Sam since she is the 'expert' on her client - with the knowledge they construct about her as the session progresses. Throughout the conversation they use their expertise in psychological interpretation and theory as a foundation to build a picture of Sally that offers something tangible for Sam to work with i.e. they expand the knowledge object both to build an understanding of her and with an orientation towards actionable knowledge[16].

Sam explained in her first interview that she brought Sally's case to supervision to assist in developing a clearer case conceptualisation[17] to help her work with Sally. The example that follows demonstrates how Sam and Lisa grapple with Sally as the object of enquiry in doing this. It gives a sense of how Sally as knowledge object is approached and opened up through their dialogue, demonstrating how an epistemic object invites knowing, contributing to its expansion and the emergence of possibilities for action (how this is done is discussed in more depth in 5.7).

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[15] Countertransference is a concept that emerged from psychoanalytic theory but is commonly used by therapists of various theoretical persuasions to understand the dynamics between therapist and client. It refers to the emotional response that the therapist has towards the client, e.g. anger, frustration or sympathy.

[16] Actionable knowledge can be defined as "knowledge that helps getting things accomplished in practice situations" (Markauskaite & Goodyear 2016, p.89).

[17] The case conceptualisation, or formulation, is the psychologist's understanding of a client, integrating all aspects (e.g. biological, social, psychological and familial) and usually viewed in terms of a particular theoretical orientation. The formulation considers what predisposes a client to her/his difficulties, what precipitates and perpetuates these problems, and what serves as protective factors.

During the session, Lisa speculates as to why Sally has so little future focus. Looking for reasons to explain her behaviour is one way of expanding their understanding of her. Sam uses this as a springboard for thinking about her work with Sally going forward, and the following discussion ensues:

Lisa (L): … it's really important to help her with any support that she needs with the HSC stuff, because it's important for her to complete the HSC to be able to do something next year - a job, studying, because you could see how she remains depressed, not able to finish school, not able to get a job … cos she's not well, which makes her further in this family, not able to separate.	They use what they know about Sally to establish treatment priorities and to consider the implications should things not go well.

The possibility of what might happen without intervention leads them to consider what Sally has already achieved. This form of opening up – reflecting on the client's strengths and times when she functions well - serves an important epistemic purpose, building a view of the client resourced by knowledge that contradicts a problem-saturated picture, as becomes evident below:

Sam (S): Yeah, and she's got two parents, and I don't quite know why neither, well the mother's depressed, but I don't quite know why the father's not working, but I mean neither of them are working	Lisa acknowledges that there are good reasons for Sally's difficulties. However, she looks to uncover strengths and resources that might exist regardless.
L: But if we keep her track in this experience that confirms for her that I'm stuck here, no one's ever going to help me, … when you speak to her, is she, does she have a sense of efficacy, like, so I hear that 'nobody understands me, I'm alone, there's no point in expressing my ambitions', but is there a sense of 'I believe that I am able to do things'?	This starts to build a different picture of Sally – as competent and resilient.
S: Well, I think that the fact that she …	
L: Competence	
S: That she managed to complete the assessments, and she actually did quite well in one of the tests, I think that kind of increased, gave a little bit of self-efficacy, which I really try to use as much as I could… Yeah, but I think the fact that despite all of that she managed to do her assessments really boosted that sense of 'despite all of this I can manage'	Sam provides information that builds evidence of Sally's strengths.
L: And I think there is that other thing that's worth holding on to is somewhere inside of her there is something that is persevering	Together they build new knowledge about Sally focused on her resilience.
S: It is!	
L: And when she's got help, she's coming to you, that it's taking a chance with you despite all previous information that she's received, that she will persist in trying to get you to understand what's happening, and is also allowing you, when you ask can I phone the school, she's agreeing to that, there is some part of her inside there that does believe something else is possible, and that I think is worth	Further opening up occurs in focusing on evidence of competence and mastery. This offers possibilities for supervisee action that build on Sally's strengths.

reflecting on and trying to build in her and build on the, any evidence of competence … I'm trying to imagine as well with her mother, if her mother has a long history of depression her mother might have been literally just not able to get herself out of bed, respond to a crying baby or a toddler S: *Yes, just be unavailable* L: *Yeah, and even now the mother is obviously functioning at some level but is still not able to hear, not able to contain or hold your patient's, any expression of how she's feeling, the mother needs to shut that down …*	Sam and Lisa grapple with the puzzle that is Sally's family functioning. They combine their knowledge of pathology with what they know about Sally to understand what is happening for her. In so doing, they expand their understanding of how the situation came to be and build on the idea of Sally as resilent.

The extract demonstrates how Sam and Lisa's discussion of Sally expands her as knowledge object, both in terms of how they understand her and her circumstances, and in terms of possibilities for action. In bringing this expansion about, they draw on their knowledge of psychological theory as well as their years of experience to offer explanations that align with what they know about Sally. They thereby resource a richer description and understanding of Sally, the knowledge object.

5.3 Session 2: Kylie, a long-term client with suicidal ideation

"what I'm grappling with is that sometimes that level of responsibility, of being the only person in the world that knows what's going on in her head, and how hard that can be" (Sam)

5.3.1 Overview of session content

Session 2 concerned Kylie, a long-term client of Sam's who had been discussed in supervision previously. Kylie has a disability that profoundly affects her self-image. Prior to her last therapy session with Sam, Kylie had stopped taking her anti-depressant medication and had become suicidal. She presented for therapy in a fragile state. Sam had engaged with Kylie over email subsequent to the session in order to manage the higher risk. This all occurred at a stressful time in Sam's own life and she was questioning her judgement with regards to Kylie. Sam and Lisa wonder about why Kylie stopped her medication, and whether Sam pushing her psychologically in therapy may have had an impact - *"you had been in a real place of sitting in the defectiveness"* (Lisa). Lisa and Sam theorise about Kylie's response, coming to the insight that anger is a defence for her. Lisa challenges Sam for not seeking support as well as her self-doubt. However, she also affirms Sam for what she has achieved with Kylie, reminding her how much progress they have made, within the context of what it is like to work with a client over the long-term. The client-therapist relationship is problematised, focusing on how Kylie and Sam work together and what Kylie's psychological dynamics might mean for Sam in doing this work. In Sam's interview, she comments that the

session left her feeling supported and contained, gave her ideas for therapy work, and helped her reflect on her own behaviour:

> Talking a little bit about that angry child mode[18] that she often goes into was quite helpful and I've actually decided to focus a little bit more on that and the idea that she uses that to protect herself from being vulnerable … Lisa asking why I didn't ask for any more support … so yes that self-sacrifice schema that I possess myself.

5.3.2 Epistemic frame

The frame is set at the outset of this session. It encompasses the difficulties of working with a long-term, suicidal client and the toll this can take. Sam is feeling the "*weight of responsibility*" suggesting she needs support from supervision. What Lisa does with this need involves recontextualising knowledge in the service of both understanding Kylie and supporting Sam. This demonstrates how the way in which problems are framed intersects with a supervision session's function. Using Proctor's (2011) language, the session comes to serve both a formative and restorative purpose (Brunero & Stein-Parbury 2008; Davys & Beddoe 2010). The formative focus involves building an understanding of the client and how to help her, while Lisa's emphasis on Sam's wellbeing supports and debriefs her as well as potentially prevents future stress. This interaction between framing and purpose and its impact on knowledge work will be discussed in 8.2.2.

5.3.3 Knowledge object

Although the session focuses primarily on Kylie, it is also supervisee-focused in Lisa's emphasis on how Sam's management of the case may have undermined her wellbeing. This sets up dual knowledge objects—Kylie, as well as Sam's practice with Kylie. The combined focus impacts how knowledge is worked with. In terms of Kylie as knowledge object, the focus is on building an understanding of what is happening with and for her, centred on the question of why she chose to cease her medication. They have a powerful resource to draw on in puzzling over this, with years of knowledge built up about Kylie through their previous supervision discussions (see 5.7.1 d) below). Sam and Lisa also have a substantial body of knowledge to draw on in addressing the second knowledge object, namely the impact of this client on Sam, having known one another and worked together for many years. Lisa is able to notice when Sam behaves out of character, and their history together provides a basis from which she can safely challenge her. Both knowledge objects function as epistemic objects. Approaching these issues as open and unfolding rather than stable serves to generate questions and

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[18] 'Modes' are a theoretical construct in schema therapy, referring to states of mind that may impact one's functioning and ability to cope e.g. angry child mode or punitive parent mode.

promote engagement, in so doing allowing insights about both Kylie and Sam to emerge and be worked with. The epistemic practices that contribute to this exploration and expansion are described and discussed in 5.7 below.

5.4 Session 3: A demanding work role in a shaken organisation

"You have become the boundary" (Lisa)

5.4.1 Overview of session content

This session is organisation-focused, centred on Sam's practice as a supervisor in her workplace rather than her therapeutic practice. A supervisee-focus is also apparent, since Sam is affected by what is happening organisationally. Sam manages a team of counsellors, some of whom act as supervisors to other counsellors and/or are supervised by external supervisors (like Lisa). Sam introduces the session by saying she would like to discuss supervision contracts. These are usually informal contracts established between supervisor and supervisee to set out expectations, responsibilities and obligations. Such contracts are considered to be good practice for supervision (Borders et al. 2014; Davys & Beddoe 2010; Falender, Shafranske & Ofek 2014). Sam and Lisa discuss the benefits of contracts and the responsibilities and legal obligations of supervisors. Sam provides three examples of recent incidents/dilemmas at work that underpin her rationale for implementing supervision contracts, and Lisa frames each of these as an issue of boundary-setting[19]. Lisa and Sam discuss the implications of the boundary issues, with Lisa suggesting that Sam has "*become the boundary*" i.e. people are turning to her to set limits and sort out problems. They ascribe this in part to a recent staff trauma that has shaken the organisation. The situation has taken a toll on Sam, leading Lisa to remind her of the importance of self-care.

Towards the end of the session, Sam offers ideas to reduce her work stress e.g. organising training in boundary-setting, delegating aspects of her work, and providing fixed times for staff to access her. In her second interview, Sam was able to offer evidence of how this supervision session helped her, reporting that after the session:

> *I documented what I expect from my clinical supervisors and sent it all to them, I got in boundaries training [an external training provider], I made people in my team responsible for a whole lot of other things that I was doing and I feel much better.*

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[19] Boundaries are a crucial construct for psychologists, referring to appropriate limits, often in regards to therapist-client relationships.

5.4.2 Epistemic frame

The conversation is dominated by the frame of 'boundaries'. Professional boundaries are a common area of concern for psychologists and are closely related to professional ethics (Gardner, McCutcheon & Fedoruk 2010). A variant of the word 'boundary' is used forty times in this session. Lisa relates whatever is discussed back to this frame, exploring how each issue raised by Sam relates to boundaries. As a helping professional the setting of boundaries is one of the primary lessons one learns and revisits throughout one's career, particularly because boundary-setting might operate in counter-intuitive ways and go against one's non-professional instincts, posing ongoing challenges and opportunities for professional development. The way in which the issues discussed are related to the frame of boundaries is tabulated below:

Table 9: Framing the conversation – Boundaries

Issue discussed	Relation to boundaries/boundary-setting
Supervisors in the organisation discuss issues with their supervisees that are not appropriate for a supervision context and advocate for counsellors regarding organisational issues	Supervisors need to be clear on the boundaries of supervision and supervisor responsibilities
Clients seen by the organisation tend to have complex problems	It is difficult in this context to be as bounded as in private practice, for example
In a helping organisation founded on compassion, people may be more likely to go the "*extra mile*" for a client, which may create a less professional client-therapist relationship	Helping professionals must set boundaries around what they can do for clients even if this feels "*cruel*"
Incident 1: someone wanting to join a support group had to be turned away for ethical reasons (she was known to the group facilitator)	Setting limits and boundaries is in the best interests of the client, even though it may feel uncompassionate
Incident 2: a client was pressurising a counsellor to organise her everyday tasks	There are professional boundaries around what counsellors should be doing for their clients
Incident 3: an at-risk client wants to engage in counselling by email only	There is a limit to what the organisation can offer – they cannot help every client and should not compromise too much in order to try
Counsellors are debriefing over cups of tea on an informal basis	Supervision is a bounded practice that should not only be ad hoc
Sam is feeling irritable and resentful	Sam's feelings are the outcome of her boundaries being crossed

The epistemic frame of boundaries peaks when Lisa identifies that Sam has "*become the boundary*" in the organisation, as demonstrated in the extract below. Here Lisa uses her feelings and intuition as a source of knowledge. She turns the focus of attention to Sam, highlighting the impact that the situation is having and using her supervisory authority to remind Sam that she is not expected to carry the burden

alone. This observation shifts the session into problem-solving mode and they move on to talk about what Sam can do to improve her situation:

> S: It's got a heck of a lot worse, everyone has got so much more needy
>
> L: Yeah, you know what I'm, it feels like to me, is something has happened with your role in the organisation where you have become like a holding, you have become the boundary, like where the boundaries are, you have become, your role is to contain the organisation, it sounds like that's happened, and the less containing everyone else is, the more containing you become, and the more containing you become, it sounds like everyone else absolves themselves of establishing boundaries and that's become your role in the organisation - Sam is the one who just says no all the time, Sam is the one who establishes all the boundaries, that the more you do that they become less like that in response, and it sounds like actually you are holding too much
>
> S: Yes I am, and I feel exhausted by it all
>
> L: You are actually overloaded by it all - the purpose that you have got outside people coming in to do supervision like me and the other supervisors is that you should not be doing that.

What becomes clear in exploring the frame in this session is that the way that a problem is framed constitutes the foundations of the knowledge that is then built. In other words, framing potentially mediates and shapes the knowledge work done in supervision. However, the knowledge work undertaken might not be founded on the problem that initially presents itself, so the framing plays a constitutive role in this regard. In this instance, Sam's problem—contracts for supervisors due to issues arising within her organisation—becomes framed as a problem of boundary-setting. This frame fits with the professional context of psychology and provides a useful reference point for issues that emerge throughout the session. The session provides an example of how issues can be problematised around a knowledge pivot, in this case knowledge about the key role that boundaries play in how one practices as a psychologist.

5.4.3 Knowledge object

The knowledge object emergent in this session is Sam's practice within her organisational context. The presenting problem is the difficulties Sam is confronting at work, which becomes framed as boundary-related. Boundary issues in relation to Sam's work become the focus of discussion as Sam and Lisa grapple with how she can adapt her role to reduce stress and contribute to the optimal functioning of herself, her colleagues and the organisation. The session is focused on exploring the difficulties that Sam is experiencing at work with a view towards action she can take to improve the situation. They approach this epistemically through framing, problematising and opening up the issues, and looking at them from different angles e.g. practical problem-solving, interpreting what they mean in and for the organisation, and understanding how the situation came about.

5.5 Session 4: Mike and Simon - deviating from the typical

"So this is sounding very different …" (Lisa)

5.5.1 Overview of session content

This session is divided into two parts as Sam presents two clients. It is not clear what has motivated her to bring these cases. However, her second interview revealed that she was seeking assistance with case conceptualisation. For the first half of the session they discuss Mike, a teacher in his 30s who has suffered a psychotic episode. He is about to start a new job and is anticipating difficulties, worrying excessively what his co-workers think about him. Mike does not present like a typical psychosis patient and they spend some time discussing his symptom picture as well as what Sam has tried with him in therapy. In the second part of the session the conversation centres around Simon, a man in his 70s with hoarding disorder, who was raised by an abusive mother. Sam is finding it difficult to treat Simon using the typical treatment approach, which is Cognitive behaviour therapy (CBT)[20]. Lisa posits that CBT would reinforce "*another punitive emotionally deprived relationship where he's encouraged to repress his emotional needs and do what he's told*". Thus, both cases are atypical - Mike does not fit the typical psychosis presentation, and using a typical CBT approach with Simon appears to be counterproductive.

5.5.2 Epistemic frame

The frame takes shape around how to categorise clients, particularly in the face of atypicality, and what that means for working with them. The way in which situations are framed can connect with processes of categorisation (Hopwood & Mäkitalo 2019). Within practices "we argue about categories and their particulars, about what something is" (Mäkitalo 2003, p.498), which can have a bearing on how the problem is conceptualised. In this session, categorisation processes simultaneously offer a resource or tool, and possibilities for expansion and action (Mäkitalo & Säljö 2002).

Two cases are presented, with different frames established for each case, but both frames relate to categorisation. With Mike, the frame involves his presenting with a psychotic illness. The extract below demonstrates how the frame comes to be established early on in the session:

> L: *Because the only way I would see that as problematic would be more in an*
> *obsessive-compulsive framework where then what would happen is the client*

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[20] Cognitive behaviour therapy, or CBT, is an evidence-based approach to treatment of hoarding disorder (Mayo Clinic 2018; Tolin et al. 2015).

> *might then every session or every five minutes be saying to you 'have I just offended you?'*
> S: *Yes, yes, and I'd have to reassure them the whole time*
> L: *Yeah and you got into that established pattern or cycle, but that didn't happen here*
> S: *No it didn't, no, as soon as I did that, well all of that disappeared from the agenda*
> L: *Yeah, and I think also that the, it's about understanding the context is psychosis here not, so he didn't present with social anxiety, with-*
> S: *Well I mean there is a bit of an overlap with social anxiety in-*
> L: *Yeah but like if you think of the presenting problem and what you were coming with, so it, so let's say-*
> S: *I mean there's lots of parallels between what happens, and it is happening in a social context and social anxiety,-*
> L: *Let's say though he presented with a schema of, or a core belief in a fear of rejection, you would be wanting to constantly work on that, but if your difficulty is about engagement in the context of psychosis I think you're saying 'actually you're safe here …'*

Lisa is setting the frame here as 'dealing with psychosis'. Sam does not contest this, but tempers it by suggesting that some elements of Social Anxiety Disorder may be apparent. She is problematising the diagnosis, pointing towards some of Mike's atypicality. What this atypicality means for working with him is a theme that evolves over the course of the session. The fact that the frame prevails is evident in the way in which they revisit it at the end of the conversation, when Lisa comments that:

> *just because someone has a psychosis doesn't mean … we are told with psychotic illness, not much you can do as a psychologist, more managing symptoms, but actually in fact there is a possibility when symptoms are managed to do some much more interesting in-depth work with him, and he's engaged and happy to come back*

In the case of Simon, the problem is framed around how to treat him, given that Sam feels stuck. As with Mike, his atypicality impacts treatment possibilities. However, whereas Mike's psychosis provided the frame for discussing him, focusing the conversation around 'what is going on with him?', Simon's hoarding disorder does not play the same role. With Simon, the question is more about 'how can I best work with him, given he has hoarding disorder?'. The diagnosis is not necessarily seen as key to answering this question. If anything, the diagnosis is restrictive by implying Sam should use CBT, which is not proving helpful.

5.5.3 Knowledge object

As discussed above, there is a difference between the two parts of the discussion in terms of what is taken up as a knowledge object. In the conversation about Mike, he is the focus of the knowledge work. They do not approach their understanding of him as stable, discussing him in a way that provokes questions to help them make sense of him and allowing insights to emerge. The questions predominantly centre around where Mike fits in terms of diagnosis and pathology. Knowledge about Mike unfolds as the session progresses and has implications for what Sam can do with him in therapy. Although there are possibilities for making knowledge actionable, this is not the focus of their conversation.

Where Simon is concerned, and probably because of how the problem is framed, the epistemic focus is more on how to work optimally with Simon. This is the issue that provokes their wondering and questioning, while what they know about Simon remains fairly stable and uncontested. This may be because hoarding disorder is a relatively clearcut diagnosis, embraced by Simon (he is a member of a hoarding treatment group), and providing a shared starting point for discussion. What feels less stable is how Sam could treat him, given that the usual means of doing so (CBT) does not resonate with her as appropriate. Hence it is her therapeutic practice with Simon that invites the joint knowledge work. Both these knowledge objects function as epistemic objects. Sam and Lisa approach them together as question-generating and unfolding, allowing possibilities for new understandings to emerge and opening up pathways for actionable knowledge. This approach to knowledge objects will be explored further in Chapter 8.3.3 and 8.3.4.

5.6 Session 5: Anticipating leave and revisiting Kylie

"I do need these pep talks" (Sam)

5.6.1 Overview of session content

This session has two parts, starting with Sam and Lisa discussing how best to manage Sam's upcoming vacation leave. This is a universal problem of practice for professionals. The issue has both a formative purpose, in that Sam is seeking guidance from Lisa, and a normative one, in that Sam wants to ensure her practice management meets the required standards. Lisa raises some relevant issues in relation to leave, e.g. managing Sam's more difficult clients (particularly Kylie), strategies for clients to use in her absence, and taking on new clients. She suggests that Sam's leave might actually be advantageous to clients. Sam decides she will tell her clients soon and will not take on any new clients. They then move on to talk about Kylie, Sam's long-term client (see Session 2). Working with her and dealing with what Sam refers to as her *"ambivalent attachment"*[21] is leaving Sam feeling exhausted and exasperated. She and Lisa discuss her emotional response, conceptualised as a countertransference reaction. Using schema therapy, they approach it by trying to understand what Kylie is doing to make Sam feel this way, and why. They hypothesise that Kylie is abdicating personal responsibility for what happens in therapy and that Sam should emphasise this responsibility, because there is value in *"challenging that belief that she's defective, because if she is choosing to seek help and accepting help from me maybe she's not so bad"* (Sam, Interview 1).

5.6.2 Epistemic frame

The first issue Sam raises is how to manage her impending leave. Lisa locates this within a broader professional framework, framing it as an issue of general professional relevance which is thus well resourced by the knowledge base of the profession. Her approach addresses the question of 'what do we as psychologists know about how to manage the impact of personal leave on clients?'. This broadens the issue beyond Sam's local concern and links it to professional practice in general, normalising it as a generic problem of practice. In relation to this, Lisa explains that clients may experience leave as a trigger for their schemas, attachment difficulties and *"a lot of stuff to do with abandonment"*. This serves as a reminder constituted in their shared psychological language.

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[21] By this she means Kylie's cycle of moving towards Sam and then withdrawing.

Their discussion about Kylie stems from the issue of leave, since she is the client most likely to be triggered. Once they talk about her, the frame shifts towards that which was evident in Session 2, namely the challenges of working with a difficult long-term client. This combines with a schema therapy frame as they discuss the impact of Kylie's psychological functioning on Sam and their therapy work, and in so doing recontextualising knowledge drawn from multiple sources (e.g. what they know about Kylie from previous conversations, research, schema theory and their understanding of psychological functioning) to build a deeper understanding of Kylie and to support Sam. The example below demonstrates the integration of schema therapy with the frame of working with a long-term, difficult client. It also illustrates the epistemic practice of exploring the case theoretically (see 5.7.2):

> L: *So you kept her in that vulnerable child mode whereas what she wants to do is go to the 'uh, it doesn't matter, I see you going away', you know that detached kind of mode*
>
> S: *Yeah, so we just held, but then, I don't know, maybe I do not have the skill to help this girl*
>
> L: *No, no, Sam she just can't stay in vulnerable child for long, but that's totally normal, if her core belief is that she's defective she's not going to stay in vulnerable child mode for long and that's the hardest part of the therapeutic work is to keep her in vulnerable child, and she can tolerate it for periods of time but then it becomes unbearable and that's where most of your work will be done, and what she'll do is she'll go to the detached, protector, cos it's safer … I wonder if it might help her, if it might help you and her for you to start labelling those modes.*

5.6.3 Knowledge object

For the early part of the session, Sam's practice (in relation to leave) is taken up as the knowledge object. However, since the bulk of the time is spent discussing Sam's work with Kylie, Kylie emerges as the primary knowledge focus. Even though they have discussed Kylie many times, Sam and Lisa continue to build knowledge about her. Their work in supervision constitutes Kylie as an epistemic object - knowable, but not in her entirety. Sam's feeling of exhaustion serves as the starting point for this:

L: ... that exhaustion that you find, so in that countertransference, if you succumb to the countertransference and work reflecting on it thinking about the way you are now, what other people in her life might do is just too, she's too hard work and so they would just pull back and that would confirm for her- S: Oh absolutely L: And that withdrawal would confirm S: Most people in her life would not have tolerated what I have tolerated, they would get out of there L: Mmm, and so that just confirms for her, 'yip I am too much', or 'attachment is too dangerous, at the end of the day everyone withdraws, no one meets your needs' S: Or that she essentially is bad and that's what she believes ... so yes, so that kind of withdrawal and just dealing with that you know, that at times kind of rude angry child mode	Although the emotion is Sam's, Lisa approaches it in terms of 'what is it about Kylie that makes Sam feel this way?', thus positioning Kylie as the knowledge object. Lisa's characterisation of Sam's feelings as countertransference makes them an epistemic resource - a source of information about the client rather than about Sam. Sam's emotional response becomes a doorway into an expanded and more nuanced understanding of Kylie.

Identifying the countertransference locates Sam's issue as a common problem in therapy, reminding her that she has the capacity to manage the situation. This is evident towards the end of the extract above, in how she moves away from her emotions towards a more theoretical understanding.

Sam and Lisa combine the countertransference with schema theory and their prior knowledge of Kylie to expand her as a knowledge object, opening up new perspectives and ideas for knowledgeable action. These ways of thinking start to emerge in the following exchange:

S: ... I reminded her that I am available to help her but I'm not sure that it's going to be much use if she's interpreting our relationship in the sessions as evidence of her failure, L: What's interesting about her statement there is, there is something about her, she's not in any way accountable for her actions, it's not like 'I am actually taking myself to therapy and I am engaged in that process' ... she's absolved herself, she's like 'I just find myself there against my better judgement' ... she also then can't own anything she does here though, that's what's the difficulty is with that	Lisa interprets Kylie's response as a pathway to knowledge about why she behaves as she does and what the impact of this is.

S: Yes, and that makes it really hard	
L: And no matter what she achieves, what good stuff happens here … what mastery, what skills she gains, she didn't do any of that, that's what's difficult about that, so she's got this core belief, this schema that 'I'm fundamentally so bad, I'm defective, I'm useless' and all that, if I chose to go to therapy and I actually did that and I took myself there and I engaged, and I learned stuff, what slowly that would do would start to compensate for 'I am bad and I am defective'…	They build an understanding of Kylie's unconscious motivations, combining knowledge about Kylie with theoretical knowledge to expand the picture and develop new insights.
S: And behaving in a way that's not congruent with her schema	
L: … so you know that way the therapeutic relationship challenges the schema and that's how you bring about change, but that stance that she's got where 'I'm just there and I don't even mean to be there'	
S: 'I can't help myself, it's a moment of weakness that I found myself'	
L: … it denies her that opportunity, so that is that schema support behaviour, it's the 'I think I'm stupid so I procrastinate and procrastinate in doing the assignment'	Lisa empathises with Sam's difficulty in getting through to Kylie, bringing the conversation back to Sam's emotional response and validating this. She draws on the history of their work together in supervision as a source of knowledge.
S: Then I fail (laughs) …	
L: So she's doing a similar thing and what is really hard for you there Sam, is that one of the core ways in therapy that you challenge the schema is through the therapeutic relationship and what she's doing, and this is a common thing that I hear with this patient of yours, is that she, I was going to say disenables you, I don't know what the word is, but she disempowers you, she makes it impossible for you to be able to help her	

Thus an expanded understanding emerges from approaching Kylie as an epistemic object and offers enriched possibilities. Despite working with Kylie for so long, Sam is still getting to know what underpins and drives her behaviour through the collaborative knowledge work in supervision.

5.7 Pair 1 Sessions 1-5: Key epistemic practices

During their sessions, Sam and Lisa employ a variety of epistemic practices as they engage in knowledge work together, the most salient of which are discussed below. These practices contribute to expanding the knowledge object and developing actionable knowledge. Examples from the transcripts are used to illustrate the practices and discuss the joint knowledge work that they make possible.

5.7.1 Recontextualising knowledge from experience of practice to the case/issue

What is striking in how Pair 1 work with knowledge is the way that they draw on their experience of practice to apply what is familiar to what is less known. In so doing, they continuously recontextualise knowledge (Evans & Guile 2012), moving smoothly between the general and the particular, the known and the unknown. Relevant knowledge is drawn from a variety of different sources, based on years of practice experience. They draw on this in various ways, activating different types of knowledge. Through this epistemic practice, the building of new knowledge is jointly accomplished, based on how a specific case or issue is resourced by the point of reference. This will be explored further in Chapter 8.4.1 in relation to all three pairs. The ways in which knowledge drawn from practice is recontextualised by Pair 1 are tabulated below and then discussed using examples:

Table 10: Types of knowledge recontextualisation – Pair 1

	Type of knowledge recontextualisation	Session[22]
a	Recontextualising knowledge of competent/'ideal' practice	1, 3, 5
b	Recontextualising knowledge about specific clients	1, 3, 4, 5
c	Recontextualising knowledge about the supervisee/supervisee's practice	1, 2, 3, 5
d	Recontextualising knowledge about the client	2, 5
e	Recontextualising knowledge about the supervisor's practice	3
f	Recontextualising knowledge analogously	2, 5

Table 10 provides a picture of the variety of recontextualisation types and sources of knowledge, giving a sense of the creativity, agility and skill the psychologists use in activating these, and demonstrating the flexibility of experienced practitioners. Through recontextualisation they adjust their work with a client according to what she needs, rather than treating all 17-year-olds or all clients with 'emotional deprivation

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[22] Only some of the instances are discussed below, although recontextualisation may be apparent in a number of sessions.

schema' in the same way. Further, it demonstrates the diversity of practice and experience that characterises Lisa and Sam as psychologists, enabling them to draw on a rich variety of knowledge sources and resources.

a) Recontextualising knowledge of competent/'ideal' practice

A common form of recontextualisation for Pair 1 involves using the norms, standards and ethics of the profession as a resource and a reference point, recontextualising knowledge of competent practice to shed light on the current instance. Professional norms such as those incorporated in the Australian Psychology Society's Code of Ethics (Australian Psychological Society 2019) provide 'ideal' practice against which current practice is measured. Broad ethical dimensions in relation to, for example, confidentiality and accountability become a source of comparison to measure what constitutes acceptable and appropriate practice.

For example, in session 3, Lisa references norms and standards to resource the situations that Sam finds herself in at work. For example, Sam discusses her supervision of a counsellor who is communicating with a client by email. They discuss how email communication can be problematic, with Lisa pointing out that: "*in terms of legal issues, every single one of those emails has to be printed off and stored in a file, because it's considered therapy*". The recontextualisation of legal and ethical standards affirms Sam's concerns about organisational boundaries and provides her with a knowledge base to draw on in implementing improvements. Ideas for what she could be doing differently start to take shape, stemming from an epistemic foundation as well as instinct and experience. In other words, Sam's disquiet about inappropriate practice is confirmed through referencing what 'should' be happening. This empowers Sam to act to remedy the situation, building actionable knowledge.

Along with the recontextualisation of competent/ideal practice, typical practice (how things are usually done) is also recontextualised to resource situations in supervision. One of the key opportunities afforded by supervision is the chance to shine a light on routine or habitual practices, challenging practitioners to make adjustments and ensure that they make conscious practice-related decisions that align with acceptable practice. The practitioner flexibility that this encourages is illustrated in this excerpt from Session 1:

> *Your role here is slightly, shifts slightly, that she does sound like she lacks some basic parenting … so how to study, how to prepare yourself for the HSC, what time she should be going to bed, eating healthy, getting a bit of exercise, relaxation, how to plan for next year … some preparation for living in the world, which I know is not the usual, typical role for a psychologist.*

Here Sam is encouraged to treat Sally in a more parental fashion than would typically be the case. This is done in the therapeutic service of the client, ensuring that boundaries are retained *and* that Sally receives what she needs.

b) Recontextualising knowledge about specific clients

Both Sam and Lisa draw on their own practice in recontextualising knowledge about other clients to the cases they discuss. For example, in Session 4 Sam discusses Mike in relation to Bryn, a client who experienced a psychotic episode, but would not accept the diagnosis and was non-compliant with treatment – "*you know just it was so different from Mike*". This leads Lisa to comment that, "*although we say Mike's thinking is quite concrete and he's not hugely insightful, he's not … actively resisting the diagnosis*". The recontextualisation involves contrasting the particular with the particular, as opposed to the particular with the general (as might happen if a client is compared to a category of clients - see 5.7.2 b), offering different kinds of insights. Rather than elaborating how Mike does or does not fit a diagnostic norm, the comparison with Bryn elucidates the functional aspects of Mike's situation. Another instance occurs in Session 1 where Lisa comments that Sally "*sounds like a patient who comes to me, who presents with chronic fatigue*". This proves to be less fruitful and is not taken up by Sam, demonstrating that not all practice-based recontextualisation will be epistemically valuable.

c) Recontextualising knowledge about the supervisee/supervisee's practice

The history of Sam and Lisa's work together is a useful source of knowledge, allowing Lisa to recontextualise what she knows about Sam in helping her work productively. In doing this she goes beyond 'inserting' knowledge into the present situation. Rather, Lisa does epistemic work in adapting her knowledge of Sam to the immediate case and context. This is how recontextualisation makes epistemic moves that extend simply 'using' knowledge to put knowledge to work, involving making overt linkages from one context to another. This might involve drawing on what she knows about how Sam has worked in the past, or how she typically practices, applying it currently in potentially productive ways. There is evidence of this in session 5, when Lisa highlights Sam's self-doubt, pointing out "*that's not usually how you would be*". Her knowledge of Sam, developed over time, thus becomes an epistemic resource. Knowledge about how Sam typically practices (as opposed to how practitioners might generally practice, as covered in a) above) is also a resource activated by both Sam and Lisa. Most practitioners have a habitual way of working with issues such as boundaries, rapport-building and therapeutic orientation. For example, in an instance from Session 1, Sam discusses how she would not usually contact a school when working with a seventeen-year old, yet in Sally's case she explains why this is warranted.

d) Recontextualising knowledge about the client

As with c) above, the work done together in the past becomes a means of resourcing current supervision, offering a knowledge source for recontextualisation. This is most obvious in the sessions that concern Kylie, where her status as a long-term client provides an important basis to knowledge, which is unusual because the supervisor has more knowledge of the client than would typically be the case. Sam and Lisa largely agree about their perceptions of Kylie, with their interpretations having unfolded and been negotiated jointly over a number of supervision sessions, using a shared theoretical lens, and resourced by a long period of therapy interactions between Sam and Kylie. In Session 2, Sam reports that, "*I know her well enough now to know immediately what has happened*" and Lisa reminds her that, "*I remember this is something you've talked about a lot*". Lisa prefaces her input about Kylie with "*I'm just trying to think about things we've talked about before with her rather than trying to see this event in isolation*", flagging that they have a repository of mutual knowledge to draw on. Supervision dialogue becomes a knowledge resource to access and recontextualise in moving forward, and an epistemic thread is created that runs through supervision across time.

The following example from Session 2 demonstrates how knowledge built about the client is recontextualised and used as a basis from which they work jointly to expand their understanding of Kylie:

S: *That was our last session before everything went completely pear-shaped* L: *So that's worth thinking about, so the previous session you had been in a real place of sitting in the defectiveness* S: *Yes! We had*	Sam refers to how she had been 'pushing' Kylie therapeutically.
L: *And which she would have had as an awareness that you could actually see the defectiveness … so she's spent so much of the time defending against that, or hiding that, trying not to let anyone see it or compensating for that, but actually she would have had that sense that you were fully aware of it and she allowed you to sit in that space with her and see it. And she then followed that by,* ***thinking of previous sessions when we've talked about her,*** *her expectation is that if other people saw this they would reject me …… I would be abandoned or I will receive less emotional nurturance … in response to this defectiveness,* ***and then I'm thinking of another thing that happens with her****-… so it would be about accepting this as the reality of who I am rather than her mother's stance which was about taking her off to doctors to have her fixed …*	Lisa uses what they know about Kylie as a basis for the conversation (bold text). This knowledge is recontextualised to make sense of what has transpired, helping to solve the puzzle of why Kylie went off her medication.

> *Y:* *Yes*
> *L:* *so it would be about accepting this as the reality of who I am rather than her mother's stance which was about taking her off to doctors to have her fixed, so she gives up on that that dream, that there is going to be a cure or I'll be fixed, what she's left with is … this is who I am and this is it -*
> *S:* *So not accepting the reality is quite protective in some way.*

As the knowledge they have built about Kylie is recontextualised, a richer picture grows and their understanding deepens.

In Session 5, Lisa recontextualises what they know about Kylie to remind Sam how much she has achieved with her, enabling her to suggest to Sam that her emotions about Kylie are a direct consequence of Kylie's psychological functioning rather than something deficient in Sam's capacity as a therapist:

> *S:* *I feel like I've been battered … this is ridiculous I'm feeling like this*
> *L:* *Because actually it's remarkable skill that you have, that you allowed her to even tolerate for a minute to just sit in that space of feeling vulnerable with another human being in the room and suddenly you're considering this is not good enough and doubting your skills and 'I'm not competent and can't do anything', that sounds like her*
> *S:* *Yeah it is her and that is what goes around-*
> *L:* *Because she's actually done brilliantly that she comes-*
> *S:* *-in her head the whole time [talking over one another]*
> *L:* *-here she's engaged with you and in comparison to when you first met her that she can tolerate, even if it's just for brief moments, being vulnerable around you …*
> *S:* *… yes I do need these pep talks.*

The recontextualisation of Lisa's knowledge about Sam's usual way of working and their collaboratively built knowledge about Kylie validates Sam's competence and how much she has achieved, ending Session 5 on an upbeat note. In this instance, the knowledge work in supervision has acted restoratively to boost Sam's confidence and energise her in moving forward with Kylie.

e) Recontextualising knowledge about the supervisor's practice

Another form of recontextualisation uses the supervisor's practice as a resource in considering aspects of the supervisee's practice. Although this is something brought by the supervisor, it is worked with jointly in the service of a particular case or issue. For example, in Session 3 Lisa discusses her management of supervisees in relation to Sam's experiences. In so doing, she draws on her own practice as an epistemic resource, recontextualising knowledge about how she works to make it relevant to Sam's situation. She explains that:

> *I haven't had an explicit contract with supervisees … I have educated them when they bring something that's not appropriate to supervision … sometimes it will also be that*

> *they're asking me about organisational or managerial issues, then I say 'oh actually that I'm not able to help you with'.*

She does not hold her practice up as the ideal, but uses her experience to offer possibilities for actionable knowledge. Lisa uses her work contexts as a knowledge resource that might be relevant to Sam's situation, offering ideas and suggestions about ways of working that might be productive. For example, when Lisa comments in Session 3 that "*particularly in the space where I work, it's an essential part of training, particularly working with eating disorders*", she is referring to the importance of training counsellors about boundaries and the "*non-negotiables*" of therapy work.

f) Recontextualising knowledge analogously

Analogy is used to recontextualise knowledge in two sessions and involves referencing what happens in other contexts or situations. The analogy draws connections between life or work situations that might not necessarily have seemed relevant. In Session 2, Lisa offers the following analogy:

> L: *What we know is that if you're thinking about parenting, mothering, when a child is distressed, what the mother does is take the child's distress, contain the child's distress, process it and give it back to the child in a more manageable processed form, which is exactly what you did over those few days. However, we know that in parenting, that it's very, very distressing and has a huge impact on the mother and the mother is only able to hold the child's distress if someone is holding the mother … so you're holding her and containing her but what's really important is that's much easier to do if you're feeling held and contained and what you're telling me is that your personal life was such that you felt less contained and less held, your husband's away so even your home environment might be less containing, and I mean, I suppose just in thinking in future, it's interesting that you have a system set up where she can phone you between sessions … but interestingly that you didn't phone someone like me for supervision*
>
> S: *No, hmm*
>
> L: *Because you could have accessed supervision in between, if you're going to do this holding of her and the containment, so it's going to stop with you, someone needs to be then holding and containing you, which is why supervision's so important.*

The analogous recontextualisation does various kinds of epistemic work. Firstly, it is prefaced with a reference to knowledge ("*what we know*"), giving a sense of epistemic authority. The use of 'we' implies membership of a broader knowledge community. Secondly, it takes what is known about parenting, imbues it with professional meaning and applies this to what Sam is doing with Kylie, illuminating the latter. Thirdly, the analogy forms the basis of Lisa's challenge to Sam regarding her decision not to seek support. In making this challenge, Lisa activates what Sam has told her about the stresses in her personal life. Further, she shifts the focus from the client to the supervisee, thereby expressing her supervisory responsibility to Sam's wellbeing. This connects the epistemic aspects of the session with the broader practice-oriented

aspects of the supervisory role, linking back to the use of '*we*'. In sum, recontextualising knowledge in this way offers possibilities that are grounded in what is known, but goes further in making knowledge actionable in new ways.

5.7.2 Recontextualising theoretical knowledge to the case/issue

Another key form of recontextualisation takes place when Sam and Lisa recontextualise knowledge about theory to the case or issue under discussion, in so doing 'commingling' theory and practice (Guile 2014). This can relate to a variety of theoretical areas, one of which—diagnosis—will be discussed separately (see b) below) as it is a significant practice for psychologists and emerges as key to how knowledge work unfolds in supervision.

a) Recontextualising knowledge of psychological theory

Sam and Lisa share an interest in schema theory (which informs schema therapy), a shared understanding that offers a framework for collaboration and is brought to bear in discussing knowledge objects. Theory becomes a lens through which they view what they know and construct hypotheses in relation to a particular case, thereby continuously building on their knowledge by making links to theory. This was made evident, for example, in their discussion above about Kylie's modes of functioning (see 5.6.2).

In another example, in Session 1 Lisa suggests that Sam apply for an HSC concession on Sally's behalf. She situates this within the knowledge that Sam has provided, by pointing out how applying for the concession would challenge Sally's schema of 'nobody cares about me'. This is an example of how supervision can activate what is known about a client (she feels depressed and alone) to connect it with a hypothesis that stems from a theoretical framework (she has an 'emotional deprivation schema'). This in turn offers possibilities for action i.e. Sam can adopt strategies to directly challenge Sally's belief that no one cares and/or articulate this to Sally by discussing theoretical concepts with her. As discussed in 5.2 above, the outcome of these ongoing connections and links to theory is the collaborative expansion of the object and the development of actionable knowledge.

In Session 4, schema theory is used to approach the knowledge work invited by the knowledge object (Sam's work with Simon), to grapple with how to work with Simon given the inadequacy of the typical treatment approach. Despite not knowing much about Simon, Lisa activates the knowledge that he had an abusive mother, suffers from hoarding disorder and struggles to make himself vulnerable, to suggest that he has an 'emotional deprivation schema' - "*so he maybe literally does not know how to*

meet his emotional needs, because he has no experience of his emotional needs being met". This resonates with Sam, who explains how she has worked with Simon by labelling his different modes of functioning e.g. 'vulnerable child', 'detached mode' and 'punitive mode'. They move on to use the schema theory lens to talk about how to treat Simon:

S: *I've been caught in not wanting to make him do anything … so I've just kind of resorted to not setting anything which isn't that helpful either, because -*	Treatment is not clear-cut – Sam outlines her dilemma.
L: *So then you have no expectations*	
S: *So I've kind of shifted all the way to just accepting him completely as he is with no, well no, that's not true, a little bit of kind of pushing for change, but just because I feel that dynamic will just be so destructive*	Sam has resolved the dilemma by backing off.
L: *What you don't want to do I suppose is in the face of this, and understand the schema, just go 'now I'm not going to push for any change …', because that might also be experienced then as not meeting his emotional needs, so it's how do you meet his emotional needs but also not set up the dynamic where you have these expectations and he feels if he can't meet the expectations he will be rejected or his emotional needs will not be met? … communicating all the time that you do actually believe he deserves better than what he has, and that he has value …*	Lisa recontextualises theory to illuminate the implications of this. Viewing Simon through a theoretical lens offers possibilities that translate into potential treatment options, making knowledge actionable.
S: *Yeah*	
L: *Or setting up all your … homework tasks in that very CBT win-win - whether you can do it or not, both of these things are of equal importance … so I'll often say to patients in that scenario where there's that dynamic involved are things like 'it's great if you can do it, but actually we don't actually learn anything new when you can do it, the time that we have the greatest learning and when we have the most insight is when it's difficult'.*	Lisa draws on her own practice as a knowledge resource in tackling the dilemma Sam presents (an example of e) above). She thus commingles theory with practice experience in the service of the client.

This provides an example of how the theoretical lens (schema theory) is recontextualised to fit Simon's case, illuminating aspects related to assessment, diagnosis and treatment. Theory becomes more than abstract knowledge by offering possibilities for action in the service of the client. Furthermore, the understanding of the client built on this recontextualised theoretical foundation allows Lisa to recommend that Sam work in a non-traditional way with Simon, being flexible in the service of the client. She sums this up as follows:

> *This might be one of those situations where we have to appreciate the function of the symptom … the hoarding is there for a very good reason and it provides a level of protection and psychological stability that's important. If you go about dismantling that, I mean what are the pros and cons of doing that? … Because I'm thinking just having some human contact is more important than tidying up your house.*

This affirms Sam's instinct not to work with Simon using a conventional CBT approach and frees her up to be more creative in working with him. The recontextualisation that takes place, both theoretically and in relation to practice experience, thus contributes to building innovative practice.

Although schema theory is the stand-out theoretical source for recontextualisation in Pair 1's sessions, Lisa and Sam also draw on other theory and general knowledge of psychology in their recontextualisation. For example, in Session 1 Lisa recontextualises knowledge about adolescent development in drawing attention to what one can expect of Sally – "*she's at a moment of separation, individuation, moving into adulthood*". She also activates her theoretical (and practice) knowledge of children of depressed mothers when considering Sally's behaviour and psychological state.

b) Recontextualising diagnostic knowledge - theoretical categorisation

One of the key epistemic practices in Pair 1's sessions involves theoretical recontextualisation in relation to diagnostic categories i.e. knowledge about diagnosis is applied to the clients discussed in supervision, comparing individual clients with diagnostic categories. This process embodies a constant "oscillation between categorisation and particularisation" (Mäkitalo 2003, p.499). Categorisation provides the psychologists with relevant knowledge in relation to understanding and interacting with category members (Mattila 2001). The recontextualisation involved in comparing the particular case with the general diagnostic category is embodied in this definition by Krause and Guggenheim: "diagnosis is the task of cognizing the unique case in relation to the general with a view to intervention" (2013, p.198). Knowledge of diagnosis is based on the Diagnostic and Statistical Manual of Mental Disorders (5th ed.)(known as the DSM-V), an indispensable but not unproblematic resource. The key role it plays in the sessions will be discussed further in Chapter 8.

In discussing the epistemic frame for Session 4, the extract from the transcript (see 5.5.2) demonstrates how Mike as an individual client is compared to various diagnostic categories as part of the process of grappling with where he fits. Over the course of the session, Lisa tries to unpack what is going on for Mike by asking questions about symptom presentation (i.e. diagnostic criteria), leading her to conclude that "*this is sounding very different, it's usually the opposite with patients*", demonstrating how recontextualising her knowledge about pathology becomes a means for gaining clarity. The discussion is resourced by Sam's knowledge about Mike's family of origin, with Lisa questioning other potential contributing factors such as trauma, substance abuse and a family history of psychotic illness. Other forms of knowledge are thus integrated as they puzzle over Mike's diagnosis and build an emerging, expanded picture of the

client/knowledge object. Lisa's comment below indicates how her questions about Mike draw on what is known to resource what is less known:

> … it's just early 30s a bit later than usual, but you know, in your 20s for males, late teens and then into their 20s is often where you see the onset of psychotic illness, … this is a bit later, but if he had a very stable background it might have delayed the onset.

Lisa is grappling with understanding why and how Mike does not fit the typical psychosis picture. Theoretical recontextualisation is key to seeking a more in-depth understanding of Mike, hence opening up the knowledge object. The use of diagnostic categories as a resource is an attempt to use knowledge to stabilise, possibly under the misconception that naming something provides "stable thinghood" (Knorr Cetina 2001, p.193). In Mike's case, if they can establish where he 'fits' diagnostically, Sam can find ways to work with him more effectively. However, the opposite seems to happen; the more they compare him to the category (psychosis), the less he fits the norm, thus stimulating creativity about how best to treat him and bringing to the fore the dynamic between confirmatory and exploratory dimensions of practice.

5.7.3 Reframing

Reframing refers to "expanding the terms" upon which interactions unfolded (Hopwood & Mäkitalo 2019, p.595). The use of 'reframing' here does not refer to a change in the epistemic 'frame' of the supervision conversation as a whole. Rather, it refers to a shifting of perspective, understanding or meaning in relation to aspects of the supervision conversation, helping someone see something in a new light (Mattila 2001). This can shift the consideration of what is relevant for making a professional decision or judgement, or thinking about a problem (Hopwood & Mäkitalo 2019). Reframing provides evidence of changing interpretations and new understandings, suggesting that learning has taken place (Hopwood 2016). It usually refers to changing a negative perspective to a more positive one, and may involve the use of professional jargon (Luke & Gordon 2012). Further, it constitutes a form of re-authoring, whereby the supervisor reshapes the meaning proposed by the supervisee (Luke & Gordon 2012), emphasising the joint nature of their knowledge work and the co-construction of knowledge. The examples that follow demonstrate how Lisa uses reframing as an epistemic practice to offer fresh perspectives as part of their joint knowledge work.

In session 2, Sam enters the session feeling weighed down and self-doubting after what has transpired with Kylie. By the end, some of this emotional burden has lifted. This comes about primarily through Lisa reframing aspects of the problem as productive when they do not appear so. In doing this she activates knowledge provided by Sam to imbue it with a more affirming meaning:

L: But this would be a different kind of experience for her … and modelling that I guess like you did, you demonstrated that this is what you do in vulnerable mode, you say 'actually I'm feeling really anxious that's why I'm asking you lots of questions' and you modelled that nothing bad happened to you by saying that, and it made the two of you feel more connected. She might be imagining being vulnerable is going into this completely powerless state where people can overwhelm you and take advantage of you and what you modelled to her is actually no, we can be vulnerable but also still have mastery and still have strength …	Lisa points out that Sam has acted as a role model to Kylie. This reframe offers an alternative way to understand Sam's actions in therapy.
S: Yeah [sighs] it's tricky work, isn't it?	
L: And also, that's um, it's years she's taken to get, years	
S: No, I know	
L: So, it makes sense that for every five steps forward she's gonna take two steps back, you're still way ahead of where you started off with her. I mean, you think where you started with this woman, every single day was like this with her	Lisa reminds Sam how far she has come with Kylie, putting what has happened into a temporal context and using the history of their work together as a knowledge source.
S: I know	
L: She is SO much more contained	
S: Uh, I don't think I can go back to those days …	
L: It's good modelling for her is that sometimes you might need to say to her 'you know what, we don't always know exactly what's going to go on, but you and I are in this together and we are going to muddle through, we'll get there', because I think what might happen is that when you go to that space with her, what it feels like is 'no one can help me', you don't know what you're doing, you feel deskilled, but actually therapeutically when you've been working with someone for this long and doing this kind of therapy, it's actually really important and very appropriate in terms of the development of therapy that you will have long periods of sitting in a space of going 'I don't quite know, I'm missing something, I don't quite know what's going on here', but we can sit in this not-knowing, in this messy inbetween place and figure it out together, cos that's not the same thing as it being hopeless.	Using knowledge resources from experience of practice and knowledge of therapeutic processes, Lisa recontextualises Sam's work with Kylie within the temporal and practice context of working with a long-term client (the frame), normalising Sam's frustration and reframing what has taken place.

Through reframing, what initially presents as a serious problem is characterised as a normal setback that provides Sam with knowledge she can put to work as she moves forward with Kylie.

The second example of reframing occurs in Session 5. In discussing Sam's upcoming leave, Lisa introduces the language of "opportunity", suggesting that Sam's vacation might be a chance for clients to realise that they can rely on themselves. This reframe opens up possibilities around how a psychologist's absence might be productive for a client, which could help to alleviate some of Sam's anxiety. Lisa goes on to suggest that taking leave is a way of modelling self-care to clients. This triggers Sam to reflect on previous successful experiences - "*I have been on holiday for three weeks and everyone*

survived that". These examples demonstrate how activating particular knowledge to reframe a situation can offer possibility-oriented, strengths-based perspectives rather than problem-saturated ones.

Reframing as an epistemic practice can take other forms besides the introduction of a 'positive spin'. Sometimes what occurs is the identification and naming of a psychological construct that offers a disciplinary perspective and serves to renegotiate the terms of what is being discussed. The example below is drawn from Session 3:

S: *I don't want to be resentful, but that's where we're heading … cos I'm sacrificing too much* L: *So usually, yeah, so that countertransference is interesting isn't it? That's an indication of when our boundaries have been crossed* S: *Yes* L: *So when our boundaries are crossed we either would become angry and irritable … or we can become fearful … they are informative those feelings, it's not that you're actually angry at the person coming to ask for supervision …* S: *Ah no, I always get angry when boundaries are crossed, and I do find myself increasingly angry, and then having reactions, like 'why can't this person just get this right?' and obviously I say this in my head, 'well this person is a provisional psychologist, they not going to get it 100% right' …* L: *… and this is how they learn, but when the toll on you is so high … look, your anger is informative because it tells you you need to do something … it indicates you need to reorganise things to better take care of yourself.*	Sam comes to the session feeling frustrated, resentful and stressed. Rather than dwelling on negative emotions or commiserating with Sam, Lisa names - and reframes - these as 'countertransference'. She builds on this reframe by contextualising it within the psychological construct of boundaries, locating it epistemically in an area of relevant psychological knowledge. Lisa comes back to the purpose of the conversation – helping Sam deal with her difficulties at work and using the reframe as a springboard for knowledgeable action.

The reframe thus elevates Sam's feelings from an ordinary emotional response to an epistemic resource, something useful and informative that can be worked on and with together.

5.7.4 Wondering

Both Lisa and Sam use tentative language, with words such as 'maybe', 'might' and 'I guess' occurring frequently. They wonder and speculate as an epistemic practice, expanding the knowledge object by allowing for openness and possibility. The language of 'wonder' occurs regularly, for example, in the following comments by Lisa about Sally in Session 1:

*Because I'm **wondering** about, I'm **wondering** about that exhaustion and that being asleep all the time means you're not actually present or engaged with the world, which feels slightly avoidant, or compensatory …And so that compensates, or you don't have to be aware then that your needs are not being met because you're not*

*aware of anything, because you're not awake but also you stop asking for things because then you don't have to worry about them, people not responding to them, but I also **wonder** if what she's also trying to avoid is, 'is there something about me that is so fundamentally unloveable, so fundamentally defective, that's why these people are treating me this way?'*

This illustration shows how wondering opens up possibilities through imagination. It does not commit the wonderers to anything, but enables them to play with ideas, offering these as potentially useful avenues for exploration. Although their ideas are speculative, they are grounded in a thorough knowledge base of the discipline as well as an extensive experience base. As such, they are 'imaginings' of substance, rather than fanciful musings.

Practitioners 'wonder' when they do not know something. The practice of wondering can thus contribute to identifying the limits of knowledge, which is an important role that supervision plays in professional practice and something that the participants referred to in their interviews. Acknowledging the limits of knowledge implies gaining more relevant information and involves tolerating the ambiguity of not-knowing, possibly never knowing. This excerpt follows a point in Session 1 where Sam tells Lisa that Sally has contracted an STD:

L: And she wasn't aware of that [the STD] until the doctor picked it up? *S: No, so I don't know if it was this boy, if there was, if there is something going on in the family, but, I mean she hasn't mentioned any other relationships, but this was one relationship that we, she talked about* *L: What you're saying is either she's got a STD in the course of a regular adolescent relationship that's come to an end and she's experienced the loss that further would exacerbate the depression, but you are also saying you're considering something else, that has there been some history of trauma or abuse … that tells me something about her presentation is making you-* *S: I don't know* *L: Or you just hold it as part of a possibility of something to bear in mind* *S: Yeah I don't know if there's anything that she said that's made me think that* *L: Ok, but it's something that you just hold in your mind* *S: Yeah … I'm probably being influenced by Bessel vd Kolk, a book on trauma I am reading now, but obviously she's one girl, she has two older brothers and, a father* *L: What you're suggesting is a family that's not functioning very well, and someone with chronic mental health problems* *S: Yes, that have been quite long-standing* *L: Yeah, so it's definitely a possibility to hold in mind* *S: Mmm*	The limits of Sam's knowledge are highlighted. She does not know what caused Sally's STD. Lisa gives voice to what Sam does not say, helping her to deal with her uncertainty. She affirms that the possibility of abuse is not inconceivable and that Sam should not discount her professional instincts. Lisa suggests an epistemic strategy for Sam to deal with her uncertainty – 'hold it in mind'. Sam is grappling with whether she is jumping to conclusions or whether there is a basis for her concern. Lisa affirms Sam's concern by contextualising it with their knowledge about Sally.

> L: And someone also who has an experience of the world that there's no point in telling, there's no point in asking for help, or telling people when there's something wrong because nobody listens when you tell, so that's definitely something worth considering isn't it? That idea that I mean, we do see that in children with a history of abuse, the very first thing they learn is that you keep it secret, don't tell, nobody will take you seriously, no one will listen to you … so it's worth bearing in mind. However, she has a family with a history of depression and she's also possibly presenting with severe clinical depression in the context of the stress of the HSC and the ending of another relationship and possibly some medical things going on that the GP's still exploring.

Lisa locates the possibility that Sally has been abused within the context of what is known about sexual abuse, while also acknowledging that alternative explanations are possible.

The lack of epistemic certainty is a common dilemma for professionals, who are called upon regularly to make judgements and decisions without complete knowledge (Mengis, Nicolini & Swan 2018). Learning to deal with this is a key aspect of professional practice and will be discussed further in 8.1.3. Sam and Lisa have evaluated the risk of abuse, acknowledging it as a possibility and are holding it as a consideration in Sam's ongoing work with Sally. Adopting this strategy allows them to feel reassured that they are honouring their professional responsibilities while continuing to serve the client.

5.8 Pair 1: An overview

The five sessions indicate that various types of issues may be discussed within one supervisory relationship. Sam and Lisa consider issues related to clients, Sam's practice, Sam's organisation and practice management. Sometimes more than one focus is activated in a session. Sam and Lisa tend to work with knowledge objects as epistemic objects i.e. as incomplete, ever-changing and emergent rather than fixed or fully knowable (Knorr Cetina 2001; Nerland & Jensen 2012). Knowledge objects are expanded and explored together as their conversations unfold. The objects thus engage the participants in collaborative epistemic work and enrich their knowledge practices.

Research question 1 asks: 'From an epistemic perspective, what is discussed in clinical supervision?' Table 11 summarises the content of the sessions using an epistemic lens focused on how problems are framed and what knowledge objects are taken up by Pair 1.

Table 11: Summary of Pair 1's sessions: Framing and knowledge objects - key findings for research question 1

SESSION	Frame	Knowledge object/s
1	Schema therapy	• Sally
2	Working with a long-term, difficult client	• Kylie • Sam's work with Kylie
3	Boundaries	• Sam's practice in her organisation
4	Categorising clients: diagnosis and implications for treatment: • Working with a psychotic client (Mike) • How to treat Simon (a client with hoarding disorder)	• Mike • Sam's work with Simon
5	• How psychologists manage leave • Working with a long-term, difficult client (drawing on schema therapy)	• Sam's practice (taking leave) • Kylie

Table 12 summarises the key findings for the first part of research question 2, namely 'What epistemic practices are enacted in clinical supervision?'

Table 12: Summary of Pair 1's sessions: Epistemic practices - key findings for research
question 2

SESSION	Recontextualising practice knowledge	Recontextualising theoretical knowledge	Reframing	Wondering
1	✓	✓		✓
2	✓	✓	✓	✓
3	✓		✓	
4	✓	✓		
5	✓	✓	✓	✓

Having outlined each of Pair 1's sessions in relation to content, epistemic framing, knowledge objects and epistemic practices, I move on to discussing how these elements manifested for Pair 2.

Chapter 6: FINDINGS PAIR 2 - PENNY and SYBIL

THIS CHAPTER IS STRUCTURED AS FOLLOWS:

6.1 The reader meets the second supervisory dyad, Sybil and Penny. Pair 2 are engaged in a peer supervision relationship, where they each present a case for half the session.

6.2-6.6: For each session:

- An overview of the session content is provided.
- The epistemic frame that shaped the supervision session, and how this shifted at times, is identified and discussed.
- The knowledge objects are identified with consideration given to how they evolve and whether they function as epistemic objects.

6.7 The predominant epistemic practices activated by Pair 2 are identified and discussed, with a focus on how these contribute to expanding the knowledge object and developing actionable knowledge. Epistemic practices are:

6.7.1 Recontextualising knowledge from experience of practice to the case/issue

6.7.2 Recontextualising theoretical knowledge to the case/issue

6.7.3 Reframing

6.7.4 Wondering

6.7.5 Story-telling

6.7.6 Asking expansive questions

6.8 An overview of Pair 2's sessions is provided, summarising epistemic frames, knowledge objects and epistemic practices.

6.1 Introduction: Meet Pair 2

Pair 2 is comprised of Penny, a clinical psychologist, and Sybil, a generally registered psychologist, both in private practice. Although they have known each other since the 1990s, they only recently started their current supervision relationship. Penny and Sybil have a peer supervision relationship, which is different to the other pairs in this study. For the first half hour of each session, one of them presents a case while the other acts as supervisor. This is then reversed, which has the effect of creating two supervision sessions in one. The peer supervision relationship sets up different notions of knowledge and expertise than a more traditional supervisory relationship where one party is the authority. It positions both parties equally as knowers, although they may not necessarily feel equal. Sybil reported in her first interview that "*I always feel a little nervous in that supervisory role, because she's so much more experienced and better qualified than me*".

The table below summarises the content of Pair 2's sessions. Due to the peer supervision nature of the sessions, for analytical purposes each session is divided into Parts A and B, with the overview, framing and knowledge objects discussed separately for each part. Epistemic practices are discussed for all sessions in Section 6.7.

Table 13: Summary of session content – Pair 2

Ses-sion	Supervisor role	Content-client/ issue discussed	Focus of discussion	Relevant basic details
1A	Sybil	Emily	Client-focused	Female, 20s, disorganised, unreliable, poor relationship choices, anxiety
1B	Penny	Paula	Client-focused	Female, age 34, depressed, trauma history, controlling husband
2A	Sybil	Kath	Supervisee-focused	Female, long-term client, relationship issues, Penny thinks she made a mistake with this client
2B	Penny	Paula John	Supervisee-focused	Same client as session 1 - therapist-client relationship issue
3A	Sybil	Billing	Practice management-focused	Billing systems and how to maximise therapy benefits for clients
	Sybil	Emily	Client-focused	Same client as session 1 - relationship issues
3B	Penny	Paula	Client-focused	Reporting on Paula's (session 1) progress
	Penny	Aaron	Client-focused	Male, age 19, drug use
4A	Sybil	Elly	Client-focused	Female, 40s, long-term client, problematic relationship
4B	Penny	Patsy	Supervisee-focused	Female, 30s, borderline personality disorder, depression and anxiety
5A	Sybil	Tina	Client-focused	Female, 60s, dog recently died – bereavement
5B	Penny	Stan	Supervisee-focused	Elderly Vietnam veteran, issue re capacity to manage funds

6.2 Session 1A and 1B: Emily and Paula

PART A: SYBIL AS SUPERVISOR

"that different perspective has now opened up a different way for me to work … so that's really helpful" (Penny)

A-6.2.1 Overview of session content

The session begins with Sybil taking the role of supervisor. Penny presents the case of Emily, who is disorganised, unreliable and "*struggles with life*". She describes Emily's situation in relation to work, family, health and behavioural presentation. This lays the knowledge groundwork for the session. During the narrative, Sybil interrupts to hypothesise that Emily might have a brain injury. Once Penny has presented the initial information, they work together to diagnose Emily. Sybil persists with the brain injury hypothesis, suggesting Penny assesses Emily using the MOCA (Montreal Cognitive Assessment), a tool with which Penny is unfamiliar. They move on to discuss practical strategies that Penny could use with Emily, e.g. helping her structure her daily routine, and that she goes to sleep at a regular time. Penny reported in her interview that the session was useful in helping her think differently about Emily's case, although she did not agree that brain injury was involved. Rather, hearing Sybil's perspective helped clarify for Sybil that Emily's problems are anxiety-related.

A-6.2.2 Epistemic frame

Emily's case is presented without a clear frame—Penny's initial comment is that, "*I'm not really sure what the question is for this client, and what sort of feedback I'm looking for*". The ambiguity is not a hindrance, since the structuring frame offered by the practice of supervision prevails as Penny proceeds with telling Emily's story. Sybil has an unspoken sense of what is expected of her in the supervisor role and the session unfolds without requiring overt structuring. Once the problem has been presented, Sybil offers brain injury as a frame for their discussion. However, Penny contests this frame. The frame thus takes shape around what Emily's problem or diagnosis might be, inviting knowledge work that activates epistemic practices involving recontextualisation (see 6.7.1 c) and 6.7.2 b).

A-6.2.3 Knowledge object

Pair 2 approach Emily as if she is a puzzle they are trying to solve together. Their engagement is focused on the question of what is 'wrong' with Emily, to explain her presenting behaviours. The brain injury idea is offered as a means to expand the knowledge object, but does not do so because Penny does not embrace this perspective. In grappling with Emily, they turn to diagnostic categories as a knowledge resource. The diagnostic process is used as a tool with which to approach the more

slippery epistemic object (Emily). Here we see an example of Knorr Cetina's 'wanting structure', i.e. "a desire to fill out the blanks and make the picture whole and complete" (Jensen & Lahn 2005 , p.308), partly motivated by the notion that finding a label for Emily's pathology will make treatment clearer, hence serving the client better. Given Emily's status as a continually unfolding knowledge object, Sybil and Penny do not resolve a label for her difficulties. Instead, ideas emerge that Penny can use for working with Emily i.e. actionable knowledge is created. In this part of the discussion the focus of the knowledge work moves from 'what is wrong with Emily?' to 'what can I do to help her?', constituting a subtle shift in the way that the knowledge object functions. Rather than knowledge work being focused on opening up the knowledge object, it becomes focused on how to make knowledge actionable. Even without a clear diagnosis, the discussion yields possibilities for Penny in the form of practical skills useful for brain injury clients, which may be productive regardless of Emily's specific problem.

PART B: PENNY AS SUPERVISOR

"it's so complex, so many complicated layerings of trauma and stress" (Sybil)

B-6.2.1 Overview of session content

Sybil starts by relating the story of her client, Paula. Paula experienced a sexual assault as a child, which contributed to drug use and an unsuccessful first marriage. She is currently married to a controlling and anxious husband. They have two children and Paula is a devoted mother. However, she feels helpless and depressed, self-harms and consumes excess alcohol. Despite a variety of psychological and social difficulties related to the shame of the assault, she functions well at work. Sybil reports that she is feeling "*wobbly*" in dealing with Paula's shame and is looking for direction. Penny labels what might be happening for Paula, namely trauma, domestic violence (DV) and an anxious husband. She suggests a variety of strategies - a Dialectical behaviour therapy (DBT) approach[23], body work[24], and using Acceptance and commitment therapy (ACT[25]) strategies.

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[23] DBT is an evidence-based psychotherapeutic method. It is a form of CBT that is used for treating borderline personality disorder, mood disorders and symptoms such as suicidal ideation, emotional dysregulation and self-harm.

[24] This refers to somatic therapy, which actively involves the body in therapy, focusing on mind-body connections.

[25] ACT is an evidence-based method for treating psychological disorders, with a focus on teaching mindfulness skills and clarifying values.

B-6.2.2 Epistemic frame

By giving a sense upfront of what she needs ("*where to go with all this shame?*"), Sybil signposts the knowledge that she is looking to develop and potentially frames the session. However, the issue she needs help with (working with shame) does not ultimately set the frame. Instead, the frame takes on a shifting nature, according to the unstated question of 'what kind of problem are we dealing with here, and how can we treat it?' After hearing Paula's story, Penny responds with "*obviously there's trauma there … but it sounds like DV as well … psychological domestic violence*". Naming what is happening in psychological terms frames the problem, acting as a reminder that this is something familiar and hence that they know how to work with it. After discussing possible strategies, Penny comes back to the frame by raising Paula's history and discussing what works in treating trauma. She suggests that it may be more constructive for Sybil to treat Paula's trauma before treating her shame. She also revisits the DV, bringing the conversation back to the two issues that she prioritised in her initial response. By the end of the session, it is not clear whether trauma or DV is the priority for treatment, hence the question of what kind of problem they are dealing with remains. The lack of resolution is not necessarily problematic since, as with Emily, a number of ideas for action have emerged as a result of the knowledge work and Sybil can more confidently move forward.

B-6.2.3 Knowledge object

This session is not characterised by much expansion of the knowledge object. It relies more on 'telling'—Sybil tells Penny the story of Paula, and Penny tells Sybil what she might try in treating her. The focus is on how to help Paula, rather than how to understand her, and possibilities for action become the knowledge object. The epistemic practices they activate look to open up a space for action, but this action is not necessarily predicated on an expanded understanding of the client. In working with the knowledge object, they draw on a variety of knowledge resources e.g. diagnoses (trauma, anxiety, OCD), theoretical models (DBT, ACT) and treatment strategies (body work, mindfulness). These function as tools rather than epistemic objects, serving a purpose in acting on the object rather than being opened up themselves as objects. Their meaning is taken for granted and assumed to be shared, rather than interrogated or problematised.

6.3 Session 2A and 2B: The confessional

PART A: SYBIL AS SUPERVISOR

"I stuffed up" (Penny)

A-6.3.1 Overview of session content

Penny starts by stating that she wants to talk through "*something that I didn't do very well*", to debrief and understand her behaviour. She presents Kath, a client she had seen in the past when Kath had an affair with a colleague. Kath's marriage had weathered the infidelity, and in the current instance, Kath asked Penny's opinion as to whether she should involve this colleague in assisting her son with his career. Ordinarily Penny would have held back her opinion, but she expressed that she thought Kath would be making a mistake. Penny feels regretful - "*I shouldn't have told her what I thought about it … that's my big error, I should have held on to my stuff … I shamed her but I didn't mean to do that*". Sybil challenges Penny by pointing out the lack of evidence that the therapy relationship has been negatively impacted. They discuss what might have led Kath to become the person that she is, and Penny comes to realise that Kath played a role in what transpired between them. Penny also realises that the client-therapist relationship with Kath is different to what she experiences with other clients, and that some of her responses are triggered by a desire to be liked by Kath as a friend. Penny starts the session inclined towards revisiting the issue with Kath, which Sybil contests. By the end of the conversation Penny has changed her mind. The knowledge work undertaken in the session brings this shift about.

A-6.3.2 Epistemic frame

Penny begins with the comment that "*maybe it's more of a confession than it is anything else*". This sets the frame for supervision as analogous to the confessional, reflecting the context within which psychologists work and its links to surveillance and risk (see 1.2.1) (Beddoe 2010; Clouder & Sellars 2004; Gilbert 2001). This theme of confession frames the entire session—both Penny and Sybil present situations where they think they have made mistakes. The way the frame is worked with when Sybil is the supervisor most likely influences what and how Sybil presents when she is the supervisee, demonstrating the emergent nature of the practice. It is evident that the relationship between Penny and Sybil is such that they feel free to present cases without fear of judgement or recrimination. Hence the way that knowledge is framed and worked with is inextricably interconnected with how Penny and Sybil relate to one another as well as to the practice of supervision.

Penny's framing of the session as 'confession' signposts professional ethics as relevant knowledge. Penny believes she has fallen short of ideal professional standards.

However, during the session the frame moves from 'confession' to 'boundaries', indicating a shift in Penny's thinking, as illustrated below:

S: *… it sounded to me like you were asserting a little bit of your own power in the situation, which, you know you're just so warm and empathic and patient and you do that kind of beautiful holding, but this was a bit different for you so maybe you felt like you needed to assert some power here …*	
P: *You know I think when you were talking about that, what was triggered for me was, my boundary with her is inappropriate, she's not a normal client relationship, there is a component of friend … so I was not the therapist, she was not the client, and that's I guess what you were talking about in terms of power, and in therapy we absolutely have the power, and not that we wield it over people-*	A shift comes about as Penny refers to boundaries, and starts to understand why she acted as she did.
S: *I think with this woman maybe you didn't, I'm so sorry, finish what you were going to say*	Sybil sees the situation differently, thinking Penny is too hard on herself.
P: *I think we, there is absolutely a power imbalance in therapy, but with Kath, and I think that she deliberately, well unconsciously creates relationship where it's equal, what you were talking about, she wants to be equal with you, and it's not because she needs power, it's because she's scared … so she's a friend when she comes in … so that's what I have to do, is I have to pull back from being a friend … I will now monitor those invitations to be a friend rather than a therapist … so I think that that has actually become quite clear, and I don't like to think that I've done that, I feel a bit embarrassed … that I've got the **boundaries** mixed up, so I have to pull back and set them.*	The shift embeds as Penny considers the role Kath has played. Her insights offer actionable knowledge, allowing Penny to develop a plan. The frame has shifted from confession to boundaries.

Sybil activates the knowledge that Penny provides about Kath, along with her own knowledge of how Penny usually works and about therapy to bring about a change in Penny's thinking that is illustrated by the shifting frame. The frame of boundaries is more appropriate and helpful in a professional context, hence more likely to contribute to the development of actionable knowledge. Indeed, as the frame shifts, so does Penny's decision about what to do next, resolving that "*I'm not going to beat myself up, I'm going to learn something from it*".

A-6.3.3 Knowledge object

Penny sees her own behaviour as the problem, expressing a desire to understand "*what was it [that] made me do what it was that I did*". This signals that the session will be supervisee-focused, with her practice (with Kath) as the knowledge object. Kath is the background to this rather than the object herself as they grapple with Penny's belief that she behaved unethically. They do this partly by unpacking their understanding of Kath to achieve an expanded understanding of Penny's therapy actions. What evolves is a shift in the knowledge object from Penny's practice to the

therapy relationship as they examine the relationship between Kath and Penny and how both their roles play out. This in itself is an insight for Penny and she reaches a point where she no longer blames herself entirely for what she sees as a *"rupture"* in the therapy relationship. The different perspective offered by Sybil helps Penny reach an expanded and more reality-based understanding of what has transpired.

PART B: PENNY AS SUPERVISOR

"Alarm bells start to ring, I start to feel, 'oh my god, what have I done, what have I done?'" (Sybil)

B-6.3.1 Overview of session content

Sybil continues Penny's theme of overstepping boundaries in again presenting Paula (from Session 1B), believing that she may have disclosed too much about herself to Paula. Further, Paula frequently contacts Sybil outside of therapy time. Although she does not wish to encourage this, Sybil needs to balance the potential boundary transgression with the risk of Paula's self-harm. Recently, when Paula tried to terminate therapy, Sybil blamed herself although Paula then acknowledged that she was worried about becoming overly dependent on Sybil. Penny suggests that Sybil is using a recognised psychological technique, namely self-disclosure. She speaks about the benefits and drawbacks of self-disclosure and how it can be used appropriately.

B-6.3.2 Epistemic frame

Despite the frame having moved away from 'confession' during the first part of the session, they return to it initially as Sybil starts presenting:

> S: Yes, which brings me to my-
> P: Yes, tell me
> S: It's a beautiful segue cos I'm dealing with probably worse [laughs], much worse
> P: Ok, start your confession now
> S: Confession [laughs] …

This shifts fairly quickly, which is unsurprising given that the discussion is founded on their earlier conversation. The frame of boundaries in the context of professional ethics, established through discussing Kath, provides a natural segue into this conversation about Paula. Much of the groundwork in establishing the frame has already been achieved and comes to encompass therapeutic boundaries as well as self-disclosure as a therapeutic practice. Penny contextualises what has happened between Sybil and Paula within the language of the discipline. In so doing, Sybil's behaviour is no longer seen as requiring confession, but can be approached using the language and resources of universal problems of psychological practice.

B-6.3.3 Knowledge object

The knowledge object in Part B is not the client, but rather the question of whether Sybil's work with her constitutes a breach of ethical behaviour, again focusing on the client-therapist relationship. Penny tackles this by reframing Sybil's behaviour as 'self-disclosure', broadening its relevance beyond the case of Paula. This allows for an expansion of the knowledge object through zooming out to consider professional boundaries in general and then in relation to what has happened with Paula. What makes the difference for Sybil is not so much an opening up of the knowledge object, but the way it is positioned differently through the enactment of reframing (see 6.7.3).

6.4 Session 3A and 3B: Billing challenges and Aaron

PART A: SYBIL AS SUPERVISOR

"I've spoken to you about Emily before and this is kind of like a different issue" (Penny)

A-6.4.1 Overview of session content

This session has a mixed focus, moving between practice management and client issues. The session starts with Penny asking about the billing of home visits. She then raises Emily, the client discussed in session 1B, because she is concerned by Emily's relationship with a dangerous criminal. Penny is still unclear about what mental health issue Emily is dealing with and is wondering what attracts Emily to unsuitable partners. Fueling her concern is that she only has one Medicare-funded[26] session remaining with Emily. This issue moves the conversation back to practice management, with a lengthy discussion about funding options. Towards the end of the conversation they return to what motivates Emily's poor relationship choices and Penny asks Sybil *"what are your kind of reactions, and it doesn't have to be an intellectual kind of, how do you feel when I tell you about Emily?"*

A-6.4.2 Epistemic frame

The problem in this session is framed at a practical level, as an administrative and financial issue standing in the way of a client receiving what she needs. The conversation is focused on billing, medicare policies and healthcare provider programs. This talks to the normative purpose of supervision, situating it in an economic and sociopolitical framework within which practitioners are compelled to operate, and highlighting how sharing resources about how to navigate the system is a benefit of supervision. The frame extends beyond the case of Emily to the practice architectures

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[26] In Australia, the government (Medicare) usually funds ten sessions per year with a mental health professional.

(Kemmis et al. 2012) involved in practising a profession in a particular context, in this instance as a psychologist in private practice in Australia. Penny has tried to avoid some of what this implies by resisting signing up to local provider programs due to past negative experiences with bureaucracy ("*I couldn't bear being part of ATAPS[27] again*"). However, this is detrimental to Emily because it means that funding is depleted and she can no longer access therapy. Hence Penny needs to resolve a conflict between how she wants to work and the good of her client.

Although there is minimal contestation regarding what kind of problem they are dealing with (framing), contestation comes about regarding how to respond. Penny and Sybil frame possible solutions in terms of different perspectives influenced by their own experiences, which comes across in the following extract:

S: *But then you're going to be stuck for the rest of the year* P: *That's right we've only got one session to go* S: *You could maybe just ask the GP just … get you a referral on this other program* P: *ATAPS?* S: *I don't know exactly what, it's not called ATAPS anymore … there's this ten sessions … plus your report-writing for an assessment which is nice, pays well …* P: *… like with the one that I was involved in, the Inner City one … the suicidal clients you had to see them, it was for a short period only so you could see them a couple of times a week if you wanted to, but the referral only-* S: *No it's different now* P: *-went for a few weeks …* P: *… the whole time I've been involved, you could have one or the other and I was told when I rang Medicare that it was double dipping …* S: *No I don't think it's a big issue anymore … so the GP sends to the triage, the triage sends to this crowd and then they send you the referral and then away you go, so it works relatively well … I've managed it and it's been fine, it's made up half my client load … in this case you could just resort to it* P: *… maybe with clients in Emily's situation, I have to refer them on … because I'm not part of … this new system and I deliberately chose not to be, I mean I was part of it for a long time and I just found lots of problems with it … you had to conform to certain rules and regulations … they were very specific about what you could and couldn't do* S: *It's changed, the whole thing has changed*	The dilemma Penny faces – Emily might lose out on her therapy. Sybil works within the various administrative systems. Penny flags that she is in a different geographical area to Sybil which limits her knowledge. Penny had a difficult experience with these systems in the past. This makes it more difficult for her to take on board the knowledge Sybil offers, that things have changed. Penny is not convinced this will work for her, due to her knowledge based on prior experience. Sybil explains that Penny could work within the system, but it seems

[27] 'Access to Allied Psychological Services', a program whereby the Australian government funded the provision of short-term mental health services to individuals with mild to moderate mental health problems.

P: Yeah I mean I don't know that I really want to get back into it and I certainly don't want to be part of a consortium …	unlikely that Penny will take up Sybil's suggestions.
S: It's changed though I mean …	
P: But you still need to go through what was the ATAPS system …	They end up back where they started, with the dilemma of Emily's one remaining funded session.
S: No we didn't have anything like that in the north anyway …	
P: Yeah, but I just really don't want to be part of, part of that whole system, but anyway I'll think a bit more about it, I only have one session with her left.	

Penny is caught in a dilemma between the client's needs and her own need to remain untethered from administrative hassles. She and Sybil do not come up with a way for Penny to meet both sets of needs. There is no clear resolution and at this point in the session Penny shifts the frame to Emily's relationship problems, entering a different knowledge domain and foregrounding a different knowledge object.

A-6.4.3 Knowledge object

Although the client forms the basis for discussion in this session, her story is tangential to the focus on practice management. The session signals that the challenges posed by the knowledge object (Emily) that were grappled with in Session 1 remain unresolved, with Penny still puzzling over Emily's diagnosis. This constitutes a side issue to the central knowledge object, which is the dilemma of how to keep Emily's therapy going. The nature of this dilemma is different to one where the client or the work of therapy is the knowledge object, in that there might be a more definitive solution. Given this, the problem is dealt with less as an epistemic object (i.e. unfolding and indefinite) and more with a sense of 'there is an answer to this and we need to try different options until we find it'. Sybil believes that knowledge of available systems is key to the solution, while Penny prefers that the solution lie outside of these systems, hence the contestation described above[28]. The problem thus does not engage Penny and Sybil in the same kind of epistemic work that characterizes some of their other sessions.

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[28] Ultimately, as Penny reported in her interview, the solution was that Emily's parents agreed to keep funding her sessions.

PART B: PENNY AS SUPERVISOR

"I often look for themes to bring to supervision and one of the themes was I was struggling with a series of younger male clients" (Sybil, Interview 2)

B-6.4.1 Overview of session content

Sybil starts by reporting on Paula's (see Sessions 1B & 2B) considerable improvements. She moves on to discuss Aaron, a 19-year-old male using cocaine, steroids and alcohol. His risk-taking behaviour worries Sybil, who is unsure how to keep him safe. She contextualises this as part of a theme i.e. she has recently started seeing a number of young men who she is finding it difficult to work with. They discuss the implications and dangers of Aaron's situation and spend time discussing what might be going on for him. Penny offers suggestions, with a focus on risk management. By the end of the session Sybil is still concerned about Aaron, but has some ideas with which to move forward.

B-6.4.2 Epistemic frame

In her second interview, Sybil categorises Aaron as *"a fairly extreme example of young men that I was seeing"*. This categorisation signposts three distinctions - gender, age/developmental stage, and tricky clients. The categorisation sets the frame for the session, namely 'how to work with clients like this', illustrating how categorising influences the way we define and act on problems (Hopwood & Mäkitalo 2019). It is epistemically useful in that the potential exists for insights and actionable knowledge gained about Aaron to be generalised to others in the same category. During the session, Penny and Sybil move frequently between the particular and the general, with the category framing their discussion e.g. when Sybil states: *"he's scaring me, these youngsters are very scary boys, I don't know what to do exactly with him"*. An interplay emerges between the client and his category which is sustained as a thread throughout the session, foregrounding the age and gender components of the categorisation. For example, Sybil comments that Aaron lacks insight, to which Penny responds *"this is some of the issues with the young boys"*. Sybil chastises herself for asking Aaron about the future—*"it's very stupid to ask a 19-year-old boy who's this self-destructive, what does he see for himself in the future"*. The frame also helps structure possibilities for action—given Aaron's age and gender, Penny suggests using ACT[29] strategies rather than an insight-based approach. Using a category as a frame has the effect of pulling Sybil and Penny constantly between the particular case (Aaron) and the general instance, or category. This enables them to enact epistemic practices that use categories as a resource for opening up the knowledge object and

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[29] Acceptance and Commitment Therapy

developing actionable knowledge (see 6.7.2). The frame thus serves an epistemic purpose beyond simply describing or constraining the problem, highlighting how "categories are rich in cultural knowledge and work as sense-making resources and constraints" (Mäkitalo 2003, p.497).

B-6.4.3 Knowledge object

The use of categorisation as a frame creates a situation where Aaron becomes a puzzling knowledge object within a category of puzzling knowledge objects. The following extract follows a point in the session where Sybil has provided sufficient information about Aaron and Penny starts to take the lead. The knowledge presented lays the groundwork for the epistemic unfolding that then occurs, as they start to work with Aaron as an epistemic object:

> *I'm just thinking about, I want to know about his family, I want to know about his history around not being noticed, has he been emotionally abandoned? So is there some sort of corrective and repair work that has to be done around his relationship with his mother and father? Like with Paula, the ability to regulate his emotions and obviously he can't and he's using all these really interesting ways, dangerous ways to be able to regulate his emotions - the alcohol, the drugs, the steroids, the 'I'll just make myself look a certain way and then I'll be noticed,' so yeah I guess I'd want to unpack not being seen and what was it like not being noticed and how did he manage that? And I guess the anorexia, wow that's really interesting too, is that about control and about him trying to have some sort of control in his life?*

Here Penny thinks out loud, giving the impression that the knowledge object is an onion which she looks to peel layer by layer. Her engagement with Aaron as an epistemic object is striking, demonstrating how her desire to know more about the object draws her in. This illustrates Knorr Cetina's concepts of object-centred sociality and a structure of wanting (Jensen 2012). The latter suggests that experts find pleasure in the objects of their knowledge, rather than simply engaging with them as cognitive or work-related pursuits (Knorr Cetina 2001). Penny goes beyond her supervisory obligations, demonstrating a genuine curiosity about how Aaron's functioning has been shaped.

6.5 Session 4A and 4B: Elly and Patsy

PART A: SYBIL AS SUPERVISOR

> *"She was saying maybe there's a parallel process with her father and childhood, that was right on the money and really helped me to see the position I was in with that client"*
> *(Penny, Interview 2)*

A-6.5.1 Overview of session content

Penny relates the story of Elly, a woman in her 40s who is in a problematic relationship with a man who treats her badly. Penny finds it frustrating working with Elly, because she talks constantly and does not implement what is discussed in therapy. Sybil asks questions that open up the narrative, bringing Penny to the realisation that she has not interrogated Elly's past in the way she would normally do with a client, which would have helped her understand why Elly chose her unsuitable partner. She comes to see that she has wanted to avoid being "*sprayed*" with Elly's invective. Further relevant information about Elly's story emerges as they puzzle over her relationship, and Sybil makes suggestions for Penny's future work with Elly.

A-6.5.2 Epistemic frame

Penny starts the session by stating why she is bringing the case: "*if you've got any other great ideas as to how to work with her or perhaps to reassure me that what I am doing is OK*". By stating her needs upfront, Penny contributes to the conversation's frame, emphasising what knowledge she would like to foreground. In terms of Proctor's (2011) conceptualisation of the purposes of supervision, Penny's statement establishes both a formative frame (looking for ideas) and a restorative one (looking for reassurance). The problem thus becomes framed by why it is brought to supervision. The broader frame for the session is set by the familiar practice of supervision itself, which creates a frame for working with knowledge by exploring and expanding the particulars of a case. The assumed expectations of each member of the supervisory dyad contribute to this frame; for example each can expect the other to listen, ask questions and offer suggestions based on their response to the case (see 8.2.2).

A-6.5.3 Knowledge object

Penny and Sybil approach Elly and Penny's practice with Elly as epistemic objects, generating questions and inviting knowledge work. This leads them to consider what prevents Penny working more effectively with Elly, how Elly has been shaped, and what early relationships she may be replicating. This unfolding expansion is prompted by Sybil's questions (see 6.7.5), which lead to a consideration of what they do and do not know about Elly, destabilising Penny's understanding and triggering insights about

gaps in her knowledge. By acknowledging her part in what she does not know, Penny shifts the knowledge object between the client and her work with the client, with the two foci becoming entangled. Where Penny's practice with Elly is the knowledge object, she questions herself, recognising that she has worked differently with Elly than other clients. She realises that she has omitted to access an important psychological lens—the formative role of the family of origin—and opens up an understanding of why this is and how to access this in the future. Hence, the expansion of the knowledge objects and the way these function as epistemic object results in actionable knowledge for future practice. The objects thus unfold from stimulating stuckness and frustration, to becoming rich with possibilities.

PART B: PENNY AS SUPERVISOR

"This is the first time I've had anything legal that I've had to tackle … I'm still a little worried that I don't know what I don't know." (Sybil)

B-6.5.1 Overview of session content

Sybil presents Patsy, a married woman in her 30s who presents with severe depression and anxiety, along with troubled family relationships. She has been diagnosed with borderline personality disorder (BPD)[30]. As a young girl Patsy was sexually abused, and she is planning to take the case to court. She has asked Sybil to provide her solicitors with her therapy notes, which is causing Sybil some concern, leading her to ask Penny for reassurance "*that I was on the right track*". The session focuses on Patsy as a client as well as the legal issues that Sybil faces in working with her. They discuss the challenges posed by legal issues and Penny reassures Sybil that her notes are appropriately documented. They move on to discussing treatment ideas (exposure therapy, DBT and ACT) and exploring Patsy's presenting problems and symptoms in relation to possible diagnoses.

B-6.5.2 Epistemic frame

Initially, Sybil frames the session as supervisee-focused. She is looking for reassurance and to flesh out her concerns regarding dealing with Patsy's solicitors. This structures the early part of the session, but later gives way to a more client-focused conversation where the emphasis is on understanding Patsy. The knowledge object thus shifts as they move from a problem framed in terms of Sybil's practice to one framed by the question of what the client's issues are, how to categorise them, and where they stem from. Although they do not reach a position of clarity, the fact that Patsy is responding

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[30] BPD is a mental health condition characterised by poor emotional regulation and impulse control, instability in social relationships, feelings of insecurity and worthlessness and fears of abandonment.

to therapy suggests that this may not be essential to her treatment. Since it is the legal issues that led Sybil to bring the case, the client-focused frame does not seem to pose as pressing an epistemic need.

B-6.5.3 Knowledge object

Sybil wants her practice to constitute the knowledge object, which occurs initially when discussing legalities. However, Patsy and how to treat her also evolve as knowledge objects during the conversation. This is driven by Penny. The extract below highlights how Penny recontextualises knowledge of treatment methods and research to Patsy's case, and in so doing, opening up the knowledge object with a view towards possible action:

P: … so I guess setting up a bit of an exposure program	Having suggested that Sybil try exposure therapy, Penny requires specific knowledge about Patsy to advise Sybil.
S: So how would I go about doing - ideas please?	
P: Ok so what are the things in particular she's avoiding? …	
S: … she really has to provoke herself out of the house in the morning, so she often will find excuses not to go out, so it's a bit of gathering lots of courage before she leaves the house	
P: Ok so maybe it can be about helping her to get out of the house … I'm thinking about an article that I was reading about exposure therapy, they were saying it's better, it's more effective if you mix up the stages as opposed to starting really low anxiety level, moving through to really high stuff … it can be a bit more confronting, more flooding and stuff, but maybe you do some program around she goes out every single day and where she goes is probably going to be of relevance too cos it might be some places she's happy to go like within a hundred yards of the house down to the park, so I would sort of look into what is she avoiding? If she is avoiding something, is it just about leaving the house or are there some things like going to the supermarket, getting on the end of lines, going to the bank, walking down roads, what in particular is most distressing? Do that SUDS[31] thing where you get an anxiety rating for each of them … if she's only, just going to the shops is really hard for her so we might build that up so that the first day she walks to the shops, turns around and comes home, then the next day she walks to the shops, goes in, walks around, does a lap and goes home … slowly getting her to do more and more of what she's afraid of.	Penny develops ideas as she verbalises them. Her suggestions for Sybil are grounded epistemically in a combination of knowledge about Patsy, research and experience of practice.

Penny uses the client as a starting point, recontextualising various knowledge sources in relation to the knowledge object. This is driven by the supervisor's knowledge rather than the supervisee's, and results in expanding possibilities for action that are

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[31] Subjective Units of Distress Scale which measures the subjective intensity of distress felt by an individual.

grounded in relevant knowledge. Later in the session, the focus shifts from how to treat Patsy, to the client herself, as she takes on the function of an epistemic object through deliberation about her diagnosis (see 6.7.2).

6.6 Session 5A and 5B: Tina and Stan

PART A: SYBIL AS SUPERVISOR

"There's the trauma and then there's the bereavement" (Penny)

A-6.6.1 Overview of session content

Penny brings the case of Tina, a long-term client who recently lost her beloved dog. Penny is wondering whether she should refer Tina for bereavement therapy, since this is not one of her areas of expertise. This is a common professional dilemma faced by psychologists who may feel out of their depth treating certain issues, and speaks to the ethics of seeing a client when one does not feel well qualified to assist her. Tina's dog served as an obstacle to Tina achieving connections with people since *"there wasn't really room for anyone else".* The circumstances of its death were traumatic, which is complicating Tina's grief. Penny is struggling to differentiate between working with grief and working with trauma. Sybil suggests a different perspective, focusing on what Tina has learned from her relationship with her dog and how she can carry that into future relationships with people. Penny takes this on board, referring to it as *"that really lovely reframing that Sybil did"* (Interview 2). She decides not to refer Tina to another professional.

A-6.6.2 Epistemic frame

Epistemic frames shape the way in which problems are defined and in this case there is some confusion for Penny as to whether she is dealing with an issue of grief, trauma or both. Initially she frames the issue as *"how to work with someone with grief therapy, who's experiencing a bereavement"*, but this develops as Penny relates the story of the dog's traumatic death. Regardless of how she conceptualises the problem, Penny is looking to refer Tina, and Sybil challenges this:

> P: *So one question is should I just refer her off to a bereavement centre? … I guess that the work with Tina is around dealing with the trauma, so EMDR[32] actually might be good for that one*
>
> S: *Well why, what's your thought process around about moving her off or referring her?*
>
> P: *Well I just, if it's specifically looking at bereavement counselling, maybe she would be better placed to go to people who specialise in bereavement counselling, but*

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[32] Eye movement desensitisation and reprocessing, a psychotherapeutic technique for working with clients who have experienced trauma.

putting that aside for the moment, if we talk about what I'm thinking of doing and then you can tell me what you think, if I'm on track. So I guess what I do in those situations, there's the trauma and then there's the bereavement, we put the trauma aside for a second and talk about the bereavement, we'll probably have to deal with the trauma first …

Sybil's question above elicits Penny's uncertainty about how to proceed, partly because the frame has not yet taken shape—she has not identified what kind of problem they are dealing with. This lack of clarity persists as Sybil makes suggestions for action, and Penny categorises these as relating to either grief or trauma:

> S: *And then get her to plant something … that she'll remember him, that will grow into something beautiful …*
> P: *So you're thinking that's one of the things to help with the grief?*
> S: *Or memorialise it somehow with a little statue or a little bench …*
> P: *So in terms of the grief, that sounds like a great idea and I will talk with her about that, so I will leave the trauma then and go to the grief.*

Sybil does not follow Penny's lead of differentiating between grief or trauma work, instead seeking relevant knowledge through questioning, and then making suggestions. Further, she offers a fresh idea which makes the differentiation irrelevant and brings Penny to a new way of thinking (see 6.7.3 below). As the session proceeds, the frame takes shape around the question of how to treat Tina rather than defining Tina's problem.

A-6.6.3 Knowledge object

The focus of knowledge work in this session is the optimal way to treat Tina, both ethically and therapeutically. Penny presents the relevant knowledge, which is followed by an opening up of the object through examining options for working with Tina. Minimal grappling with the knowledge object takes place. Instead, Sybil comes up with a useful idea early in the session which resonates with Penny and paves the way for action (see 6.7.3). It leads Penny to change her mind about her proposed plan of action, as with Session 2, highlighting the consequential nature of knowledge work in its ability to shift Penny's perspective.

PART B: PENNY AS SUPERVISOR

"So it wasn't just my little practice system that was being impacted, it was broader … there was an extra layer of ethical checking and protection for me" (Sybil, Interview 2)

B-6.6.1 Overview of session content

This session centres on Stan, a 71-year-old Vietnam war veteran. Stan's inheritance is administered by an organisation who will not give him access to his money as they believe he is impaired due to a suspected brain injury. Until recently, Sybil believed him to be coping well with his day-to-day finances, but after he fell victim to a scam, she worked with him to keep his finances safe. As a result, Stan consented to a friend signing a Power of Attorney to assist him in managing his finances. Sybil relates the complicated story of what has happened and the various parties she has liaised with (Stan's friend, solicitor, geriatrician and neuropsychologist), reiterating that the professionals involved are in agreement about the case and that it is "*not all on my shoulders*". Nonetheless, she wants to discuss Stan in supervision in case any future difficulties arise:

> I know my way around capacity a little bit but this is just really a bit new territory for me and so I just thought I would put it out there just to have it clear that I've actually talked it through in supervision, also to cover me … just to say this is what I've done, this is the backup I've got.

Penny appears taken aback by the story, acknowledging that she is uninformed about this area of work. She affirms Sybil for going "*above and beyond the call of duty*", but also seems anxious that Sybil may have overstepped. She problematises, putting Sybil in a position where she needs to explain and justify her decisions. At the end of the conversation, Penny apologises for making Sybil anxious - "*if I understood the system better it might make more sense to me … I just would be really careful with that stuff*". She recognises that she has not been able to provide Sybil with the reassurance she seeks.

B-6.6.2 Epistemic frame

This case relates to the ethical and legal aspects of practice, highlighting how professionals can be called on to involve themselves in life-changing decisions for clients, with legal ramifications. This problem of professional practice sets the frame for the session. Sybil is navigating waters that are anxiety-provoking for most psychologists. She is worried about being called to account regarding her work with Stan and wants to make sure that both she and her client are protected. Because this is a peer supervision situation, Penny does not see herself as having either authority or responsibility with regard to Sybil's work. She explains in her second interview that she perceived herself as a "*fish out of water*", and suggests that Stan's case would have

been better discussed with a *"professional supervisor"* (i.e. a more formal arrangement involving a senior colleague). Thus, the framing of the problem as legal and ethical within a context of insufficient knowledge and potentially problematic future consequences gives rise to emotions that complicate and overlay the knowledge work. Sybil referred to this in her interview, explaining that *"in some ways the supervision is not all sort of softness and holding, it can be quite destabilising and it takes a fair bit of courage sometimes I think to tackle"*.

B-6.6.3 Knowledge object

The session is less about Stan than it is about Sybil, who is looking for reassurance and to cover herself should anything go wrong. Her management of Stan's case becomes the focus/knowledge object of the session although minimal opening up of the knowledge object occurs. Rather, Sybil spends most of the time outlining the story of what has happened and explaining her decisions and actions. This situates her within a space of reasons (Guile 2011; Hopwood & Mäkitalo 2019) whereby she needs to explain her thinking and justify her professional judgements. Working together in this space of reasons requires Sybil to recontextualise her knowledge about Stan to make it accessible to Penny, as well as to formulate and articulate her professional reasoning. Penny positions Sybil as embodying a claim to knowledge, which Sybil is called upon to support. The session becomes an epistemic negotiation (Hopwood & Mäkitalo 2019). Because the situation is complex, their time is short, and Penny has little knowledge of the area, Sybil predominantly relates the narrative and conveys knowledge rather than them grappling or engaging in collaborative epistemic work. Thus, her work with Stan does not function as an epistemic object. Rather than looking to unfold the object, Sybil wants a sense of closure and finality, with the certainty that she has acted appropriately and is unlikely to face future problems. No epistemic practices emerge as predominant in the session, which is indicative of the lack of epistemic engagement and the absence of an epistemic object.

6.7 Pair 2 Sessions 1-5: Key epistemic practices

This section outlines the epistemic practices that emerge as key to Pair 2's joint knowledge work. Some of these are recognisable from Pair 1, although two additional practices characterised Pair 2's sessions, namely story-telling and asking expansive questions.

6.7.1 Recontextualising knowledge from experience of practice to the case/issue

Like Pair 1, Pair 2 draw on their experience of practice to recontextualise knowledge, although they do not demonstrate as many types of recontextualisation as Pair 1. The examples below of recontextualisation of practice knowledge cannot easily be teased out from other epistemic practices such as recontextualising theoretical knowledge (see 6.7.2), because of how knowledge sources are integrated to reach interpretations and conclusions. Epistemic practices are enacted simultaneously, within the broader framework of what it means to practice psychology and what the practice of supervision entails. This will be explored further in chapter 8. The forms of recontextualisation engaged in by Pair 2 are described below.

a) Recontextualising knowledge of competent/'ideal' practice

Session 2 involves perceived boundary transgressions for both Penny and Sybil. As such, they continuously reference what 'should' happen as a means of resourcing what *has* happened with clients Kath and Paula. Penny understands her behaviour with Kath as the outcome of approximating a friend-like relationship, thus transgressing a professional boundary that contrasts with her usual professional behaviour. Professional norms and ethics act as a reference point applied to the situation with Kath. When Sybil is the supervisee, she questions her motivation in responding to Paula's attempt to terminate therapy by seeking contact with her, wondering whether she wants to keep Paula as a client because she likes her or because she is genuinely worried about her. Penny responds to this by recontextualising knowledge about how psychologists practice ethically with suicidal clients. Given Paula's statement of "*I can't see you anymore*", Penny points out that "*we're watching out for those kind of statements with people who are potentially suicidal"*. 'We' connotes a broader professional sensibility, reinforcing that Sybil acted appropriately. This normalises Sybil's behaviour and situates it within the realm of cautious, competent practice, rather than seeing it as indicative of an ethical transgression.

In Session 2B, there is discussion about how therapist self-disclosure can be used positively with clients, rather than being unethical. This discussion recontextualises

practice-based and theoretical knowledge (see 6.7.2) to enrich Sybil's understanding of competent practice, as follows:

> P: *So you're using self-disclosure to help validate what's going on for Paula … it obviously doesn't become about you, I mean what happens when you disclose it?*
> S: *No, it's just been fantastically empowering for her …*
> P: *So it was really effective … it's really hard to know when to disclose and when not to disclose and sometimes it can cause mayhem, but other times it can be so healing and corrective … I was reading a little bit of research in terms of some stuff I was doing … people's experiences of therapists' self-disclosure is mixed … it depends on the therapist, it depends on the client.*

This exchange leads Sybil to contemplate an ex-colleague who disclosed too much to clients (recontextualising knowledge about past practice experience), which helps to shift her perspective away from thinking she has erred with Paula.

b) Recontextualising knowledge about specific clients

The recontextualisation of knowledge about specific clients is commonly used by Pair 2, moving between the particular and the particular, rather than the particular and the general. For example, in Session 1B Penny references a client with OCD[33], using what she knows about her own client to open up their understanding of Paula. She speculates about what Paula's life with her husband might be like, given what she has learned from her client about living with an anxiety-disordered partner:

> *I have a male client who has quite severe OCD and he brings his wife into his obsessions, and she has to, you know, for example, wind the window up when they're driving in case fumes come in cos he doesn't want to get brain damage … and he then worries about her - 'you're out in the sun and you don't have block-out on, you've got to go back in and get block-out on, go back now, you've got to do it, you haven't put enough on …', so she [Paula] becomes part of his obsessions, and that's what it sounds like, like she has very much become part of his obsessions.*

In Session 3B, when discussing Aaron, Sybil refers to a client of hers who abused steroids and died young as a result, which helps explain why she is so concerned about Aaron. In Session 4A, Sybil twice refers to clients of her own to resource knowledge about Elly, Penny's client. Together they mine these examples for epistemic gems that they can recontextualise to Elly's case.

c) Recontextualising knowledge about the supervisor's practice

Pair 2 regularly refer to their own practice as a source of knowledge for one another's cases/issues. For example, in Session 1A, Sybil draws on her experience of working

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[33] Obsessive-compulsive disorder

with brain injured clients to come up with ideas to help Penny treat Emily, recontextualising these to Emily's situation and arguing that they could be useful whether or not Emily has a brain injury. In addition, in Session 1B, Penny draws on her experience to suggest that Sybil try a particular approach (body work) with Paula, that she finds helpful with her own clients. In Session 2B, Penny discusses how she handles self-disclosure in her own practice to resource their conversation about Paula. Session 3A is characterised by Sybil sharing her experience of how she works with administrative and government systems. In Session 4B, in discussing the legal aspects of Patsy's case (Sybil's client), Penny refers to an instance from her practice where she refused to comply with a request to provide her notes to solicitors. These examples involve knowledge work in moving relevant knowledge from one context to another, in so doing transforming it to make it relevant to the situation under discussion.

6.7.2 Recontextualising theoretical knowledge to the case/issue

a) Recontextualising knowledge of psychological theory

Using theory to explore cases/issues occurs regularly in Pair 2's sessions, with different theoretical orientations being brought to bear. The use of a variety of theoretical resources enhances creative practice for Pair 2, reflective of Eraut's claim that "the interpretative use of an idea in a new context is itself a minor act of knowledge creation" (1985, p.130). Pair 2 continuously develop new knowledge using psychological literature, commingling theory and practice (Guile 2014) as sessions unfold.

In Session 1B, Penny and Sybil theorise about Paula's situation by drawing on theoretical knowledge resources that include authors, theories, research and their general psychological understanding of human behaviour. Their theoretical exploration occurs in the context of eliciting ideas for Sybil's work with Paula. The extract below shows how they move through these resources, recontextualising to build knowledge about Paula's case:

P: Where the hell do you start? There's this big shame thing going on, and of course there would be, based on the experiences of trauma … maybe rather than going straight for the shame I wonder if you could do some body work if there has been sexual abuse … to get her better connected in with her body … using her body as a way of assisting her to regulate her emotions … Peter Levine is the name of the guy … I've used it quite a few times myself and he's got, and I'm happy to lend it to you, a CD that's about, I think it's called sexual healing and it's specifically for people that have had some sort of sexual abuse … [goes on to outline some of Peter Levine's strategies] … so it's sort of helping them to be able to tolerate the anxiety or the shame … because often you know with sexual assault their body is nowhere to	Theory: body work

Knowledge resource: Peter Levine |

be seen, she's got issues around her body, around eating and image and bulimia and stuff like that, so I guess trying to help regulate emotions but also trying to get her more coherent … we know that with sexual assault, we've got to be doing the work with body, but with trauma we've got to be doing work with the body …	Theory: impact of sexual assault Theory: treating trauma
S: *… I do a lot of that exploring and that sort of DBT-type chain analysis work, just to try and understand how these thoughts are playing out and that she can also start separating herself from needing to get completely enmeshed with these thoughts*	Theory: DBT
P: *That's exactly what I'm talking about, so I guess what I'm suggesting is that it might be a good idea to just start doing some gentle things, to not necessarily go straight for the shame, I mean we could go for the trauma and just sort of get a better understanding of what happened, but we do need to be careful we don't, not so much trigger response but for her to be retraumatised by it*	Theory: treating trauma
S: *This is the whole thing, I'm always very careful never to go into the detail of the trauma, cos, like that lovely lady, um, Janina says*	Knowledge resource: Janina Fisher
P: *Janina Fisher*	
S: *Janina Fisher says you're just like … engraving the trauma deeper and deeper every time.*	

In amongst her suggestions, Penny weaves in the information that Sybil has provided about Paula's symptom presentation. She integrates aspects of what is known ("*we know that*"), referencing a wider knowledge collective. Penny activates knowledge sources and resources to recontextualise theory to what is happening for Paula, including anticipating what might happen if the work proves too distressing for Paula. With this is mind, they move on to agree that Paula's husband's controlling behaviour is resulting in her being "retraumatised", hypothesising that she was physically violated as a child and is now being mentally violated by her husband. In these instances, theoretical recontextualisation involves interpreting Paula's husband's behaviour and, given what they know about her, how Sybil might help her to cope with this. Based on their shared understanding, Penny makes suggestions e.g. educating Paula about how efforts to control can serve as an antidote to anxiety, illustrating how the recontextualised knowledge has implications for action.

In Session 5A, Penny uses the language of Elizabeth Kübler-Ross's stages of grief[34] as a means to theorise about Tina's situation - "*I know the five stages of grief but I think it's just really allowing her to be talking through what he* [her dog] *meant to her".* Although she has a theoretical framework to guide her work with Tina, she questions

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[34] Kübler-Ross's theory on bereavement hypothesises that grieving individuals go through the following stages as they mourn: denial, anger, bargaining, depression and acceptance.

her capacity to do this. Sybil offers an alternative, contesting the utility of Penny's chosen theory:

> S: ... *rather than that sort of stage theory of grief, was more the wave theory of grief where you know it feels like a tsunami initially and you feel like you're drowning, but the waves become further apart and less intense in their height if you want, and so eventually they start to, they pop up every now and again, you're hit by a little wave but it gets, they get smaller and smaller until they sort of lap around your ankles and you just know that they're there, but you cope much better, whereas initially you just feel like you're drowning, I like that one better than the stage*
>
> P: *Yeah, the stages, look it is the thing too with the different stages, you just work with whatever comes up, so if there are different emotions that come up and if you know, there's denial ... so you know you deal with that stuff, but yeah I think that's a really nice way of looking at it, and sometimes she can escape it but then gets hit by it again, hmmm.*

Penny is polite about Sybil's idea but does not take ownership of it, providing an example where recontextualising theory may not necessarily lead to a successful resourcing of the supervision conversation. Penny does not seem satisfied with her theoretical reference point, but neither does she embrace the one offered by Sybil. In this session, reframing (see 6.7.3) offers a more powerful epistemic option than that provided by theory. This exemplifies how knowledge can be invitational, offered as a potential resource but not necessarily taken up as such. A successful supervision relationship creates a collaborative context where such knowledge can be rejected without negative relational consequences.

b) Recontextualising diagnostic knowledge - theoretical categorisation

Sybil and Penny engage in categorisation, comparing specific clients to categories of clients, and in so doing, recontextualising knowledge of diagnosis and activating categories that key them in to particular kinds of knowing (Mäkitalo 2003). Categorical recontextualisation creates epistemic movement between the particular and the general, zooming in on the client and zooming out to the category. The centrality of diagnosis to this recontextualisation process reflects its pervasiveness in the epistemic culture of psychology (Knorr Cetina 1999).

In Session 1A, the exploration of a possible diagnosis for Emily starts with Penny implying that Emily has anxiety - "*her anxiety actually stops her from being the kind of person ... that she actually wants to be*". Sybil interrupts to raise other possibilities associated with categories: "*Are we talking about some sort of brain injury? ... Was there something that went on at birth? Or some kind of attachment issues?*" They problematise Emily, grappling with where she fits by comparing her to various

diagnostic categories, looking for evidence that might assist in categorisation. The table below summarises this recontextualisation process:

Table 14: Comparing Emily to diagnostic categories

Possible diagnosis[35]	Relevant evidence	Conclusions
Brain injury	• Erratic behaviour, unreliable, disorganised, poor impulse control - "*it sounds like she's using other people for her frontal lobes … asking them to do the problem-solving for her*" (Sybil)	Penny does not believe Emily has a brain injury - she finds her "*quite smart*", with adequate memory.
Anxiety	• Feels helpless, powerless • Worries about her health • Lets people down because she feels unwell • OCD traits	"*her issues with not getting to places on time is not because she can't, it's because she has such huge anxiety and health anxiety and phobias that stop her from doing that*" (Penny, Interview 1)
Attachment issues	• Enmeshed with her mother • Uninvolved father • "*what she experiences is constant abandonment*" (Penny) • "*I think she has anxious attachment*" (Penny)	"*There may well be attachment issues*" (Penny), but more information is needed
Borderline personality disorder	• Constant relationship schisms with parents, siblings, flatmates • Abandonment issues • Problems with emotion regulation • Difficulties with boundaries	Might be relevant
Asperger's disorder	• Poor executive functioning i.e. planning, organisation, attention	Not Asperger's - "*She's very much in touch with her feelings*" (Penny)
Eating disorder	• Emily's mother mentioned this	Insufficient knowledge - eating issues might be related to health anxiety

The table demonstrates the epistemic value of categorical recontextualisation as a means of approaching the knowledge object as an epistemic object, through trying to making sense of and simultaneously expanding it. Clarity regarding diagnostic classification could then help guide Emily's treatment.

Theoretical recontextualisation that activates diagnostic categories also occurs in Session 4B when Penny and Sybil puzzle over Patsy's diagnosis (diagnoses/diagnostic indicators are in bold):

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[35] These are loosely defined diagnostic categories that do not necessarily match the language of the DSM-V. I have tried to stay true to the meaning shared by the research participants, rather than introduce 'corrrect' diagnostic terminology. For example, the Asperger's disorder diagnosis does not appear in the DSM-V and 'attachment issues' is not a diagnosis.

> P   … if she's on lamotrigine[36], I mean there's just something there about a bit of a **paranoid** sort of-
>
> S: There's a bit of **dissociation** that goes on … I haven't got a handle on exactly how much or when …
>
> P: As a result of the **trauma** yeah, I mean it just seems like the way she evaluates and assesses a situation and of course with **anxiety** everybody does it, with dread … but there's just something about her that's a bit on the unrealistic kind of pushing towards the end of the spectrum, you know a bit more, not delusional
>
> S: Heading towards a little bit of **psychosis** I mean I-
>
> P: Yeah, yeah I didn't want to use that word-
>
> S: It's definitely rearing in that direction, and the way she's being treated suggests that that is, her response to the drugs is so good to these anti-anx-, antipsychotic drugs … she's been on them for a while and … they keep her functioning pretty well which makes me think that there is some sort of **psychosis-type, schizo-something** going on there, but she's very high functioning, extremely insightful, very bright, very kind, very nice person, and she's warm and she's friendly and she's just a delight you know she's, but she's, … there's something going on in the brain that is not kind of just **anxiety**, …
>
> P: Yeah sometimes it just takes quite a while until we start to figure it out, particularly when they don't present classic, like you know she does not present classic **borderline personality**
>
> S: No, not at all
>
> P: She presents more **bipolar type 2** or something with a few little psychotic stuff happening
>
> S: She doesn't have **mania** at all

Here Pair 2 use diagnostic classifications to grapple with what is happening with Patsy, drawing on their theoretical knowledge of pathology and medication to puzzle out where she fits, transforming Patsy into an epistemic object and a source of complexity.

6.7.3 Reframing

Pair 2 use reframing in two of their sessions. Firstly, in Session 2B when Sybil (the supervisee) expresses anxiety about her interactions with Paula, Penny reframes Sybil's responses as psychological strategies rather than boundary violations or errors of judgement. She suggests that Sybil is making use of self-disclosure, a recognised psychological technique "*to help validate what's going on for Paula*" (see a) above). She provides input on self-disclosure, referring to what she does in her own practice as well as research, thus commingling practice and theory. The issue becomes an opportunity to take a wider look at practice with Paula's case serving as a springboard to consider an ethical issue and provide an opportunity for learning. Hence, the knowledge about Paula becomes entangled with broader knowledge issues that psychologists face.

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[36] Anti-psychotic medication

Later, Penny reframes another supposedly problematic behaviour as 'joining', also a therapeutic technique:

> S: I've said to her often, 'I think you must just come to my house and help me with the weeding, any time you need some therapy in the garden come and do some weeding' [laughs]
> P: And you're joking
> S: [laughs] I am joking …
> P: And look well I think that stuff's ok too, like just the little bits of conversation you have, like joining conversation or ending conversation … I think that's about joining and about connecting and developing the therapeutic relationship. I mean if the counselling session's all about your weeding, obviously that's an issue.

Through reframing, Penny suggests that Sybil is not talking about herself for her own gratification, but is employing well-recognised strategies that serve psychotherapeutic ends. By reframing what Sybil reports using the concepts of Psychology, she minimises Sybil's self-blame, locating her behaviour within an appropriate knowledge context. Sybil's approach thus becomes a purposeful strategy rather than a mistake requiring confession. This builds Sybil's confidence, positively impacting her practice:

> what was absolutely amazing for me in the session … was that reassurance from Penny that what I was doing was perfectly normal and acceptable … she's [Paula] the one who at the moment needs the most care like intensive care, really, and I felt I was able to give it to her and that she was doing really well as a result of this relationship that I was building with her, but I was very concerned that it was going to be stepping out of the bounds … but I was very reassured by Penny … I think it also spilled out into the rest of my work as well because I sort of started to trust, I like to call it professional instinct but rather sort of gut, trust myself to do the work in the way that I thought I needed to do without sort of second guessing myself so much (Sybil, Interview 1).

Another example of reframing emerges in Session 5A when Sybil conceptualises Tina's case differently to Penny. She is unwilling to label Tina's situation as either trauma or bereavement and offers a different perspective that asks: 'what has Tina learned from her dog?'. The relevant extract follows:

> P: … what are your thoughts?
> S: My sense is that there's, there's probably a lot of life lessons she's learned from this relationship with this dog, be interested to know what they are, what has she learnt about love and about connection-
> P: That's lovely!
> S: -about relationship and about trust and about reliability and about faithfulness and about all that nice fluffy stuff? … stuff that I'm sure she didn't have as a young person and that's just been embodied in this dog
> P: Hmm, a good point
> S: … she can move forward into something more … develop a human relationship potentially that would be where she could use those skills … it's all very well sort of dealing with the past issues but she's going forward into something maybe more whole and healed as a result of this dog

> P: So a really lovely reframe
> S: This is the beginning of something potentially wonderful … and while she'll miss him terribly there might be somebody out there who can do the same stuff for her maybe …

This reframe opens up possibilities for action that had not occurred to Penny, given her focus on how psychologists 'should' deal with bereavement. As a result, she decides to keep working with Tina, using Sybil's reframe to guide therapy. Hence their joint epistemic work has resulted in a creative springboard for action, built on the reframing of knowledge.

6.7.4 Wondering

In Session 4, Penny wonders out loud, using tentative language (see bold text), as she muses about Elly:

P: Yeah **I think** that the challenge will be as I'm trying to do that, she will keep wanting to come back to the present, about her boss, about a friend who's betraying her, about her boyfriend doing something, so it's going to be holding her and **I guess maybe** this is the other thing … **so maybe it's about** holding her more and more in this different place, exploring her childhood, exploring the child in her, but be ready for her to fly off and try to gently pull it back, but not fight her, because she's very combative … so knowing where I'm trying to go, which is focusing more on her, to try to understand why the hell are you so self-focused…	Penny talks as much to herself as to Sybil, letting ideas unfold
S: Maybe to step out of the arena …	
P: Yeah, yeah **and I guess just thinking** too about what might stop her, why might she not want to go there? Not necessarily a conscious thing … So then there's that stuff again about not being good enough …	
S: But if you talk about great-granny coming from Scotland and stuff like that, that's really not threatening	
P: No I'll absolutely start that way but I guess there's a reason why she, I mean, there's my stuff about why I haven't pursued that, but there's also her stuff about why she doesn't go there … **so I wonder** if it's just her and if there is that narcissism there then that's potentially about a poor sense of self and who she is and perhaps thinking that she's very negative, not good enough or unlikeable or something like that … **so I guess** just also keeping that in my mind … she's well defended for a reason …	Penny is trying to make sense of Elly's behaviour
S: So that's what you want to understand, what's going on? Was there some sort of trauma? Do you know if there's anything?	
P: I don't know**, I don't think** there's been any sexual abuse or violence at home or any alcoholism**, I don't think** there's been anything like that. So anyway I think that's good suggestions … just recognising that I don't want to be sort of sprayed upon like she does spray everyone else … but knowing that, that's ok, I can take a deep breath and just gingerly and really carefully and respectfully slowly try to go in.	Penny summarises the action she plans to take

The wondering, and Penny's verbalisation of this, serves to help Penny order her thoughts, sifting through them to let ideas emerge about what she might do differently, ultimately committing herself to action. Again, it provides evidence of how joint epistemic engagement promotes actionable knowledge.

In Session 3B, Penny uses wondering to engage with Aaron as an epistemic object, which prompts her questioning (see B-6.4.3). There is an open and playful quality to these imaginings, yet they are grounded in psychological understanding and experience. This is indicative in how they are linked to theory that is relevant to understanding Aaron e.g. family relationships, the role of substances and pathology (anorexia). Wondering is combined with recontextualisation of theory, demonstrating the interconnectedness of epistemic practices and ensuring the suggestions that flow from wondering are grounded in theoretical and experiential knowledge. An extract from the conversation about Aaron's steroid use and prior anorexia demonstrates how actionable knowledge emerges:

> S: … with anorexia it's a reversion to a childlike state, it's to shrink yourself … to become very tiny and little and vulnerable and so that people will look after them and then so that wasn't working obviously, didn't solve the emotional need, and so he thought well I'll go to the other extreme
> P: And make myself big
> S: Which is to become so big that no one can harm me …
> P: That's what I would explore, ok, 'so when you were anorexic, you didn't want anyone to notice you, what would happen if they did notice you, what was kind of going on?' I can only imagine there's criticism, judgement and shame that's kind of underneath some of this stuff for him … shrinking himself, I'd want to understand that and then now he wants to bulk himself up so that he can be seen, that's kind of interesting too so I'd want to unpack some of that stuff around that.

It is thus evident that wondering is more than an intellectual exercise in that it provokes concrete ideas for action. The extract illustrates the interwoven nature of epistemic practices in psychologists' collaborative knowledge work in supervision, simultaneously expanding the knowledge object while making knowledge actionable (see 8.4).

6.7.5 Story-telling

The narration and elaboration of the story of what has transpired for the client and the supervisee emerges as a key practice in Pair 2's knowledge work. Story-telling acts epistemically in laying the informational groundwork for collaborative knowledge development. Pair 2 only have half an hour each to present a client and gain something productive from supervision. The need to convey a substantial amount of information in a short space of time takes skill and relies on adept epistemic decision-making. The supervisee constantly makes choices about what to report, selecting relevant knowledge that might productively resource the supervisor's responses.

Hopwood describes handovers in nursing as "narrative artefacts" that mediate professionals' epistemic work and guide the way forward (2017a, p.122). Narrative also plays a major role in supervision, wherein the telling of the story prefigures the knowledge that is shared, actively shaping the epistemic work that unfolds in the session. Objective aspects of the narrative are interwoven with psychological interpretation, supporting Berkenkotter & Ravotas's claim (1997) (in studying therapists' notes) that the way clients describe their situation becomes translated into psychological language, with knowledge becoming transformed as it moves further from the first person account. The same might be true of verbal accounts in supervision, given that the client is not present. Hence the story must be skilfully told to mitigate against the potential loss of richness and context that can result from a secondhand account (Berkenkotter & Ravotas 1997). Further, although supervisees tell the story, supervisors re-author or reshape the narrative through their responses, emphasising the two-way, interactional nature of supervisory communication (Luke & Gordon 2012).

In Session 1B, Sybil tells the story of Paula, providing a substantial amount of information and elaborating using examples. The process of story-telling can bring insights simply through verbalisation, without direct input from the supervisor. An example of this occurs as Sybil tells Paula's story:

> *She's just started taking some anti-depressants and that actually could be why she's feeling better now that I think about it, last week, but I mean I don't think they'd have that much quick effect, but quite possibly, quite possibly there's something going on, that's, ah I didn't think about that actually.*

The knowledge that the supervisee selects in telling the story impacts the framing of the problem, as is evident when Sybil elaborates with an example in this extract from Session 1B:

P: …*I'm also concerned about the DV and I just wonder about, so I think your, her soothing him, that sounds like a good idea*	Penny raises the DV frame.
S: *No, it's more of a kind of saying to him 'I'm ok, I've got this, I can manage' … so several days before they go out for dinner, first he says 'where we going?', and then he says he wants to go to Icebergs and she says 'no I don't, I want to go to that same little place we went the last time which I survived, which was great', and then he says 'ok we can go there', and then he starts days before saying 'what are you going to eat?', and he prints the menus and he gives her the menus and says 'now you decide what you going to eat', and then he nags her about it until she tells him what she's going to eat and then she's so anxious and so worked up by the time she gets there and she's texting me saying 'I can't bear the thought of going at all'*	This prompts Sybil to elaborate by providing an example of Paula's husband's behaviour. Sybil may think that she has not provided a sufficiently full narrative for Penny to be able to accurately assess whether this constitutes DV or not.
P: *… if she tells him this is what I am going to eat, does he not like it? Or does he say 'no you've got to eat this', or what does he?*	
S: *I think he will have some issues deciding what she might or might not eat and then he'll have to order for her, so we talked about her being able to go to the restaurant, to say to him, 'look I'll be fine to manage my own ordering when I get there … you don't have to worry about it' … not so much her placating him, but sort of finding a way to be able to say 'look I'm ok'…*	The example works towards them being able to flesh out together the kind of situation they are dealing with and what might work for Paula.

The example Sybil provides above leads into a fruitful discussion about the mental health issues of Paula's husband. Sybil offers relevant information about this and the conversation is peppered with mini-narratives about the client's life, all of which contribute to a growing understanding of the situation, which in turn lays the groundwork for possible action. This provides a sense of how story-telling as an epistemic practice contributes to developing actionable knowledge.

Another example of story-telling occurs in session 2A, with the early part of the session dominated by Penny narrating what has happened with Kath while Sybil responds minimally, letting the narrative unfold. Although Sybil has no access to knowledge about Kath beyond what Penny tells her, she does have an idea of how Penny usually works with clients, which informs how she listens. This is apparent in her brief statements designed to reflect what she hears and discourage Penny from being too hard on herself. For example, she normalises Penny's frankness by commenting that, "*I suppose you feel like you know her really well, you've had a ten-year relationship … you kind of feel you can let your guard down …*". Although Penny's story-telling influences Sybil's perspectives, the fact that this knowledge is entirely new to Sybil frees her up to see the situation differently, without the preconceptions that Penny holds after years of working with Kath. One of the benefits of supervision is that not knowing the client can provide one with insights that may be less available to someone closer to them.

Thus, Sybil both shapes and is shaped by the knowledge that they work with over the course of the session.

6.7.6 Asking expansive questions

The questions asked in supervision work to elicit stories about problems and possible solutions (Ungar 2006); hence asking questions is intertwined with story-telling. An open question is one where the answer requires more than a single word or short phrase in response. In supervision, open questions are commonly used to encourage the supervisee to elaborate, explain and/or reflect, with numerous examples of these occurring in the data. Session 2A illustrates that certain open questions do more than this, in actively encouraging the expansion of the knowledge object. Sybil as supervisor asks a series of open questions that become key to how the object (Penny's practice with Kath) unfolds. By leading Penny down particular avenues, they elicit information needed by Sybil in order for her to respond further, ultimately working towards Penny attaining a different perspective on her situation.

The first question occurs once Penny has related the initial story of her perceived mistake with Kath, when Sybil asks: "*what was her response*?". This raises the possibility that things may not be as dire as Penny implies, since she concedes that Kath *"was very gracious"*. The second question follows Penny's characterisation of the incident with Kath as a *"rupture"*. Sybil directly contests this (*"doesn't sound like it's a rupture at all"*) and asks: "*what's going on for you around it*?" She is looking to open up the discrepancy between Penny's self-blame and an alternative, more realistic appraisal. In referring to Penny's desire to address the issue with Kath, Sybil asks: "*what do you think is going to be the outcome of this interaction*?". This gets Penny talking about "*what I'm hoping to achieve …*". The last key question involves Sybil asking for evidence that the relationship has been damaged. This prompts Penny to draw on her knowledge of Kath, shifting her into thinking about Kath's contribution to what has transpired:

> *I wonder Sybil if it's worth thinking about, and talking with Kath about, like the whole asking my opinion, I mean what is that about? … does that mean that she doesn't then have to do the work around it, and is she a bit scared to do the work around it? And look I know she is, and it takes her a while to process stuff too, so often we start something and she has to go away and think and feel it a bit more and then come back, and then, if you're asking someone's opinion of course it's going to be more jolting and bang, as opposed to her seeing and discovering that herself, so am I buying into, and it sounds like I'm justifying, but do I just need to sort of … you know rather than sitting on top of the mountain and 'well, my opinion is and this is what's happening' to sort of pull myself back down and not answer those questions?*

The open questions prompt Penny to think out loud, talking to herself as much as to Sybil. Thinking aloud in the presence of the supervisor offers something qualitatively different to thinking alone, enabling Penny to tolerate the uncertainty of not knowing exactly how to proceed. Yet through this process, a sense of clarity starts to emerge, developing during the session. This illustrates the role that careful interjection of questions can have in facilitating the unfolding of the story, making this a two-way process, rather than something relying only on the supervisee. Even though the supervisee holds the knowledge about the client, she needs to convey it in a way that allows the supervisor to ask pertinent questions that elicit possibilities for expansion, demonstrating the interconnectedness between the epistemic practices of story-telling and asking expansive questions, as well as the collaborative nature of supervision practice.

Another instance occurs in Session 4A, when Sybil poses some key expansive questions about Elly, expanding the knowledge beyond what they already know. The first of these occurs after Penny has told Elly's story and expressed some frustration. Sybil broadens the scope by asking: *"I'm interested to know, what else is in her life, what else is making her, giving her purpose, meaning and joy?".* Penny describes more about Elly's work life and family, prompting Sybil to ask:

> *What was the background there? What's the antecedents of all of this stuff for her? … What set up this sort of pattern, personality or this behaviour and response style? … What's the attachment like? … Was there some trauma? … Was the mother critical? Was the mother ill? Was the mother absent? Was there an attachment issue? … And how similar is this man [Elly's partner] to her father?*

These questions lead Penny to realise that despite years of therapy with Elly, she knows little about Elly's family of origin. She starts to question why this is, which shifts the focus from Elly to Penny's work with Elly being positioned as knowledge object (although the two are entangled). This demonstrates how the enactment of epistemic practices is instrumental in the emergence of the knowledge object. It leads Penny to realise that she is trying to avoid being criticised by Elly:

> P: *… she is highly critical … sometimes in the session she'll say 'look I don't want to spend the whole time just talking about him, you've got to give me some skills'*
> S: *[laughs] Skills!*
> P: *Right, quickly! This is what you have to do to fix everything … there is that critical component of her that I don't want to get too closely*
> S: *Yeah, it's fairly vicious*
> P: *And I don't want to, yeah, she's just spraying it everywhere … so I think that's probably partly what's going on for me is I don't want to be sprayed like everyone else.*

This realisation is indicative of what happens when supervision is successful - the supervisee comes to see something new or different in relation to how they are working. In this case, this occurs through a process of joint epistemic exploration prompted by questioning. The insight then becomes translated into practice as they explore what Penny could do differently with Elly. It thus makes evident how insight can become actionable knowledge, emerging from an initial opening up precipitated by expansive questioning.

6.8 Pair 2: An overview

In this chapter I have described and analysed the supervision sessions between Sybil and Penny, who are engaged in a peer supervision arrangement. Although varied, the issues covered are primarily focused on either a client or the supervisee's work with a client. Knowledge objects tend to take shape as either of these, in some cases shifting over the course of a session. Levels of epistemic engagement vary, with the knowledge object being approached as an epistemic object at times. Where supervisee-focused issues are discussed, Penny and Sybil relate openly about professional anxieties and possible errors of judgement. For example, the last session demonstrates an instance where the knowledge object does not function either as an epistemic object or as a tool. Sessions demonstrate the interconnectedness between epistemic frame, knowledge object/s and epistemic practices. The tables below summarise the sessions in relation to the two research questions.

Table 15: Summary of Pair 2's sessions: Key findings for research question 1

SES-SION	Super-visor	Frame	Knowledge object/s
1A	Sybil	What is 'wrong' with Emily?	• Emily • Penny's work with Emily
1B	Penny	What kind of problem is this? How can we treat it?	• Sybil's work with Paula – how to help her
2A	Sybil	Confession – then boundaries	• Penny's practice with Kath - Client-therapist relationship
2B	Penny	Confession (briefly) - then professional practice issues (boundaries, self-disclosure)	• Client-therapist relationship (Sybil's behaviour towards Paula)
3A	Sybil	Billing/administrative practices in private practice	• Practice management – how to keep Emily in therapy
3B	Penny	Categorisation: working with young, male clients	• Aaron
4A	Sybil	Purpose in bringing the case: ideas for treating Elly & reassurance	• Elly • Penny's work with Elly
4B	Penny	Negotiating legal issues in practice Treating Patsy	• Sybil's practice with Patsy – legal aspects • Patsy; how to treat Patsy
5A	Sybil	Unclear at first – what kind of problem is this? How best to work with Tina	• How best to treat Tina
5B	Penny	Legalities and ethics in Stan's case	• Sybil's management of Stan's case

Table 16: Summary of Pair 2's sessions: Key findings for the first part of research question 2 – Epistemic practices

SES-SION	Recontex-tualising practice knowledge	Recontex-tualising theoretical knowledge	Reframing	Wondering	Story-telling	Asking expansive questions
1A	✓	✓				
1B	✓	✓			✓	
2A	✓				✓	✓
2B	✓		✓			
3A	✓					
3B	✓			✓		
4A	✓			✓		✓
4B	✓	✓				
5A		✓	✓			
5B						

This chapter has provided an epistemic overview of Pair 2's supervision sessions. I move on to describe and discuss Pair 3's supervision sessions using a similar format.

Chapter 7: FINDINGS PAIR 3 - CATHY and KAYLA

THIS CHAPTER IS STRUCTURED AS FOLLOWS:

7.1   The reader meets the third supervisory dyad, Cathy (supervisor) and Kayla (supervisee).

7.2-7.6: For each session:

- An overview of session content is provided
- The epistemic frame that emerged and shaped the session is identified and discussed. At times this is determined more by the practice of supervision than by the content of the discussion and is influenced by a problem-solving focus.
- The knowledge objects are identified and discussed. For Pair 3, these did not function as epistemic objects.

7.7   The predominant epistemic practices activated by Pair 3 are identified and discussed. These are:

7.7.1 Recontextualising knowledge from experience of practice to the case/issue

7.7.2 Recontextualising theoretical knowledge to the case/issue

7.7.3 Story-telling

7.7.4 Asking expansive questions

7.8   An overview of Pair 3's sessions is provided, summarising the epistemic frames, knowledge objects and epistemic practices.

7.1 Introduction: Meet Pair 3

Cathy and Kayla are psychologists in New Zealand, both in their 40s. Cathy has a dual scope of practice[37] in Educational Psychology and Counselling Psychology, while Kayla is a general psychologist experienced in educational work. Cathy works in private practice, a school and an educational NGO. Kayla works in private practice and in an educational organisation that focuses on assessment of Autism Spectrum Disorder (ASD). She previously worked in another organisation (with Cathy) and was transitioning into a new work role at the time that this research started. Their supervision takes place outside of their employed roles, by private arrangement. Cathy and Kayla have known each other for about five years since becoming colleagues at the same workplace, where Cathy supervised Kayla's for about two years. Kayla arranged to continue supervision when Cathy left the organisation.

Cathy hopes in supervision to build Kayla's confidence as a practitioner, seeing her role as "to facilitate her being able to access and reinforce the ideas and knowledge that she already has and to elicit things she hasn't thought of" (Cathy, Interview 1). Her

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[37] Equivalent to an endorsement in an area of practice in Australia

style is question-oriented, focused on assisting Kayla to come up with her own solutions. She is supportive of Kayla's wellbeing, asking regularly about her work-life balance and how she is coping with the transition to her new work role.

Cathy and Kayla's supervision sessions take place over the phone, usually lasting 25-45 minutes. The content of their sessions is summarised below:

Table 17: Summary of Session Content – Pair 1

Session	Content - client/issue discussed	Focus of discussion	Relevant basic details
1	Preschool	Organisation-focused	Preschool visited by Kayla has a negative atmosphere
	Andrea	Client-focused	Female, age 4, possible learning and behavioural issues
2	New work role	Supervisee-focused	Kayla is starting a new job
	Lucy	Client-focused	Female, age 11, anxious, social issues at school
	Selma	Client-focused	Female, age 14, school refusal after a car accident; Kayla is assessing for correspondence school
3	New work role	Supervisee-focused	Frustrations of Kayla's new job
	David	Client-focused	Male, age 4, possible ASD, Kayla to assess
	Brett	Client-focused	Male, age 6, possible ASD (Kayla doesn't think so), Kayla to assess
4	Brett	Client-focused	Same client as session 3, not ASD
	David	Client-focused	Same client as session 3, diagnosed ASD
5	Ryan	Client-focused	Male, age 7, problematic family & school situation; Kayla is considering if and when to make a notification to children's services

7.2 Session 1: A problematic preschool and the case of Andrea

"She may not have other concepts that usually by [age] four you've kind of got" (Kayla)

7.2.1 Overview of session content

Kayla presents two issues in this session, but does not state in either case what she hopes to gain from supervision. For the first part of the session, Kayla puts forward her concerns about a preschool where she did an observation visit. She believes that the school is not a nurturing environment and finds the teachers negative, apathetic and uncompassionate - *"it's the emotional tone of the teachers that I'm worried about"*. Cathy asks questions and Kayla comes up with the idea of talking to the school's occupational therapist to canvas another opinion. Cathy makes suggestions, e.g. talking to the principal and conducting staff training. Kayla reported in her first interview that this discussion resulted in her thinking differently about the situation. Where previously she had felt angry at the staff, she started thinking that *"maybe these teachers are burnt out, maybe a more understanding approach would be better"*.

In the second part of the session they discuss Andrea, a four-year old girl with a complex history, early trauma and attachment difficulties. There are concerns regarding possible learning difficulties, anxiety and behavioural problems. They spend much of the time discussing Andrea's history, with Kayla outlining her background and current presentation and Cathy asking questions to clarify and elicit information. They then transition into problem-solving, coming up with ideas of what Kayla could do with Andrea. Cathy asks questions to build a fuller picture of Andrea's situation, e.g. family relationships and developmental areas. They conclude with Cathy summarising Kayla's next steps.

7.2.2 Epistemic frame

In terms of the preschool, Cathy frames the problem of emotional tone systemically as an issue with the institution as a whole rather than individuals. The discussion has a problem-solving focus, with minimal time devoted to story-telling. Although the discussion is brief, the framing prefigures systemic solutions (e.g. staff training). One senses that there will be an ongoing process involved for Kayla rather than a 'quick-fix'.

With regards to Andrea, Kayla's lack of clarity about what she wants from supervision may account for some lack of focus in the session as a whole. The epistemic frame is not clearly articulated - although Kayla and Cathy are not at odds, their focus seems to differ. Kayla offers an initial frame in outlining the referral issue - Andrea's mother is worried about learning difficulties and *"feels she's got no colours, no concepts of behind, in front, big, little, those kinds of things"*. This frames the problem as possible

cognitive difficulties. Kayla returns to Andrea's cognitive functioning periodically during the discussion, expressing concern about the impact of possible foetal alcohol syndrome[38]. However, Cathy does not focus on cognitive issues, seeming more interested in other aspects of the case. Thus, the frame seems to follow from supervision process and practice rather than from the content/problem i.e. Kayla presents the case and they discuss different aspects, bringing it back to what Kayla plans to do in working with Andrea. The problem then comes to be framed broadly around how to work productively with Andrea.

7.2.3 Knowledge object

Given that their discussion about the preschool is short, there is minimal time for a knowledge object to take shape or invite engagement. Although they are clear as to what the problem involves (the negative emotional tone at the school), they do not engage with it in depth. Rather, Kayla settles on a next step (talking to the OT) and it becomes clear that the process has yet to unfold.

When discussing Andrea, the work with the client takes shape as the knowledge object since their discussion is focused on how to help her. Andrea is not categorised as a particular type of client, and there is minimal analysis of diagnosis or factors that might pertain to her situation. General professional dimensions enter the conversation in relation to the 'tools of the trade' i.e. the assessment tools that Kayla might employ, and the space of reasons (Derry 2007) that Kayla engages with in relation to these, as is evident in the extract below:

> C: *So Kayla … this is new obviously … what are your thoughts?*
> K: *So I've seen the mum for the initial interview and then I went to the kindergarten, did an observation and that's where I'm up to, but I think probably my next step is getting hold of the AEPS[39] for four-year olds and have mum fill it in*
> C: *Good idea, yeah*
> K: *Possibly doing a WPPSI[40]*
> C: *Yeah, because it will be so useful for school, that will be such a good idea*
> K: *And a Peabody[41] to look at her receptive language*
> C: *Oh good idea*
> K: *And then I want to do some play-based assessment with mum, just to look at if she can take turns, and she's really good at pretend play so I want to look at her interaction with mum just to see if mum is accidentally rewarding any of the*

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[38] This refers to a range of possible problems (often with brain development) that can be caused by an unborn baby being exposed to alcohol while the mother is pregnant. Kayla is aware that Andrea's mother drank heavily while pregnant.
[39] Assessment, Evaluation, and Programming System for Infants and Children—a questionnaire for parents
[40] Wechsler Preschool and Primary Scale of Intelligence—an IQ test
[41] A test of receptive (hearing) vocabulary for children, which provides a measure of verbal ability.

attention-seeking behaviour, and I want to look at teaching mum some child-directed play, because I think if she tops up her emotional tank for a few minutes a day and teaches her child-directed play skills then she's kind of modelling to her girl what she can do with her friends.

Andrea as the knowledge object is opened up to the extent that different aspects of her story are presented and ways to work with her are explored. There is some engaging with the puzzle of what is going on with Andrea, but they skim quickly from one aspect to another and it is not clear what insights and interpretations are sticking. There is some interpretation as to what her behaviour might indicate, but the nature of the discussion does not develop her to the extent that she comes across as a question-generating and complex epistemic object (Knorr Cetina 2001). Some uncertainties are raised (e.g. speculation regarding foetal alcohol syndrome and possible anxiety), but they do not engage with these in depth. Rather than Andrea being developed as a complex problem to be worked on together, development takes shape with a problem-solving focus, namely what Kayla can plan to do in treating her.

7.3 Session 2: Lucy and Selma: different school-related problems

"It sounds like a bit of a toxic environment for her" (Kayla, discussing Lucy)

7.3.1 Overview of session content

The session starts with a conversation about Kayla's new work role in an organisation that focuses on assessment of Autism Spectrum Disorder (ASD). They discuss the logistics of her transition into the role and the terms of her employment. She then raises the case of Lucy, an 11-year-old girl who she had seen a few years previously for anxiety. She does not articulate why she is bringing the case. Lucy is struggling socially at school and Kayla explains what she has already done to help (e.g. practising social skills) and other ideas that she could implement (e.g. talk to the teacher). She is feeling stuck, wondering whether Lucy should change schools, asking "*when do you say 'ok this is not working' and consider another school?*". However, this question does not get addressed. In closing the conversation Kayla comes back to it, indicating that this may have been her aim for the session, stating that: "*I guess you have to give it your best shot and then know when to try something else*". At this point, Cathy asks if she has other clients to discuss and Kayla raises Selma, a 14-year old girl who has had a disrupted school history due to being in a car accident and is reluctant to return to school. Kayla's role has been to assess Selma to establish whether correspondence school might be suitable. Kayla relates Selma's story and Cathy adopts a problem-solving approach e.g. contemplating how to get parenting assistance for Selma's mum,

considering a change of school, getting Selma's dad involved and helping Selma find a future-based goal. The session ends abruptly when time runs out.

7.3.2 Epistemic frame

The discussion about Lucy is not developed to the point where both Kayla and Cathy focus on the same issue, hence competing frames are at play. Although the session has a joint problem-solving feel, they seem to have different ideas of what constitutes the problem. Kayla frames the problem as 'is this the right school for Lucy?', while Cathy frames it as 'how can Kayla help Lucy with her difficulties?' A sufficiently rich and resourced picture of Lucy does not emerge to the point where they share an understanding of her. Although she does not state this to be her reason for bringing the case, Kayla returns repeatedly to the question of whether Lucy should change schools. Cathy covers a variety of areas, but does not engage with this question, instead moving the discussion through elements that might be relevant in helping Lucy.

Although at odds in this respect, underpinning their discussion of how Lucy can be helped is the broader question of whether the problem is framed individually (i.e. it is Lucy's problem) or systemically (i.e. it is a problem with the school/system). Kayla's question about a change of school effectively asks where the problem lies, exemplifying this individual vs systemic dilemma. Kayla tends to be individual-focused while Cathy leans towards a systemic approach, which is evident in the suggestions that she makes e.g. having Lucy's teacher talk to her class about inclusivity. Kayla commented on this in her first interview, identifying it as a learning that she took from the session:

> *… it was a case where I didn't really see I could help in a big way … but I guess Cath was good cos she encouraged me to think about, like talking to the teachers … giving the class some education around being inclusive … I guess it's more around thinking not just around the child but around the system, considering the system the child's in and how to work with them as well as the child and the family … a systemic approach is something that I can miss sometimes.*

At one point in the session Cathy tries to frame Lucy's problem as 'anxiety', which was relevant to Kayla's previous intervention with Lucy. Kayla resists this, as the following interchange demonstrates:

> *C: Well that's good you've given her some strategies to try and you're going to catch up with her in two weeks and see what's working, what's not working and is there, has she told you about her relationship with anxiety, talks about it at all?*
> *K: Her?*
> *C: Like does she talk about, has she been able to describe her anxiety?*
> *K: I guess it's more, it is anxiety but how would she describe it? I think she's, it's just the feeling of, what she said was being torn between not wanting to leave her*

> *friend who's not well who doesn't want to play with anyone else and then just the*
> *feeling of being, yeah*
> C: *Torn*
> K: *Rock and a hard place …*

This demonstrates how the frame is contested and negotiated jointly on an ongoing basis and at multiple levels. Although the broad frame of system vs individual is involved in shaping the session, the frame of how to help Lucy interacts with this, and within that lie various negotiated framings of the details around the problem situation e.g. how to name it.

Where Selma is concerned, Kayla does not state what she is looking for from the session. Cathy seems to assume that she would like suggestions and ideas for treating Selma. The session is led by Cathy's questions and a resultant problem-solving focus, without a unifying frame or consistent in-depth opening-up of potential knowledge objects. It may be more difficult to build knowledge without a clear sense of what the problem is and some idea of the desired outcome. However, as is evident in other sessions, the practice of supervision provides a frame by offering a familiar process to be followed, with recognisable roles and expectations for what a supervision session involves (see 8.2.2).

7.3.3 Knowledge object

The knowledge object in both case discussions takes shape around how to help the client, with the focus on problem-solving and generating ideas for Kayla. Pair 3 do not tend to unpack the client using much interpretation or theory. Cathy tries to cover the situation from different angles, making sure they consider all relevant areas e.g. family functioning. The epistemic engagement that takes place is not in-depth, but consists instead of moving through various ideas of how to help Lucy and Selma, which has the feel of a brainstorming session. By making the knowledge object 'how to help', the knowledge that is prioritised and activated is 'ways of helping'. They do not draw on a multiplicity and diversity of knowledge resources, but tend to focus on relevant instances from their own practice and everyday lives (e.g. experiences of parenting). The knowledge objects in this session do not take on the feel of epistemic objects. The participants are not grappling with slippery, question-generating objects of enquiry and do not give a sense of unfolding knowing and an increasingly complex knowledge object. Instead there is a finite sense to their joint knowledge work, implying that solutions are possible.

However, when discussing Selma, there is an instance where Cathy and Kayla do engage in unpacking and opening up the knowledge object through recontextualising psychological knowledge:

> K: *And daughter's got very controlling and I think her anxiety is quite high which the psychiatrist review said it was very low level, and because she was riding horses she should be quite capable of going back to school and you would think that on the surface, but she does actually have quite a high level of anxiety around school in particular, yeah*
>
> C: *And it sounds like the head injury was … her gold ticket to get out of school, in a horrible way*
>
> K: *It is, it's her ticket to get out of school which all the way along, all through her life has not been easy for her and she hasn't developed very good coping strategies … but the interesting thing is she doesn't want to address that, she doesn't want to look at better ways of coping, she just wants to avoid school*
>
> C: *Yeah, it's got really entrenched, and are the horses actually her escape, her safe place?*
>
> K: *Yeah and I think the horses are a protective factor in a way cos she gets to socialise with the horsey crowd and go on horsey camps and rides, but I still think she can't just have her cake and eat it as well, you know she can't just stay at home and ride her horses … it's not reality … she's a bright girl, she needs to figure out what she wants …*

Although not consistent throughout the session, this use of psychological interpretation and collaborative in-depth engagement results in a seemingly productive decision to develop a future focus and school-related goal for Selma that connects to her desire to work with horses. The more in-depth epistemic engagement as they work together on the knowledge object results in an opening up of the object (new understandings) that contributes to actionable knowledge.

7.4 Session 3: David and Brett - two young boys with possible ASD

"It's quite an interesting case this, it's certainly not clear-cut" (Cathy, discussing Brett)

7.4.1 Overview of session content

The session starts with some discussion about the frustrations Kayla is experiencing in her new work role. She moves on to present David, a four-year old boy who she will be seeing for an ASD and cognitive assessment. She is curious about his cognitive abilities because her observations suggest that his skills are unevenly developed and he "*does look quite ASD*". His parents believe he is gifted, but not autistic. Kayla and Cathy discuss her plan to do the WPPSI (intellectual assessment) with David. She then raises a second boy, Brett, a six-year old who she is also scheduled to assess for possible ASD (Autism Spectrum Disorder). Brett demonstrates behaviour problems at school and is frequently in trouble with his teacher. He has had a difficult early history due to his parents' divorce. This has not been resolved and there are ongoing issues at home, including possible physical abuse. Cathy questions whether Brett's behavioural issues are more likely to be a result of trauma than ASD. Kayla wants to spend more time with him to develop a clearer picture. At this stage she believes his parents would like him to receive an ASD diagnosis, but she is unsure that he warrants this. They speculate that a diagnosis would leave his parents feeling less responsible for Brett's difficulties - "*it takes away from the parenting side of things*" (Cathy*). Cathy asks what the process will be if he is not diagnosed with ASD. They discuss some possible resources for parenting input. The session concludes with Kayla reflecting that "*they're quite complicated sometimes, aren't they*?"

7.4.2 Epistemic frame

A loose frame is created in discussing both boys, namely 'conducting an ASD assessment'. Cathy deviates from the frame at times, although overall it structures their conversation. No particular problem is identified with either of the boys and Kayla is not unsure about to how to proceed. This leaves the discussion without a clear focus and it tends to meander, usually led by Cathy. In both instances Kayla has a professional instinct about whether or not the boys will meet criteria for ASD. This is based on her observations and the knowledge she has to date, combined with her knowledge of ASD and child development in general. In both cases there is a potential dilemma in that the parents' views are at odds with the professional's view - Kayla thinks David is likely to have ASD, but his parents disagree. She thinks Brett is unlikely to meet criteria, while his parents would prefer he receive a diagnosis. However, the dilemma does not come to frame the conversation.

7.4.3 Knowledge object

In both David and Brett's cases the knowledge object takes shape around Kayla's work with the boys, particularly in relation to their upcoming ASD testing. The information provided by Kayla pertains to their assessments, to what she might find once she tests them, and to relevant factors such as family functioning. The focus is less on the child than on Kayla's work with the child. In Brett's case a dilemma presents as there is a question around whether his difficult behaviour is likely to be a result of trauma and attachment difficulties caused by his troubled early years, rather than ASD. They both find the situation confusing and interesting. This sets Brett up as a potential epistemic object since there is a complex puzzle to be grappled with and no clear answer. However, they do not approach him as such because Kayla wants more information before she is ready to engage with this conundrum. She hopes to remedy some of the uncertainty with testing and a home visit. Instead Cathy asks "*what looks like ASD?*" and they fall back on the behaviours that are clearer.

7.5 Session 4: Revisiting David and Brett

"It was a no-brainer really" (Kayla, discussing David)

7.5.1 Overview of session content

The session starts with feedback on Brett, who was discussed in Session 3. As Kayla suspected, Brett did not score as ASD on testing, but there was evidence of trauma or anxiety-related issues. Cathy and Kayla discuss how Brett's parents might respond to this and how Kayla will write the report and make recommendations given that she knows they were hoping for an ASD diagnosis. They discuss what changes might be put in place to support Brett. Cathy affirms Kayla for her intuition about Brett and she moves on to give feedback about David, who was also discussed in Session 3. As Kayla suspected, David *did* score as ASD, as well as scoring "*super-duper high*" on the cognitive assessment. Kayla describes some of his responses in detail to Cathy, with both of them interested in his unusual cognitive profile. Because David's parents were hoping he was not autistic, they discuss the implications of what Kayla has found in terms of reporting to the parents. Kayla comments that her observations of David's mum suggest she might also have ASD, which may explain some lack of insight into David's behaviours. Cathy then asks about David's occupational therapy (OT) assessment and how to refer a client who needs an OT assessment. They have a brief chat about how Kayla's work frustrations are going and the session ends.

7.5.2 Epistemic frame

The frame that takes shape in the session is one of 'feedback on assessment' i.e. Kayla is sharing knowledge about what she has found regarding the two boys discussed in the previous session. As occurred in Session 3, this does not so much involve framing a problem per se, but rather taking a familiar professional activity as a frame, i.e. A psychological assessment of a child, involving interviews, observation, testing, report-writing and feedback to parents and the school. The frame creates a narrative situation, where Kayla relates what has happened and Cathy responds to this, usually by asking questions which direct the conversation. In the course of the telling, Kayla raises some sticking points and challenges, but these do not get taken up in depth.

During the discussion about David, there is a point where Cathy moves to broaden the conversation to WPPSI scoring in general, but Kayla brings it back to a focus on David's scores and responses. This indicates some contested framing, with Cathy framing the conversation as 'doing a WPPSI' and Kayla framing it as 'doing a WPPSI with David'. While Cathy and Kayla do not operate from completely different frames, there are differences in terms of their direction. The unarticulated nature of the goals for the session makes it more difficult to assess whether it moves in a direction desired by either of them, and whether frames are shared.

7.5.3 Knowledge object

As with Session 3, Kayla does not present a particular question, problem or issue for discussion. Rather, she reports to Cathy on the two boys discussed in Session 3. This leaves the session without a clear focus and it becomes more of a narrative about what happened with the two boys, predominantly Brett. The knowledge objects are David and Brett respectively in that the focus is on them, yet they are not problematised. By Session 4, Cathy and Kayla have built a more resourced picture of these knowledge objects through the use of knowledge building-blocks in the form of assessment tools combined with ongoing observation and professional judgement. A cumulative picture of the knowledge objects is developing, highlighting their unfolding and emergent nature as practice progresses. Some of what was unclear in Session 3 is now clearer and they have moved from lack of clarity to a "*no-brainer*". They have some answers to the questions posed in Session 3, e.g. about the nature of Brett's difficulties (trauma-related rather than ASD), and the work unfolds in the direction of what happens next i.e. feedback to parents and report-writing.

In relation to Brett, Kayla does raise a dilemma and challenge - she needs to write Brett's report in a way that accurately reflects her findings and ensures that he receives the requisite help. However, she also needs to do this in a way that does not leave his

mother feeling blamed for Brett's difficulties (due to disrupted attachments in his early years and her drinking while pregnant). However, they do not engage with this dilemma epistemically. Instead Cathy asks: "*do you enjoy the challenge or is it quite exhausting*?" and the discussion moves on to the recommendations that Kayla will make.

7.6 Session 5: Ryan: a child safety dilemma

"You want to do the best thing but you also want to, you want to be valid in what you're saying, so it is a dilemma" (Cathy)

7.6.1 Overview of session content

Kayla presents Ryan, a seven-year old boy who she will be assessing for possible ASD. She has recently done a cognitive assessment with him and has observed him at school. Kayla is concerned about his school environment. He is in a large, newly-built school which lacks structure. She describes it as "*it's like a barn, it's massive, there's kids running around, it's noisy, it's chaotic, it's filthy*". She also does not think that Ryan's teachers have a clear understanding of his issues. Ryan has a history of parental neglect and has been removed from home in the past. His grandfather, who brought him to the assessment, is concerned that Ryan is neglected. He has previously made a notification to child services, and is considering making another. However, he is worried that this will upset Ryan's mother, who may then deny the grandparents access to her children, so he has asked Kayla to make a notification on his behalf. Kayla is conflicted about when to notify child services. She believes that she does not have sufficient information to justify a notification at this stage and would like to wait until she has visited the home. Although Cathy does not say so outright, she has a different viewpoint, believing Kayla should make a notification immediately and supplement with more information later. In their second interviews, both parties acknowledged this difference of opinion. Cathy described it as follows:

> [Kayla] was like 'should I make that notification or should I wait to get more information?' … possibly she was going to wait and I think my gut feel was to make an incomplete notification … and I realised as a supervisor it's not my role to tell her what to do, it's to listen and let her think it through, and it was quite tough, because I think I feel like I was sort of wanting to push her to make an incomplete notification and then follow it up when she had all the details, but I could hear … that's not the way she was going to go, very subtle tensions, but I was aware of that.

By the end of the session Kayla has formulated a plan to talk to Ryan's paediatrician and contact a social worker to accompany her on a home visit. She has seemingly decided not to make the notification yet, but this is not articulated. In her second interview, Kayla explained that:

My team did end up making a notification, but it was after the home visit, and we went to the home and the home was in a terrible state and yeah, it was really bad, and so then it was really clear-cut, so I think getting more information was the right thing to do in that situation.

7.6.2 Epistemic frame

Although Kayla does not state why she is bringing Ryan's case, it becomes clear that she is unsure about when to make the child safety notification. This dilemma is framed as the problem when Kayla states early on that:

obviously I've got no problem ringing (name of authority) but I just sort of think do I have enough? I'm just thinking do I need to ring them right now or can I try and go to the home next week, try and get a bit more information? … I don't think it's an urgent, you know …

They move on to discuss other aspects relevant to Ryan. Although this is a diversion from the dilemma, it is in the cause of identifying and exploring information that may help in resolving it. After some time the conversation comes back to Kayla's question. The excerpt below illustrates their different ideas about dealing with and resolving her dilemma:

K: Yeah I guess my main thing is, can I wait? … C: … you mean what are you going to do about this referral, whether you wait? K: … Cos next week I'll know a lot more information C: Could you do, or would it be worthwhile actually phoning? … saying, I'm going to know a lot more then so what I'm saying now is just hearsay, so that you feel like you've covered … all your bases in a way, like you've given a preliminary, which they might not, they might take up or they might not …	Kayla reverts to the established frame, namely what to do about the possible notification. Cathy suggests an alternative approach, in the guise of a question.
K: … and also I might wait until I hear back from K, who is his pediatrician, so she knows more about him than I do, so I should probably talk to her if she gets back to me and then I'll know C: Exactly, and then you'll have all the, she might say yeah go ahead or not, and even if it is a sort of transitory thing at least you've, I suppose if you're really confused you're just giving them the facts … K: I don't know anything, I've only met him once, or twice, I've seen him at school and I've seen him at the cognitive cos grandad was concerned enough that's all he could talk about	Kayla needs more information in order to feel more secure in making the notification. Without explicitly disagreeing, Cathy comes back to her suggestion (make a preliminary notification). Kayla sees her lack of knowledge about Ryan's situation as a stumbling block.
C: yes, and then I think your idea of getting the social worker, how easy will that be to organise for next week? K: Well the observation's on Tuesday … this is my day off but I'm just going to have to try and get hold of the social worker today and see if someone can come with	Cathy comes back to Kayla's plan to enrol the social worker, fleshing out the plan using closed questions which embed suggestions, and focusing on the specifics. The epistemic

me, I don't know, it's probably not a good idea me rocking up by myself	focus is on elaborating the plan of action.
C: *Probably not, no, Kayla, good thinking … does she know you're coming? What arrangement have you made about the observation?*	
K: *So she's already cancelled once cos she said she was sick … so we've rescheduled for Tuesday, so it's interesting to see if she lets me in*	Although she would prefer that Kayla make a notification now, Cathy does not impose this on Kayla. Her questions centre on Kayla's plan rather than her own.
C: *That's right, do you do a reminder on Monday, I'm coming on Tuesday or how?*	
K: *Yeah I'll remind her on Monday*	
C: *… and then would you say I'll be bringing a colleague?*	
K: *Probably not, I'll probably just turn up … otherwise it might freak her out*	Cathy comes back to the nature of the dilemma and the uncertainty Kayla faces.
C: *That's right … you want to do the best thing but you also want to, but you want to be valid in what you're saying, so it is a dilemma.*	

The excerpt demonstrates how the shared frame provides focus for their conversation. They grapple with what to do given their different proposed solutions, with the grappling focused on a resolution for moving forward rather than on expanding their understanding of the dilemma.

7.6.3 Knowledge object

Kayla's practice in relation to Ryan emerges as the knowledge object in the session. Although there is some discussion about Ryan himself, most of this is directed towards what action Kayla should take, thus Ryan himself does not emerge as the knowledge object. How Cathy and Kayla engage with the knowledge object, as in other sessions, is focused on problem-solving and formulating a plan. Because of this, the dilemma is not tackled as indefinitely unfolding, or engaged with in the fullness of its complexity i.e. the knowledge object is not approached as an epistemic object in this session. This approach will be explored further in comparison to Pairs 1 and 2 in Chapter 8.3. Rather, Pair 3 seek a way to achieve closure in the form of next steps, which appears to be how they deal with the uncertainty of the dilemma. Such uncertainty is a common feature of professional practice (Gregory 2016) (see 8.1.3) and approaching the knowledge object as an epistemic object might heighten the lack of certainty, which could be problematic where the critical issue of child safety is concerned. There is a sense that the knowledge object might yet unfold, but the formulation of a plan offers temporary closure and an ethical way forward.

7.7 Pair 3 Sessions 1-5: Key epistemic practices

This section outlines some of the dominant epistemic practices in Pair 3's collaborative knowledge work. These are the same as those used by Pairs 1 and/or 2, although fewer instances of epistemic practice use predominate in Pair 3's sessions.

7.7.1 Recontextualising knowledge from experience of practice to the case/issue

Cathy and Kayla do not rely on recontextualising practice knowledge as much as Pairs 1 and 2. This is partly due to Cathy's supervisory style, which relies more on questions and less on providing input. This style reflects her belief (as stated in the interviews) that her role is primarily one of eliciting and facilitating Kayla's wisdom and experience. Nonetheless, there are some instances where the recontextualisation of practice knowledge is apparent, with reference made to more familiar situations in order to resource what is less clear. Examples of different forms of recontextualisation of practice knowledge occur as follows:

a) Recontextualising knowledge about specific clients

Cathy recontextualises knowledge about other clients to help Kayla with her cases. For example, in Session 2 she suggests that Kayla get Lucy's teacher to talk to her class, referring to an experience with a client of hers as follows:

> *I had a kid recently with auditory processing and she wouldn't wear her earpiece because it was too embarrassing and didn't want to be teased … and so she was getting herself into a real pickle … but the teacher sat them all down and the kid's now wearing it … she tells them all you either need glasses or podiatry, you know, really normalised it.*

b) Recontextualising knowledge about the supervisee/supervisee's practice

Recontextualisation based on the supervisor's knowledge of the supervisee is apparent in Pair 3's sessions. However, this occurs mostly in the service of rapport-building and creating a supportive environment, rather than to engage in epistemic work. For example, when Kayla discusses Selma in Session 2, Cathy makes reference to the case being a good fit, based on what she knows about Kayla - "*that sounds like a perfect case for you with your love of horses … and your love of anxiety*".

In Session 1, Kayla draws on her past experience in a different practice context to resource her current dilemma with the problematic preschool. In doing this, she recontextualises knowledge about her past practice to the present situation. She states that:

> *I'm a bit stumped … the only other time I've reported, put in a report around a preschool is around neglect … that was easier cos I wasn't going to be in there again,*

> *all I had to do was talk to a senior adviser and say can you go and check this place out and they did, so yeah, this one's tricky, I could actually talk to the OT I'm working with about it …*

Although activating the previous practice instance is not necessarily useful in and of itself, thinking about it prompts her to come up with another idea for action in the current situation.

c) Recontextualising knowledge about the supervisor's practice

In Session 2, Cathy refers to her own experience of practice in offering ideas of what can be done at Lucy's school to help her with her social issues—"*at this one school where I'm working … they're gonna get some of their Year 7s to start, one's going to do a Lego group, one's going to do something else, so maybe that's something*". This is an example of recontextualising knowledge of the supervisor's practice as well as other practice contexts with which she is familiar.

d) Recontextualising knowledge of 'typical' practice

Pair 3 activate a form of recontextualisation that is less apparent for the other two pairs, and involves recontextualising knowledge that is general and based on experience of practice over time. This constitutes a form of psychological pattern recognition facilitated by years of experience working with clients and problems, where experience becomes the knowledge source context. It occurs when broad experience of practice is used to recontextualise what one might typically expect, given one's experience of practice, in relation to what occurs in a current situation.

In Session 4 for example, Kayla references her broad experience of practice in relation to her assessment of Brett, commenting that "*normally I get parents who don't want a diagnosis*". This demonstrates how her general experience of practice gives her a perspective of what the 'norm' is, or how things usually happen. This is then used to resource instances that are atypical. In this case it refers to expectations of what parents are looking for when their children are assessed. Other evidence of how Kayla generally draws on her experience of practice is apparent in Session 4 when she comments that David's ADOS[42] score is "*one of the highest scores I've seen for autism*". She also comments that David's mum "*looked like she could be on the spectrum too*". It is clear how her experience of practice continuously serves as a means of reference when thinking through and talking about cases and issues, operating as a foundation

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[42] Autism Diagnostic Observation Schedule, a commonly used assessment tool for diagnosing ASD, and used by Kayla with both boys.

for professional judgements, on which ongoing knowledge of practice is continuously built together with Cathy.

7.7.2 Recontextualising theoretical knowledge to the case/issue

a) Recontextualising knowledge of psychological theory

Cathy and Kayla do not share a prevailing theoretical interest in the form of a psychological theory. However, since they both have a background in education and extensive experience in psycho-educational assessment, the theoretical foundations of their knowledge centre around child development and associated assessment. Further, there are times when they engage in psychological interpretation of behaviour that is theoretically influenced, for example, in Session 2 (Selma), as discussed in 7.3.3. Another example is drawn from Session 1, in the following excerpt about Andrea:

K: *So Andrea's lost her initial connection and attachment with her birth mother while in utero and for the first three weeks … but then she went to her new foster mum and then they had to leave Wellington which was another disconnection and all the people she knew up there and then she came here and had her new brother arrive and her mother disappear again very suddenly, so I think that's-* C: *All these losses, yeah* K: *-probably why she's so anxious …* K: *… I think what I see happening with mum is played out to a more diluted extent at preschool, you still see her wanting to have all the adult attention …* C: *Yeah … sounds quite needy Kayla …* K: *Yeah, cos at the moment I think mum can be quite directive with her, so Andrea's now being directive with her little friends* C: *And that might also be probably that anxiety, the need for control…* K: *I think she's compensating quite a lot for not understanding a lot, she's socially, like the kindergarten teachers you know she, have no idea that she may not have any concepts, cos she hid it so well* K: *… The other thing is that she can't remember colours but she can remember things like she'll come home and say to her mum 'Jenny's got a sore throat so she was taking panadol and Sarah's away sick and Nina has a headache so we all had to be quiet … she'll remember all that about the staff, all that relational stuff, but she can't remember you know, concepts* C: *Almost like her long-term's better than her short-term?* K: *Yeah, or maybe-* C: *Not really?-* K: *I don't know, mabye she's-* C: *Keyed into relational stuff* K: *Yeah maybe that's what's important for her, early on she's learnt that she has to be aware of all the relational stuff-*	Psychological knowledge and experience is activated by Cathy and Kayla in theorising aspects relating to Andrea's development and current functioning. Their interplay in doing this builds knowledge about Andrea, and the fact that they do this together probably leads to different insights than if Kayla were thinking through the case on her own. Although epistemic aspects are not foregrounded by explicit reference to theory, laypeople would not typically be able to engage in this kind of conversation, because it is deeply informed by psychological theory, knowledge and thinking.

> *C: To survive yeah*
> *K: And that other stuff can take a back seat.*

The way in which psychological knowledge is infused into the discussion above, requiring little explanation, is characteristic of interchanges between professionals. Years of experience combined with theoretical knowledge provide a repository from which professionals can draw when facing epistemic uncertainty. This enables them to offer and share insights that might be inaccessible to others.

The use of theory is also apparent when exploring Brett's case. Their quest for understanding centres on explaining Brett's behaviour and trying to make sense of whether it indicates ASD or trauma. In Session 3 Kayla speculates that Brett is a sad and anxious child, but she has insufficient information to build this picture. By session 4, having spent more time with Brett, she theorises about the factors that are influential in his presentation. Together, she and Cathy combine their theoretical understanding and experience of child development, diagnosis and working with children with special needs. They use theory to open up their understanding of Brett, building shared knowledge, as is evident in the following excerpt:

> *K: … he's not good at coping with change, but then from a very young age he hasn't*
> *had predictability and structure … he's sort of had a number of broken-*
> *C: -attachments, yes*
> *K: Attachments*
> *C: Yeah and that would explain the anxiety wouldn't it, or the possible-?*
> *K: Yeah so it's kind of created quite an anxious little boy and I think underlying that*
> *he's probably inherited his mum's, mum seems a little bit unusual … a little bit*
> *more rigid around things and mum's sister has a personality disorder, so whether*
> *mum's a little bit obsessive-compulsive and Brett is a little bit too, I'm not sure.*

Hence, although they may not be directed by one particular theory, Pair 3's theoretical knowledge combined with knowledge drawn from practice experience, underpins their supervision discussions, guiding their understanding and communication.

b) Recontextualising diagnostic knowledge - theoretical categorisation

The recontextualisation of categorical knowledge in relation to diagnosis is most evident in Sessions 3 and 4, when Pair 3 discuss David and Brett. Recontextualisation takes the form of ongoing comparison between specific clients and categories i.e. since both boys are being assessed for possible ASD, they compare them to the diagnostic criteria for ASD, and to the 'typical' ASD child. This constitutes what is known and familiar to them and is used to resource what is less known—the individual clients being assessed. This enables Kayla, even prior to testing, to develop and articulate her professional instinct as to whether the boys are likely to meet ASD diagnostic criteria.

Her instincts prove accurate - the predictions she makes in Session 3 (based on observations and background information) are held up as valid by the testing process.

With David, Kayla uses the diagnostic criteria as well as her experience with ASD children as a basis for recontextualisation. Given her experience, she senses that he might have ASD, even though she has minimal information when she presents him in Session 3. She comments that David "*does look quite ASD*", and Cathy wonders if he might be "*twice exceptional[43]*", given that he seems very bright yet may also be autistic. Cathy asks Kayla "*what do you notice? What stood out most for you?*", a question designed to flesh out the specifics of how David meets the criteria for ASD. Kayla responds as follows:

> *When he's doing something structured like painting or collage at a table with a teacher he's fine, he can do that for ages, like he was on his seventh masterpiece when I saw him, but when he leaves the table and he goes into sort of a free play outside situation, he tends to hold his hands up by his head kind of in an odd way and then he'll just run and jump on the spot, he gets quite sort of elevated, a little bit dysregulated and then he'll run up to kids and peer in their faces and get too close, and there's lots of lack of eye contact and lack of interest in other children.*

Kayla identifies David's characteristics that are potentially indicative of ASD by looking for similarities and differences between David and the ASD children she has encountered. She does not need to explain these characteristics to Cathy, who is familiar with the diagnosis. In Session 4 Kayla reports back that David is "*a gorgeous little boy, but he's so ASD*". She explains to Cathy how his answers on the WPPSI were atypical, by comparing them to answers she usually receives from non-ASD children (an example of the recontextualisation of practice knowledge). She then goes on to compare him to the diagnostic criteria, effectively categorising him as meeting these:

> K: *He clearly fits the diagnostic criteria for autism … he does that hyper-focus or he's quite distracted, he loves structure and if the situation's unstructured he'll generally run around and flap, flap and squeal and get too close to people and peer into their faces, no social skills whatsoever, doesn't have friends, doesn't give eye contact very frequently, he doesn't answer his name if you call it … total lack of reciprocal communication or overtures … he just doesn't know what to do with pretend play or dolls or toys or superheroes or, he's just totally lost, he just wants to examine the spanner really closely*
> C: *Oh that's interesting*
> K: *Yeah so it was a no-brainer really*

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[43] A term used to describe children who are gifted but also have a disability e.g. Attention Deficit Hyperactivity Disorder (ADHD), a specific learning disorder or ASD.

Questions regarding Brett's possible ASD diagnosis are also considered through the recontextualisation of knowledge about diagnostic categories, particularly since in his case there is a query about whether another diagnosis may be more appropriate. In Session 3, Cathy asks Kayla how Brett appears to be autistic:

> C: *What looks like ASD?*
> K: *Well he's quite rigid, he does like to, when they're doing work he likes to be in control, he likes to hold the worksheet, he has to hold the pencil, he has to do the writing if they're in a little group and if he doesn't get his way then he can storm out and he can be emotionally attention-seeking and a little bit all over the place, but he strikes me as really wanting attention and needing attention [rather] than not getting it.*

Brett's behaviours could be symptomatic of ASD but might also indicate another disorder. Recontextualising diagnostic knowledge by comparing Brett to diagnostic categories is a means by which they can achieve clarity. In Session 4, once it has been established that Brett is not autistic, Kayla remarks that: *"he seems like a typical kid with attachment issues".* At this point, she knows what category of children she is referencing and can do so with more confidence. Recontextualisation of diagnostic knowledge thus plays an important role in the epistemic work undertaken by Pair 3 about David and Brett, particularly since Kayla's professional brief is to establish whether or not children have ASD.

In the case of Ryan (Session 5), in an attempt to build knowledge about his situation, diagnostic categories are also used as a reference point to establish whether he is likely to have ASD. He is scheduled for an ASD assessment, so their conversation is speculative. It begins in relation to his experience of school, which Cathy points out would be problematic for him "*if he's on the spectrum especially*", given its unstructured and chaotic nature. In making this observation she activates the referral reason that brought him to Kayla's attention. They then engage in a diagnostic discussion, with Cathy asking "*what looks like trauma and what's ASD?",* activating two areas of potential categorical recontextualisation. This leads Kayla to report those aspects that fit with a diagnosis of ASD - "*he's got a language delay … he's definitely reduced eye contact and he doesn't interact with other children, ever",* but also to acknowledge that other factors are at play, potentially anxiety, PTSD[44] and dyspraxia.[45] This conversation references various diagnostic categories, with an ongoing, albeit unarticulated, process of comparison taking place. It engages them in teasing apart the

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[44] Post-traumatic stress disorder—an anxiety disorder that develops as a consequence of experiencing or witnessing trauma.
[45] Dyspraxia, also known as developmental co-ordination disorder, primarily affects physical coordination.

causal factors and underscores how recontextualisation can be more difficult when sufficient relevant knowledge is not available.

7.7.3 Story-telling

Story-telling plays a significant epistemic role in Cathy and Kayla's sessions. Since Cathy is invested in drawing on Kayla's expertise and knowledge rather than imposing her own, giving Kayla space to tell the story in her own way is important. Because Pair 3's sessions tend to be client-focused, Cathy needs sufficient information about the client in order for her to contribute productively. She plays a role in the story-telling by asking questions to flesh out or elaborate the story (see 7.7.4 below). As has been highlighted, story-telling lays the groundwork for the knowledge that is worked with in the session. It also contributes to framing the problem/issue, which is particularly important for Pair 3 because Kayla does not clearly state what she wants from supervision. Her rationale for choosing to bring a case to supervision is expressed in how she tells the story and what knowledge she chooses to highlight. This, in turn, contributes to epistemic framing and the emergence of knowledge objects.

In Session 2, Kayla spends the early part of their conversation telling the story of Lucy's difficulties with friends. This sets the scene for the problem-solving that follows, which links solutions back to the initial story. With Brett in Session 3, Kayla begins the story by relating the difficulties he is having with his teacher, then offers relevant background information that pertains to the planned assessment. On the whole, she manages to convey substantial amounts of information within a relatively short amount of time, providing a firm informational base from which to undertake epistemic work. The story of Brett is interspersed with interpretations (as discussed in 7.7.2 a) based on objective information as well as occasional commentary or professional judgement. This excerpt from Session 3 provides an example of these aspects of the story-telling:

K: *Yeah, he's an interesting boy cos he is slightly behind socially and he does like to get his own way and he does like to be in control, but as a baby he's been shifted*	Story of current presentation/ some interpretation.
between mum and dad … and then dad went back to Germany and there was this big custody battle over him and he went to live with dad for a while and mum for a	Story of early history/family issues.
while, and mum you know works long hours and gets him up early and then drops him at a friend's house who then drives him to the grandfather's house, who drops him at	Story of current family situation and how it impacts.
school, gets picked up by someone else and you know, poor little boy, he's six and he's quite a little six, you just think that's an awful lot of stuff for him to deal with	Commentary – what Kayla feels about this.
C: *Absolutely, yeah, it's not surprising he would try and get control of his life, it's just everything is out of his control*	Interpretation/ recontextualisation of theory.

K: Yeah I think he hasn't had control and he hasn't had warm consistent kind of responsive care, cos he's always either been shifted between mum and dad …, the other thing is that … the Education Department was involved so I talked to [name of psychologist] and she said she'd picked him up and things were quite good at the end of last year so she closed [his case], school was using good strategies and he was all nice and settled, but that there were some parenting issues at home, and I talked to [names another psychologist] and she mentioned she had actually made a notification at one point because he disclosed that his stepfather was hitting him.	Interpretation based on what Kayla knows about Brett's history. Provides the source of knowledge. Story of recent educational history. Story of current home situation. Provides source of knowledge.

This excerpt demonstrates the variety of components that make up the story told about the client, Brett. It also demonstrates how story-telling and recontextualisation of theoretical knowledge are interwoven. In Session 4, little story-telling about either client (David or Brett) is required since this was covered in Session 3. Thus the story focuses on what has happened between Kayla and the client, rather than on the history. Again, Kayla is careful to choose relevant information to relate, without necessarily repeating what was discussed in the previous session. Because of this they are able to move quickly and use their time productively.

Story-telling is an important epistemic practice in Session 5 because it sets the scene for Kayla's question about when to make a notification. Cathy cannot productively address this ethical dilemma unless she understands the context and the client. The story is a combination of what has transpired recently with Ryan, along with Ryan's history and school functioning. Rather than being told at the outset, the story emerges over the course of their conversation, interspersed by questions from Cathy to clarify information and ensure she understands. Cathy frequently reflects back to Kayla what she is hearing, which has the effect of keeping Kayla talking, and the narrative flows smoothly. The interaction of narrative, questions and reflection highlights the relational nature of their knowledge-building i.e. what they are doing jointly results in knowledge that is qualitatively different than that which might be developed alone. The story culminates with a focus on Kayla's dilemma, which can at that point be addressed because of the knowledge that has been built together through the preceding story-telling.

Pair 3 tend to move quickly into problem-solving once the initial story has been narrated. This is driven either by Cathy's questions or by Kayla raising ideas of what she might do. For example, in Session 1 Kayla's initial brief explanation about the problematic preschool is followed by Cathy asking "*so Kayla … what do you think you should do, or what can you do*?" Also in Session 1, after Kayla presents Andrea, Cathy

asks *"what are you thinking*?" and Kayla moves on to talk about her plans for Andrea. This early movement from story-telling to problem-solving may mean that problem-solving is founded on insufficient informational grounds. However, they move back into story-telling when new (to Cathy) knowledge comes to light. The sessions therefore flow between story-telling and problem-solving. Early in Session 1, the combination of Cathy's questions and the information Kayla reports about Andrea's history develops a picture of Andrea as an anxious, needy and controlling child who has been influenced by her early losses. This is tempered during the session by additional details of the story, especially in relation to current functioning and strengths, for example her ability to sleep in her own bed. Although the initial picture serves as a basis on which they build their problem-solving, it is expanded epistemically throughout the session as more information comes to light. Hence, building knowledge directed towards action does not preclude expanding the understanding of the client, with these two aspects working together in an emergent and unfolding fashion.

Although an understanding of the client may be built, this does not necessarily mean that the knowledge object (the client or Kayla's work with the client) functions as an epistemic object. The discussions of knowledge objects in each of Pair 3's sessions (7.2 - 7.6 above) show that these tend not to be developed as epistemic objects to the extent seen with the other dyads (see 8.3.4 below). This was evident, for example, with Andrea, Lucy, David and Brett, and relates to the potential early moves towards problem-solving. Such moves may result in knowledge objects not being epistemically developed in the same way as if they dwelled on the client's presentation for longer. This seems to be a result of focus i.e. Pair 3's emphasis in supervision is on expanding the knowledge object with a view to developing actionable knowledge, rather than on developing knowledge that expands understanding of the knowledge object. Regardless of focus however, productive conversations can take place that support and assist the supervisee in moving forward in her professional practice.

7.7.4 Asking expansive questions

Cathy expresses in her interviews that she sees her supervisory role as a facilitative one - she aims to draw out Kayla's wisdom and expertise. This is reflected in the sessions in her reliance on asking questions, which work together with story-telling to enhance epistemic work. In every session she makes use of closed questions to clarify information and ensure relevant areas are covered. More notably in terms of epistemic work, she uses open questions to locate Kayla as the expert and compel her to draw on her knowledge and experience. Open questions expand Kayla's story-telling (and potentially expand the knowledge object/s) and elicit and explore her thoughts and ideas. Aiming for expansion is evident, for example, in Session 1 where Cathy uses questions to uncover more of Andrea's story e.g.:

- *"What's she like with the other kids?"*
- *"How does she cover it up?"* (the fact that she may not have developed age-appropriate concepts)
- *"And what's the sibling relationship like?"*
- *"What about dad?"*
- *"What do you think the boundaries and the routines are like at home?"*
- *"What's toileting like?"*

These questions build a shared picture of Andrea, keying Kayla into potentially relevant information and leaving Cathy better placed to be constructive. Given they are working with young children, a wide range of developmental areas might be relevant and Cathy wants to ensure that they have covered these in considering a case. Relying on questions results in Cathy leading the conversation - she introduces topics that open up areas of enquiry, but these topics do not necessarily follow or emerge from what Kayla is relating. Hence, while positioning Kayla as an expert on the content of Andrea and her story, Cathy uses her supervisory expertise to direct the process of supervision.

In Session 2, Cathy peppers the conversation about Lucy with questions that work in different ways to expand the knowledge object of 'how to help Lucy'. Some of these questions are designed to open up relevant areas that have not yet been covered, extending the narrative beyond what Kayla reports e.g. *"what's mum's role in extending her network?"*; *"are there siblings in the family?"* and *"has she been able to describe her anxiety?"* This is also apparent in other sessions, e.g. in Session 4, she asks about Brett: *"is there a dad involved?"*. In Session 5, questions such as *"what are the siblings like?"*; *"who's his safe person?"* and *"what do you think his protective factors are?"* serve the same purpose. Such questions ensure that aspects relevant to the case

have not been overlooked. In Ryan's situation, this may potentially help Kayla with her decision about the notification and thus has implications for action.

The last of these questions in Session 5 serves an additional purpose. Kayla precedes it by expressing an emotional response to Ryan's school situation as follows:

> K: My god, if my child was in there I'd be horrified, I just want to rescue him, he's one of those kids that you just want to pick up and take home
>
> C: Ah Kayla, you're really just feeling he's just so, it's not doing him any good
>
> K: And the home life doesn't sound much good either
>
> C: What do you think his protective factors are, I mean you've said the grandparents, but is there anything else?

After an initial expression of empathy, Cathy directs the conversation away from the negative emotion by asking about protective factors. She does not construe Kayla's response as countertransference, as might have occurred with Pair 1. Rather than compounding Kayla's distress, she chooses a path that might yield potential actionable knowledge e.g. by bolstering or working with the supports that exist. Thus, the expansive nature of the question does more than one piece of epistemic work by exploring potentially relevant factors and redirecting Kayla towards strengths in Ryan's situation.

Along with expansion, open questions work to elicit and explore Kayla's thoughts and ideas. This is apparent in Session 4 when discussing Brett. Cathy remembers from Session 3 that Brett's parents were hoping for a diagnosis of ASD as a means of explaining his behaviour. Once Kayla reports that Brett's scores do not warrant this diagnosis, Cathy asks "*how did the parents cope*?" and "*how else do you try and help her [*mum*] make sense of the stuff that it probably is?*" (i.e. how to explain to Brett's mother what factors are influencing his behaviour). She follows this up by asking "*what's going to be your referral, your recommendations?*" Here she is using expansive questions to draw Kayla out about ideas to help her work with Brett's parents. Cathy does this instead of giving Kayla suggestions, reflecting her belief that supervision involves facilitating Kayla's expertise. In Session 5 she asks questions that have a similar intention, for example:

- "*How did he handle that? What was that like Kayla?*" (referring to how Ryan coped with separating from his grandfather and dealing with the fire alarm going off)
- "*Do you feel like you've been put in a bit of a position here?*" (referring to the grandfather asking Kayla to make the notification)
- "*How did that make you feel?*" (when Ryan's teacher was short with Kayla)
- "*What did you notice when you were doing the cognitive? What sort of stuck out for you?*"

In other instances, Cathy uses questions to make suggestions to Kayla in an attempt to build actionable knowledge. However, by phrasing these as questions, she avoids telling Kayla to do something that may not fit for her. It leaves Kayla open to decide what action to take, but with a larger repertoire of potential actions at her disposal. These questions express Pair 3's orientation towards problem-solving. Some examples from Session 2 (Lucy) are: "*Are there any responsibilities or roles at school? Could she help with the younger kids, with reading? Is there any activity that could extend her that way, so that she feels a sense of purpose and belonging?*" and "*Could she help out in the library?*".

Thus, for Pair 3, questions work to expand the knowledge object through uncovering relevant areas and exploring Kayla's thoughts, and to contribute to knowledgeable action through eliciting and unpacking Kayla's ideas as well as offering suggestions. As Cathy explains in her second interview:

> *Asking the right questions is part of the role, curious questions or wondering questions, not to make her, I never want to make her feel on the spot, or so she has to feel like she's got to come back with a smart answer type thing, it's more a curious, it's a wondering.*

Cathy's reference to 'wondering' suggests that curiosity underpins her supervisory stance, even though wondering did not emerge overtly as an epistemic practice in Pair 3's sessions. Questioning enhances their knowledge work, and is reinforced by its interconnections with other epistemic practices such as story-telling and recontextualising theoretical knowledge.

7.8 Pair 3: An overview

This chapter has described and analysed the five supervision sessions recorded by Pair 3. Their sessions are primarily client-focused and are characterised by a directedness towards problem-solving. Cathy adopts a supportive and caring stance, and her desire for Kayla to explore her ideas and come to her own solutions is evident. In Cathy's words (Interview 1):

> I'm hoping in supervision she's got that space to put those thoughts out there and to be able to review what she's thinking and to feel more confident in what she's doing and to be able, by talking about it, to be able to see other ways she could do it or build on it or change it … to build her confidence and to give her ways of just growing in her practice.

Kayla does not articulate what she is looking for in the sessions and Cathy tends to direct the content through questions, generally designed to cover a variety of areas that might be relevant to the case and are central to how Pair 3 work jointly with knowledge. The epistemic work done in the sessions is summarised in the tables below, with Table 18 focusing on framing and knowledge objects (research question 1) and Table 19 summarising the epistemic practices that predominated (research question 2).

Table 18: Summary of Pair 3's sessions: Framing and knowledge objects - key findings for research question 1

SESSION	Frame	Knowledge object/s
1	• Working with the preschool as a system • How to work with Andrea	• Emotional tone of preschool • Kayla's work with Andrea
2	• 'Should Lucy change schools?' vs 'How to help Lucy?' • How to treat Selma	• How to help Lucy • How to help Selma
3	• Doing an ASD assessment	• Kayla's work with David and Brett
4	• Feedback on assessment	• David • Brett
5	• Child safety dilemma	• Kayla's practice – how to handle the dilemma in relation to Ryan

Table 19: Summary of Pair 3's sessions: Epistemic practices - key findings for research question 2

SESSION	Recontextualising practice knowledge	Recontextualising theoretical knowledge	Story-telling	Asking expansive questions
1	✓	✓	✓	✓
2	✓	✓	✓	✓
3		✓	✓	
4	✓	✓		✓
5		✓	✓	✓

The three preceding chapters have described and analysed the supervision sessions recorded by three supervisory pairs of psychologists. Each session has been discussed in relation to its epistemic framing and emergent knowledge objects. Predominant epistemic practices have been identified and analysed for each pair. In the chapter that follows, the findings from all three pairs will be integrated to discuss key issues related to knowledge work and epistemic practices in supervision, addressing the research questions more broadly.

Chapter 8: DISCUSSION

THIS CHAPTER IS STRUCTURED AS FOLLOWS:

8.1   The chapter begins by building on the findings from Chapters 5, 6 and 7 to develop an argument that supervision is an epistemically intense undertaking. The findings across the three pairs are integrated and discussed in relation to framing, knowledge objects and epistemic practices as follows:

8.2   **Framing**:

8.2.1 How frames emerged and shifted in supervision

8.2.2 The interplay between framing and the purpose of supervision

8.3   **Knowledge objects**:

8.3.1 The centrality of knowledge objects in supervision

8.3.2 How knowledge objects emerged and shifted in supervision

8.3.3 Expansion of knowledge objects, focusing on insight or action

8.3.4 A comparison between pairs in relation to whether they approached knowledge objects as epistemic objects

8.3.5 How certain pertinent knowledge objects e.g. diagnosis, were used as tools, and the epistemic consequences of this

8.4   **Epistemic practices**: Cross-case comparisons of how pairs used epistemic practices

8.4.1 The crucial role of recontextualisation in supervision sessions, encompassing recontextualisation of practice knowledge and theoretical knowledge

8.4.2 Entangledness of epistemic practices

8.5   The distinctively collaborative nature of supervision is discussed.

Chapter 8 integrates the findings across the pairs presented in chapters 5, 6 and 7, presenting a discussion focused on understanding how knowledge is worked on and with in supervision. Findings are discussed in relation to epistemic framing, knowledge objects and epistemic practices. At times the pairs are compared to discuss how epistemic work manifests in supervision and to consider how knowledge work can prove consequential for supervisors and supervisees.

8.1 Introduction: Supervision as an epistemically intense practice

8.1.1 The epistemic nature of supervision

What makes this research unique is the use of an epistemic lens to study clinical supervision practice. The findings in Chapters 5, 6 and 7 demonstrate that epistemic work pervaded the supervision sessions. Regardless of a session's primary purpose, whether normative, formative or restorative (Proctor 2011), the participants consistently engaged in knowledge work. The supervision literature implies that, generally, sessions that focus on educational goals (formative) deal with knowledge, while sessions focused on supportive and administrative goals predominantly involve other dimensions. However, epistemic work was woven into *all* sessions, with participants drawing on a wide range of knowledge resources to build knowledge in a variety of areas. As described in 3.6 above, this knowledge work contributes to and forms part of the professional learning that takes place through supervision, with such learning approached in this research by addressing questions about the epistemic aspects of supervision.

The analysis demonstrates the variety apparent in the practice of supervision, characterising it as a "space of multiplicity" (Köpsén & Nyström 2015, p.42). In all three dyads, the focus of supervision content varied among four key areas - client, supervisee, organisation and practice management. Interviews also revealed that five of the six practitioners were participating in other supervisory relationships as well as the one included in the research, taking both supervisor and supervisee roles depending on the context. The epistemic work evident in the sessions thus spilled over into other contexts and with other people. It was influenced and potentially nurtured by this broader web of supervision relationships.

According to Knorr Cetina (2001), practice involves non-linear branching out i.e. knowledge work does not necessarily unfold in ways that are forward-moving or sequential; rather the unfolding can have a lateral quality. This is evident in the epistemic work that takes place in supervision in that knowledge objects were opened up by the pairs, with some of this expansion generating exploration along various lines, all with the potential to prove fruitful. As Knorr Cetina explains, "processes of inquiry rarely come to a natural ending of the sort where everything worth knowing about an object is considered to be known" (2001, p.195), which aptly describes some of what was seen in the sessions. The focus of epistemic work in supervision moved and shifted, covering different aspects of the object/s, without necessarily reaching a resolution.

Chapters 5, 6 and 7 make evident that epistemic practices were activated in combination to develop new knowledge by recontextualising knowledge from various sources in the service of an individual client or situation. This reflects Eraut's claim that new knowledge can be "developed by practitioners 'solving' individual cases and problems, contributing to their personal store of experience and possibly that of their colleagues" (1985, p.130). The cumulative effect of this local knowledge-building on practice in general, beyond the bounds of the supervision context, is not easily measured. The participants alluded to this in their interviews by suggesting that supervision brings about subtle shifts in practice that may not be immediately noticeable, and reflecting on how discussion about one client may spark ideas that can be implemented in work with other clients. Supervision's epistemic value is thus potentially consequential beyond its immediate context.

8.1.2 Local and 'global' knowledge in supervision

Another epistemic aspect highlighted by the analysis in chapters 5 to 7 is the interplay between local frames and knowledge objects, and 'global' issues i.e. those of a general professional nature. At times the client constrained the discussion, with knowledge-building focused on him/her as knowledge object e.g. with Sally (Pair 1, Session 1). At other times, the focus radiated outward from the client/issue at hand to broader professional challenges e.g. when Pair 2 confronted dilemmas regarding boundaries and self-disclosure in Session 2. This was also evident with framing. For example, the frame might zoom in on a particular client's case or zoom out to use the case as a means to look more broadly at issues of practice. Examples in the latter category included boundaries (Pair 1, Session 3 and Pair 2, Session 2), billing (Pair 2, Session 3A), legal issues (Pair 2, Sessions 4B and 5B) and taking leave (Pair 1, Session 5). In these instances the case brought to supervision served as a spark for issues of professional relevance to psychology practice as a whole. These sessions more closely reflected the epistemic culture of psychology and the 'machineries of knowledge construction' (Knorr Cetina 1999) (see Chapter 3). Supervision constitutes part of these machineries in the helping professions, with professionals in epistemic communities making up a "complex web of people, activities and material structures extending well beyond the immediate work context" (Mørk et al. 2008, p.12).

Hence, what takes place epistemically in supervision at a local level has implications for the practice of the profession. Regardless of the specificity of the issue under discussion, the 'bigger picture' of psychology practice is ever-present, reinforcing the dialectic between 'global' and local knowledge. The knowledge produced in supervision is local in that it responds to the context and interactions that influence its production (Berkenkotter & Ravotas 1997). Yet it also has a structurally constitutive

aspect in that the psychologists "both constitute social structure (at the microlevel) and reproduce the social structures of their respective professional and institutional affiliations" (Berkenkotter & Ravotas 1997, p.271)[46]. Although not a focus of this research, studying the local enactment of practice has implications for how one understands connections to the knowledge practices of the profession at large and the wider webs that constitute professional practice (Nerland 2018).

8.1.3 Dealing with not knowing

Common to all three pairs were examples of epistemic 'shortfalls' or times where the available knowledge was insufficient to fully understand or resolve the problem under discussion. This is a characteristic of professional practice (Gregory 2016), yet it is magnified in supervision by the lack of availability of first-hand knowledge about the person under discussion (due to the absence of the client), resulting in information and knowledge having a quality of distance from the immediate issue[47]. Even when there was an abundance of information e.g. with Kylie (Pair 1) or when Pair 3 discussed the children that Kayla had assessed, there was a knowledge shortfall due to the complexities of dealing with people's lives. The supervisor and supervisee thus had to deal with circumstances of not-knowing and the analysis demonstrates how they found ways to work despite not having access to all the desired knowledge.

All three pairs showed some acceptance and understanding of this not-knowing and its implications for knowledge work. Lisa (Supervisor, Pair 1) demonstrated her tolerance for the lack of completeness exemplified by epistemic objects in expressing her belief that:

in the situations where we are grappling with something, we are both OK at tolerating the not-knowing immediately … we're both more comfortable in just exploring ideas rather than thinking we have to come up with a single black and white answer (Interview 2).

Pair 2 also seemed content to dwell in a situation where there was a lack of clarity, embracing this as part of the process, as described by Sybil:

There's an enormous acceptance in our communication that these are people and these are unfolding processes and that we are not omniscient and so we couldn't possibly know the whole story and so we're just working with what we've got and we're doing the best we can … we both feel that what we do comes from a deep altruism, a deep sense of wanting to make people's lives better and that that is the end goal … are we actually contributing to this person having a better life, having

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[46] Berkenkotter & Ravotas refer to therapy in this quotation, but this could arguably be equally applicable to supervision.

[47] There are psychotherapy models such as narrative therapy where greater transparency and a desire for equality might involve a client in supervision, but this is not mainstream practice.

*more meaning, more purpose, more joy? … if we are contributing to that end then it's
all fine, whatever the greys (Interview 2).*

Having established the epistemically intense nature of supervision practice, I move on
to discuss the findings from the three pairs in terms of framing, knowledge objects and
epistemic practices. The former two aspects relate most closely to research question 1,
while epistemic practices responds to research question 2. This discussion will be
developed further in Chapter 9 in revisiting and addressing both research questions
(see 9.2). I conclude the chapter with a discussion of the collaborative nature of
epistemic work in supervision.

8.2 Framing

The table below summarises the epistemic frame in each session, across the three
pairs.

Table 20: Framing of sessions across pairs

Ses-sion	FRAME		
	Pair 1	**Pair 2[48]**	**Pair 3**
1	Schema therapy	What is 'wrong' with Emily?	Working with a preschool as a system; How to work with Andrea
		What kind of problem is this and how can we treat it?	
2	Working with a long-term, difficult client	Confession → boundaries	'Should Lucy change schools?' vs 'How to help Lucy?'; How to treat Selma
		Confession → professional practice issues (boundaries, self-disclosure)	
3	Boundaries	Billing/administrative practices	Doing an ASD assessment
		Categorisation: working with young, male clients	
4	Categorising clients: working with a psychotic client (Mike); how to treat a client (Simon) with hoarding disorder	Purpose: ideas for treating Elly and reassurance	Feedback on assessment
		Negotiating legal issues in practice → treating Patsy	
5	How psychologists manage leave → working with a long-term, difficult client	Unclear – what kind of problem is this? (grief or trauma) → How best to work with Tina	Child safety dilemma
		Legal and ethical problems in relation to Stan	

The table makes evident that the frames were of different types. They were primarily
either client-related e.g. how to work with a particular client, or they emerged from

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[48] There are two frames per session given that Sybil and Penny took turns in the supervisor role.

the nature of a psychologist's work (practice-related). The latter were less local and likely to be faced by all psychologists, although this may depend on work context. Examples were issues relating to boundaries, legalities and child safety. When frames were less local, this influenced the kind of knowledge that was brought to bear in working with the issue, since these issues were more likely to be shared by the supervisor and supervisee.

Two dimensions of framing are expanded on below. These relate to the way in which frames emerged and the interplay between the frame and the purpose of the supervision session.

8.2.1 Emergence of frames

Analysis in Chapters 5 to 7 revealed that the epistemic frame evolved over the course of the supervision session, rarely being clear at the outset, and sometimes involving negotiation between the participants. The emergent nature of supervision practice thus came to the fore. In some sessions there were multiple frames, and/or the frame shifted over the course of the session. Sometimes this depended on the problem or the reason for presenting the problem. For example, with Pair 1 in Session 5, the frame changed from the broad professional question of how to manage leave to working with a long-term, difficult client, because the initial problem (leave) led into a discussion of how Sam's leave might impact Kylie. Thus, as the problem changed, so the frame shifted. At times an initial frame was offered which did not come to frame the session as it unfolds. Two examples of this occurred in Session 1A of Pair 2 (Sybil as supervisor) and Session 1 of Pair 3.

8.2.2 Interplay between frame and purpose

An interconnectedness between the frame and the purpose of supervision became evident in the findings chapters. 'Purpose' here refers to the reason why the supervisee brings the issue to supervision, which has relevance to the wider purpose of supervision as broadly formative, normative or restorative (Proctor 2011), as outlined in Chapter 2, and can influence how knowledge resources are used (Guile 2014). In other words, the knowledge that is brought to bear in the course of epistemic work is connected to supervision's purpose, both locally and more broadly. This relationship between purpose and frame was evident, for example, with Pair 2 Session 4A, when Penny explained that she needs reassurance and ideas for working with her client, Elly. These needs set the frame - 'ideas for working with Elly and reassurance'. With Pair 1, in Session 2 Sam looked for support in carrying the weight of working with Kylie. Lisa offered this restorative input, but with a formative component. The building of a stronger understanding of what motivated Kylie worked towards Sam feeling able to

treat her without being emotionally affected. Restorative and formative aspects became entangled, with both encompassed by the frame of working with a long-term, difficult client.

Similarly, framing was influenced by a lack of clarity of purpose. When it was unclear what the supervisee was hoping for from the session it sometimes took longer for a shared frame or conceptualisation to be established, or it might not become established, making it potentially more difficult to develop collaborative epistemic work. This was sometimes evident with Pair 3, when Kayla did not articulate her supervision goals or needs. Since the practice of supervision provides a frame for the session to proceed (see below), this did not necessarily stymie the process of supervision, but it could confound the mutual establishment of a frame. As was evident in chapter 7, the lack of a clear frame may result in the session meandering through various topics rather than having an explicit focus, illustrating the consequential nature of knowledge work.

Particularly in situations where the frame is unclear and/or supervisees do not articulate what they are hoping to gain from the session, the practice of supervision itself sets a frame and structure for working with knowledge by offering a familiar process for talking through issues of practice. In other words, the frame for a session is established both by the content of the problem/issue, and by the practice of supervision. Due to their training and experience, psychologists have come to know 'how to go on' in supervision (Kemmis et al. 2017) within the constraints of their supervision relationship and context. The practice embodies a recognisable form, with participants playing unspoken yet assumed roles as they engage in the familiar doings, sayings and relating of supervision (Kemmis et al. 2017). In studying social workers, Wilkens et al (2017, p.944) describe how supervision takes a common form, relying on a "well-developed sense of what supervision is for", regardless of what model is employed. Since psychology supervision practices are similar, such research is applicable to psychologists (Bernard & Goodyear 2014; Sewell 2018), who are initiated into how supervision works during their training, carrying this into their professional life.

The framing offered by the practice embodies those elements that supersede content and are a focus in the supervision literature (see Chapter 2), particularly the creation of a trusting, genuine and respectful alliance (Davys & Beddoe 2010; Ladany, Mori & Mehr 2013; Watkins 2014d). Framing thus operates within intersecting and entangled levels of content and process. The frame provides a structure to the session that enables practitioners to engage in supervision, regardless of content, because as psychologists they have learned and experienced how to 'do' supervision. This can

shape the sessions as much as content does, particularly when supervisees do not articulate at the outset what they are hoping to gain.

Having discussed how the findings shed light on epistemic framing, I go on to discuss what Chapters 5, 6 and 7 demonstrate in relation to knowledge objects, a key component of my conceptual framework. In doing this I connect the threads that run through the three findings chapters to draw out key points for discussion.

8.3 Knowledge objects

The table below summarises the knowledge objects across the three pairs. These knowledge objects can be seen in conjunction with the frames outlined in Table 21. Although the content of frames and knowledge objects intersects, they are not the same. Elucidation of this content is in itself new information in the field of supervision, as will be discussed in Chapter 9 (9.3.1).

Table 21: Knowledge objects across pairs

Session	Pair 1	Pair 2	Pair 3
1	Client (Sally)	Client (Emily); Penny's work with Emily	Emotional tone of preschool;
		Sybil's work with client (Paula)	Kayla's work with client (Andrea)
2	Client (Kylie) and Sam's work with Kylie	Penny's practice with Kath → Client-therapist relationship	How to help client (Lucy); How to help client (Selma)
		Client-therapist relationship (Sybil's behaviour towards client Paula)	
3	Sam's practice in her organisation	Practice management – how to keep client (Emily) in therapy	Kayla's work with clients (David and Brett)
		Client (Aaron)	
4	Client (Mike); Sam's work with client (Simon)	Client (Elly) AND Penny's work with Elly	Client (David); Client (Brett)
		Legal aspects of Sybil's practice with Patsy → How to treat Patsy AND client (Patsy)	
5	Sam's practice (taking leave); Client (Kylie)	How to work with client (Tina)	Kayla's practice – how to handle child safety dilemma regarding client (Ryan)
		Sybil's management of client's (Stan) case	

Aspects relevant to knowledge objects that became apparent through analysing the findings in Chapters 5, 6 and 7 are discussed below and include evidence of objectual relations, the emergent nature of knowledge objects, the ways in which knowledge objects are approached and expanded, and how certain potential epistemic objects are used as tools. Integrating these threads from the preceding three chapters

demonstrates the consequential nature of knowledge work for supervision as well as for other aspects of the supervisor's and supervisee's practice.

8.3.1 Objectual relations

Chapters 5, 6 and 7 demonstrated how knowledge objects are key to how the supervision sessions unfold. In seeing these chapters as a whole, it is evident how the psychologists were oriented towards and invested in the knowledge objects, demonstrating the objectual relationships described by Knorr Cetina (1997, 2001) (see 3.3.2). This suggests that professionals build knowledge and learn through "sustained collaborative activities whose aim is to create new knowledge through work on shared objects" (Damşa et al. 2010, p.146). Learning thus emerges from the collaborative development of shared objects (Paavola & Hakkarainen 2005). This was evident in the interviews when participants discussed how much they take from the sessions and how supervision positively impacts their practice. Such collaboration is discussed further in 8.5 below.

8.3.2 Emergence of knowledge objects

It was not clear at the start of each session what the knowledge objects were. These took shape during a session, depending on the unfolding interaction and discussion. Further, knowledge objects shifted over the course of a session, moving between foreground and background, demonstrating how "the role and function of particular objects can change during the course of collaboration" (Nicolini, Mengis & Swan 2012, p.612). At times there was more than one knowledge object, which sometimes existed simultaneously or emerged sequentially. For example, in Session 2 of Pair 3, two clients (Lucy and Selma) were presented one after the other, with the issue of how to help each client emerging sequentially as the knowledge object. In Session 2 of Pair 2 (Sybil as supervisor) the knowledge object started as Penny's practice but evolved to focus on the therapy relationship between Penny and her client, Kath. In Pair 2, Session 4B (Penny as supervisor), the three knowledge objects (the client Patsy, legal aspects of Sybil's work with Patsy, and how to work with Patsy) co-existed, with movement between them over the course of the session. This also provides an example of the interconnections between frames and knowledge objects - as the frame moved away from the legalities of the work and towards Sybil's broader work with Patsy, so the knowledge object also shifted.

8.3.3 Expansion of knowledge objects

One of the threads that can be connected across Chapters 5, 6 and 7 is the observation that much of the knowledge work in supervision was focused on expanding the knowledge objects. Furthermore, this expansion had two main foci—expansion to develop understanding and insight, and expansion to build actionable knowledge. Session 4 of Pair 1 provided a juxtaposition of the two types of expansion. In this session, Sam and Lisa discussed two clients, Mike and Simon. With Mike, the focus was on understanding how his behaviour was manifesting and what this meant for diagnosis, something psychologists term 'case conceptualisation'. With Simon, the focus was on treatment, namely the difficulties Sam was having adopting a CBT approach. Hence there was a difference in focus between expansion with a view to understanding (Mike) and expansion with a view to action (Simon). The focus of expansion sometimes served both purposes e.g. in Pair 2, Session 4A (Sybil as supervisor) they moved between the knowledge objects—Elly and Penny's work with Elly—simultaneously building their understanding of Elly and developing ideas for Penny to use in treating her.

Although most sessions covered both aspects, the emphasis differed. The two orientations are difficult to separate, since most expansion served actionable knowledge, even if only by developing insight that could pertain to future practice. However, for analytical purposes one can distinguish whether the opening up is primarily oriented towards building understanding or whether it is oriented towards action. The latter was related to possibilities for future action, connecting to the notion that epistemic objects tend to be future-oriented (Nerland & Jensen 2014b). Knowledge work focused on building understanding invariably had implications for what the supervisee might do in working with a client, rarely coming across as an intellectual exercise removed from potential action. When the focus was on expanding the knowledge object to grow understanding, actionable knowledge tended to be a by-product, which was different to when expanding possibilities for action was the primary purpose.

Expanding the knowledge object is an area where the three pairs tended to work differently. Pair 3 were primarily action-oriented, concentrating on what Kayla could do next, and dealing with uncertainty by making a plan, rather than leaving issues open-ended. They moved into problem-solving more quickly than the other pairs, more often asking 'what next?' rather than 'how?' and 'why?' (Wilkens, Grant & Forrester 2017). Since Kayla did not stipulate what she was looking for, this tended to be led by Cathy and not contested by Kayla. Cathy expressed in her first interview that a measure of success in supervision is about finding ideas for action, stating that:

that would be a successful session, if she had things that she needed to struggle with, she's managed to struggle with them together and come away with something that she would like to try … if she's got things that she feels she can go out with, go and try.

Kayla also expressed this emphasis on 'what to do':

I think we often get a plan on how to proceed with the greyness, if it's not clear-cut it's almost like well let's get a plan of what to do next to help clarify the situation a little bit more … and helping me just make a plan to go forward with, and even though the situation's still grey at least I've got a plan … because I think often I will know what I've got to do, but talking out loud kind of helps me clarify it, you've told someone else and they've sort of either affirmed you or suggested something you maybe hadn't thought about (Interview 2).

This can be contrasted with Penny's reflection on how she and Sybil deal with tricky or uncertain situations:

It starts off with me talking it through … giving content … how I'm experiencing that … she then puts that back to me and I guess throughout all of this there's empathy and compassion … so then I take on board what she said, I then add that to my conceptualisation and my understanding ... it's changing or steering me to think in different kind of ways depending on what it is that she said, so I guess it's an opening up, a broadening of my conceptualisation of what's going on ... it just opens up and gives you so much more room in terms of how you think about and feel and experience what's going on between you and a client (Interview 2).

For Penny, the focus is on building understanding and case conceptualisation, which involves asking 'why?', rather than about next steps. This reflects a difference in emphasis which may not necessarily be positive or negative in terms of how supervision unfolds. However, it illustrates that how professionals work with knowledge is consequential for the avenues of thinking that are pursued and how this impacts the supervisee's practice.

8.3.4 Approaching the knowledge object as epistemic object

The three pairs do not adopt the same approach to knowledge objects, which are only sometimes worked with as epistemic objects i.e. as incomplete, open, complex and question-generating objects that invite and extend epistemic practice (Knorr Cetina 2001; Nerland & Jensen 2012) (see 3.3.2.1). Table 22 summarises the sessions in terms of whether or not the knowledge object functioned as an epistemic object.

Table 22: Epistemic objects across pairs

Ses-sion	Pair 1		Pair 2		Pair 3	
	Knowledge object/s	Episte-mic object?*	Knowledge object/s	Episte-mic object?*	Knowledge object/s	Episte-mic object?*
1/1A	Sally	✓	Emily; Penny's work with Emily	✓	Emotional tone of preschool; Kayla's work with Andrea	X
1B			Sybil's work with Paula	X		
2/2A	Kylie and Sam's work with Kylie	✓	Penny's practice with Kath → Client-therapist relationship	✓	How to help Lucy; How to help Selma	X
2B			Client-therapist relationship	Δ		
3/3A	Sam's practice in her organisation	✓	Practice management	X	Kayla's work with David & Brett	X
3B			Aaron	✓		
4/4A	Mike; Sam's work with Simon	✓	Elly and Penny's work with Elly	✓	David; Brett	X
4B			Legal aspects of work with Patsy → How to work with Patsy, and Patsy	✓		
5/5A	Sam's practice (leave); Kylie	✓	How to work with Tina	X	How to handle child safety dilemma	X
5B			Management of Stan's case	X		

* = Did the pair approach the knowledge object as an epistemic object in the session?
✓ = Knowledge object is worked with as an epistemic object
Δ = There are some aspects of epistemic object work, but they are not fully developed
X = Knowledge object is not worked with as an epistemic object

As the table indicates, Pair 1 consistently approached the knowledge object as an epistemic object, Pair 2 did this some of the time, and Pair 3 did not work with knowledge objects in this way. Approaching knowledge objects as epistemic objects

usually resulted in their complexity being revealed (Nerland & Jensen 2010). Thus, in all of Pair 1's sessions and about half of Pair 2's sessions, knowledge objects constitute an instantiation that does not fully comprise the totality of the object, initiating puzzlement and a grappling with knowledge. Uncovering complexity fuelled further discussion and exploration, resulting in expansion of the knowledge object. In the case of Pair 3, although they grappled with issues at times, they moved fairly quickly into problem-solving, without approaching the knowledge object in a manner that allowed for its complexities to unfold. This did not preclude the emergence and activation of epistemic practices, although it may account for them being less prolific than with the other pairs.

One example that invites direct comparison is the difference between Pair 1's and Pair 3's approach to dealing with problems at work. In their third session, Pair 1 spend an hour unpacking the difficulties that Sam is experiencing at work, seeking an understanding of how they have come about, what they might mean and how Sam can manage them better. In a number of sessions (see 7.3.1, 7.4.1 and 7.5.1) Pair 3 also consider the difficulties that Kayla is experiencing at work as she transitions into a new job. However, Cathy comes at this from a less dispassionate and analytical perspective, focused on a concern for Kayla's wellbeing. She looks primarily to support Kayla and to express caring, rather than to engage with, explore and resolve the work issues in depth. She listens, affirms Kayla and asks questions, and moves on quickly to discuss Kayla's cases.

Looking across Chapters 5, 6 and 7 also reveals (and is evident in Table 22) that the nature of the problem may partly determine how knowledge is worked with, i.e. whether it functions as an epistemic object or not. Problems that have a more clear-cut solution, such as the practice management (billing) issues that Penny faces in Session 3A (Pair 2), lent themselves less readily to an open-ended approach that engages with complexity and incompleteness. Another factor that might play a role is time. Pair 2 only have half an hour to discuss an issue and Pair 3's sessions tend to be fairly short, whereas Pair 1 take a full hour for supervision, allowing for more in-depth exploration and less pressure to resolve issues swiftly. The shorter time taken by Pair 2 sometimes creates a situation where a session relies more on 'telling' than exploring, thus reducing the possibility for the knowledge object to be engaged with in an unfolding and incomplete fashion.

Another contributing factor to how knowledge objects are approached is the clarity with which a problem is articulated. As discussed above (see 8.2.2), when the nature of the problem is unclear and/or it is not readily apparent what the supervisee is looking to gain from a session, it can take longer for a shared frame and/or knowledge object

to emerge. This makes it more difficult to engage with the knowledge object as an epistemic object. Kayla, Pair 3's supervisee, does not clarify what she is hoping for in the sessions, which may have an epistemic impact on how knowledge objects are engaged with. Although not necessarily a 'better' or 'worse' way to work, the analysis of whether an object is worked with as an epistemic object has relevance for practice. For instance, working with knowledge objects in a finite, less invitational manner may still yield productive knowledge work for the supervisee, but may be less useful when novel or particularly complex situations are faced, or innovation is required (Markauskaite & Goodyear 2016).

8.3.5 Epistemic objects or tools

Looking across the findings from all three pairs, it was noted that certain potential epistemic objects were not explored as such, lending them a 'black-boxed' feel where the conditions that led to the production of knowledge remained unacknowledged (Berkenkotter & Ravotas 1997). This will be elaborated on below by cross-case discussion. As explained in 3.3.2, Knorr Cetina distinguishes between epistemic objects that unfold indefinitely and cannot be known in their entirety (Knorr Cetina 1997, p.12), and technical objects, which are fixed, stable and offer a means to an end, constituting "the frozen product of former epistemic activity" (Rheinberger 2005, p.409). The distinction between these may not be clear in advance of an object's use and emerges through activity (Markauskaite & Goodyear 2016), thus the same object can function as both a technical object/tool and an object of enquiry, although not at the same time (Nerland & Jensen 2010). The distinction is useful for considering how potential epistemic objects take on the character of tools in the supervision sessions. Rather than being unpacked and explored, these were sometimes used to act on other knowledge objects, contributing to working with these as epistemic objects while not being unpacked or interrogated themselves.

The main example of this was diagnosis, with the participants referring frequently to diagnostic categories from the DSM-V[49], a manual used extensively in Psychology, and a key knowledge resource for categorising clients and making comparisons in supervision. The fact that the DSM is a contested resource, and diagnosis is a contested practice (Berkenkotter & Ravotas 1997; Pilgrim 2007; Rosenberg 2006; Whooley 2010), was not taken into account in adopting diagnostic language as a means of communication and understanding in the supervision sessions. In Knorr Cetina's (2001) terms, diagnosis *could* constitute a key epistemic object in psychology,

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[49] Diagnostic and Statistical Manual of Mental Disorders (5th ed.)

since although it is materially instantiated, it is incomplete and unfolding. The DSM-V is partial, pointing towards possible future iterations, with a revised DSM published every few years. As Berkenkotter & Ravotas claim, "knowledge that was tentative and contingent in one context (the writing and revising of the successive editions of the DSM and ICD[50]) becomes part of a community's stock of knowledge once it has been stabilised in the published text" (1997, p.258). Thus diagnosis as categorisation provides an example of how knowledge can be used as a means to stabilise (Berkenkotter & Ravotas 1997; Engeström 2007), and the participants tended to work with diagnosis as a fixed object to act upon their local knowledge objects. Although diagnosis *could* function as an epistemic object, it did not do so.

Arguably, it would be difficult for the participants to unpack diagnosis as a construct. Seeing the DSM as partial, socially constructed and incomplete in the course of using it would be complex and unwieldy, and would interfere with everyday practice. Furthermore, this would involve swimming against the tide of the profession as a whole. Psychologists face dilemmas—they are impelled by both the needs of their clients and by "professional and institutional obligations and responsibilities to fit those needs into the activities of a professional world structured around DSM-related activities" (Berkenkotter & Ravotas 1997, p.258). Hence, the social, political, historical, economic and cultural components instantiated in diagnostic classification (Berkenkotter & Ravotas 1997) are not taken into account when diagnosis is used as a technical object in everyday practice.

Diagnosis provides an example of how the same object can play different roles in different situations i.e. it might be brought into question in the process of trying to work out what diagnosis is warranted, but become more tool-like once the diagnosis is made (Markauskaite & Goodyear 2016). The participants did *sometimes* engage with diagnosis in a manner that did not take its labels for granted. In the case of Pair 2 there was evidence of ambivalence towards diagnostic categories, which hinted at an acknowledgement of their nature as social and cultural products (Markauskaite & Goodyear 2016). For example, in Session 4A, Penny commented that she did not want to use the word 'psychosis' to describe Sybil's client, Patsy. Further, in Session 4B, she referred to Elly as 'narcissistic', commenting that, "*I know it's a horrible word*". This ambivalence demonstrated a possible recognition of the shortcomings of diagnosis as a tool, although without overtly interrogating the debates that it embodies.
The same could be said of other concepts/theories activated in the sessions, such as theoretical models and treatment approaches, all of which constitute complex

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[50] ICD is the International Classification of Disease, also a diagnostic system, currently in its 11th version.

instantiations of cultural, historical and socio-political factors. One example is countertransference, used prevalently in Pair 1's knowledge work. In Session 5, the client (Kylie) operated as the epistemic object upon which the fixed object (countertransference) was brought to bear. Through using this tool, an understanding of Kylie unfolded and grew. The fact that countertransference is a construct stemming from psychoanalytic theory (Abend 2018), offering an understanding of human behaviour which is not necessarily universal, was not acknowledged and the concept was not problematised. As such, countertransference became a tool used to work on the problem, rather than an epistemic object.

Although they work less with diagnosis and not at all with countertransference, Pair 3 tended not to question the tools and constructs they make use of in everyday practice either. Sessions 3 and 4 made evident that when knowledge is shared between professionals - in this case knowledge of assessment tools - the discussion reflects a form of professional shorthand. Their knowledge facilitated discussion and meaning-making regarding David and Brett's WPPSI scores and subtests. However, the conventional wisdom of ASD diagnosis and how this is decided using tests such as the ADOS[51] and the WPPSI was taken as a given, as illustrated in the following excerpt:

> K: Well, yes, so it turns out that's what happened, young Brett who I didn't think probably would be on the spectrum turned out to have a really low score and wasn't, but interestingly he seemed slightly more ASD at the home visit than he did at the office during the assessment
> C: Ah! That's interesting … what do you put that down to?
> K: Not sure, at the end of the day all this, all these observations matter, but you have to go on the score that he got on the ADOS on that day at that point in time.

Hence, assessment tests and diagnoses become tools in practical use, rather than epistemic objects for engagement (Knorr Cetina 1997). They become objects whose "use becomes routinised and their form becomes stabilised - at which point, no one questions the interpretations of the world that these objects embed" (Khazraee & Gasson 2015, p.145). The social constructionist and historical nature of assessment and diagnosis was not a feature of the supervision interactions in this study. The participants did not interrogate their constructs in use in the same way that they might have grappled with a client as an epistemic object. Thus at times knowledge objects acted to stabilise, while at other times they initiated development. This highlights how objects encompass "both explorative and instrumental uses" and the dynamic

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[51] Autism Diagnostic Observation Schedule—a commonly used assessment tool for diagnosing ASD, and used by Kayla with both boys.

"interplay between explorative and confirming dimensions" (Nerland & Jensen 2012, p.105) within professional practice, particularly where complex problems are involved.

8.4 Epistemic practices

All three pairs enact epistemic practices, with the most predominant of these analysed in detail in chapters 5 to 7. This section considers how this occurs differently for each pair and moves on to discuss the key role of recontextualisation as an epistemic practice. The table below compares the pairs across sessions in terms of epistemic practice use:

Table 23: Epistemic practice use across pairs

Epistemic Practice	Pair 1	Pair 2	Pair 3
Recontextualising knowledge from experience of practice	✓	✓	✓
Recontextualising theoretical knowledge	✓	✓	✓
Reframing	✓	✓	
Wondering	✓	✓	
Story-telling		✓	✓
Asking expansive questions		✓	✓

The table demonstrates differences between the pairs in relation to the activation and enactment of epistemic practices. For example, Pair 3 did not make use of reframing or wondering in the sessions analysed. Another difference is the relative absence of story-telling in Pair 1's sessions. This may have come about partly because Lisa (supervisor) was familiar with Sam's workplace, which is not the case with the other pairs. It may also have occurred because Pair 1 have been in supervision long enough for Lisa to build up a repository of knowledge about Sam's clients and workplace. However, the absence of narrative may have short-circuited a process whereby enough is known about a client to paint a well-rounded picture, potentially leading discussion down particular avenues that omit crucial information. This seemed to be something that Cathy (supervisor, Pair 3) sought to avoid by ensuring she covered a range of areas through her use of questions. The balance between telling a comprehensive story while having sufficient time for productive discussion is a dilemma faced by all professionals who engage in supervision.

Another difference in epistemic practices was that Lisa, Pair 1's supervisor, did not rely on the use of expansive questions. Despite this, Pair 1 is the dyad that most consistently approached knowledge objects as epistemic objects. This suggests that although it may be useful to ask open questions in order for a knowledge object to function as an epistemic object, it is not essential. It seems engagement with a

knowledge object as unfolding, incomplete and complex can occur without necessarily acting upon it by asking questions. Additionally, although epistemic objects tended to generate questions, some of which were rhetorical, such engagement did not depend on opening them up through the use of questions.

Areas relevant to an analysis of epistemic practices across pairs are discussed below. They pertain to the prominence of knowledge recontextualisation, and the way in which epistemic practices work together in an entangled fashion.

8.4.1 The crucial use of recontextualisation

Looking across Chapters 5 to 7 it becomes clear that recontextualisation was crucial to knowledge work in supervision, giving rise to rich epistemic material which was accessed collaboratively to expand the knowledge object and offer actionable knowledge. The discussion that follows considers recontextualisation of both practice experience and theoretical knowledge in light of this prominence.

Recontextualisation enabled practitioners to "'make universals from particulars' in professional problem-solving" (Nerland 2018, p251), which could then be applied in ongoing practice. It embodied an ongoing movement between the particular and the general - between individual clients and general theory/information, and also "between the tasks at hand and the collective ways of 'doing knowledge' in the profession" (Nerland 2018, p.251). Constant recontextualisation acted as an exploratory process, seeking to bring some stability to the knowledge object (Hermansen 2014) by building understanding or increasing possibilities for action.

The skilled use of recontextualisation in the supervision sessions illustrated how professionals were required to go beyond applying predefined knowledge, to deal with a particular case or client based on specific circumstances (Nerland 2016). Effective professional practice requires flexibility and skill to blend knowledge of the discipline with experiential knowledge (Markauskaite & Goodyear 2016), something which develops through practice over time. Commingling theoretical and everyday knowledge in professional practice is difficult and challenging (Guile 2014), because "making generalised knowledge 'actionable' is not straightforward but requires active sense-making and analytical skills" (Nerland 2018, p.243). Yet professionals need to do this in order to make judgements such as those evident in the supervision sessions. How this pertains to recontextualising practice and theory across the three pairs of psychologists will be discussed below.

The three pairs generally recontextualised knowledge in different ways. Firstly, they differed in how they recontextualised knowledge drawn from experience of practice and the knowledge sources that they drew on in doing this. In all cases, multiple sources of practice knowledge were activated to resource and expand the knowledge object. The way that these were integrated and recontextualised was key to this expansion (Nerland 2018). Table 24 summarises the sources activated in recontextualising practice experience across the pairs.

Table 24: Forms of knowledge recontextualisation from experience of practice across pairs

Knowledge source	Pair 1	Pair 2	Pair 3
Knowledge of competent/'ideal' practice	✓	✓	
Knowledge about specific clients	✓	✓	✓
Knowledge of the supervisee/ supervisee's practice	✓		✓
Knowledge about the client (built in previous supervision sessions)	✓		
Knowledge of the supervisor's practice	✓	✓	✓
Analogous knowledge	✓		
Knowledge of 'typical' practice			✓

The table makes evident the variety of source contexts for practice knowledge recontextualisation. Pair 1 drew on the widest variety of practice experiences in recontextualising knowledge, while Pairs 2 and 3 made use of some of these sources, but did not spread the net as widely. Pair 3 were the only pair who recontextualised 'typical' practice knowledge. Here they drew on a more diffuse, broad set of references compared to Pairs 1 and 2. Pair 1 were the only pair to draw on prior knowledge of a client because neither of the other pairs discussed long-term clients whom they had seen over time and previously discussed in supervision, as had occurred with Pair 1's client, Kylie.

Approaches to theoretical recontextualisation also differed. Pair 1 were guided by the use of schema theory, which they recontextualised in almost all cases, offering a shared language for communicating about clients and making sense of their behaviour. This was an explicit goal of Sam's - she stated that "*I'm trying to work in a schema-focused way with clients*" (Interview 1). Pairs 2 and 3 tended to adopt a broader approach to theoretical recontextualisation. Penny and Sybil drew on a smorgasbord of theory and background knowledge when discussing clients, tapping into a diversity of knowledge sources. Their theoretical references varied depending on the client and his/her problem. Pair 3's use of theoretical recontextualisation was characterised by a broad underpinning body of knowledge, rather than a specificity in knowledge referencing. Nonetheless, although they did not refer as widely to theory, their

conversation was built on their shared background knowledge of educational and developmental psychology.

An area where Pair 1 recontextualised theory differently to Pairs 2 and 3 was in their use of countertransference as an explanatory construct in supervision. This was not due to the absence of possible countertransference reactions in Pair 2 and 3's sessions, but rather that they did not construe them as such. For example, in Session 4 of Pair 2, Penny revealed her feelings of frustration and anger about how her client (Elly) allowed her partner to treat her. Sybil did not conceptualise this as countertransference or interrogate it as such. In contrast, Lisa (Pair 1) picked up on Sam's feelings on a number of occasions, identifying them as countertransference and working with them as a source of knowledge about Sam and her client/s. The reasons for this different approach may lie in Lisa's training, theoretical orientation and previous experiences of supervision. Regardless, feelings did not appear to be a knowledge source for Pairs 2 and 3 in the same way that they were for Pair 1. This highlights the different ways in which supervision participants may identify possible fodder for epistemic work and theoretical recontextualisation.

Pair 3 generally tended to use less recontextualisation of practice and theory than the other two pairs. This, along with their tendency not to approach knowledge objects as epistemic objects, gave their sessions a less epistemic feel. This may indicate an orientation towards the restorative function of supervision (Brunero & Stein-Parbury 2008) and/or reflect how Cathy's supervisory style relied less on didactic input and more on facilitating the emergence of Kayla's knowledge and ideas. Another relevant factor is that Kayla reported in her second interview that due to the nature of the job she transitioned into while participating in the research, her cases were fairly clear-cut and did not require much supervisory input. Hence, less use of recontextualisation in working with knowledge may have been indicated. This did not necessarily impact the effectiveness of their supervision, but does indicate that the epistemic emphasis in supervision is not consistent and can take on a characteristic nature depending on the psychologists involved, the contexts in which they work and their practice needs.

8.4.2 Entangledness

Analysis of the supervision sessions in Chapters 5 to 7 revealed how the epistemic practices, as well as the knowledge sources they relied on, were interconnected and worked together. This insight is discussed below, and the relationship of entangledness to collaborative knowledge work is elaborated on in 8.5.

Sam refers to this interconnectedness of epistemic practices when asked about how she and Lisa manage complex, uncertain cases. She explained as follows (in relation to Session 5):

> I guess it was by sharing bits of her [Kylie's] response and my countertransference to what was happening and then exploring it in that kind of conceptual framework of schema therapy … bringing some quite specific things that had happened, how I'd responded to them, taking a theoretical framework and putting it into that mode and into her schema … looking at it from different perspectives and coming out with that perspective that, you know, she often abdicates all responsibility for the relationship and what's going on … so I think just that process of doing that … I mean that to me was really, really helpful to me and you could almost feel it at an emotional level as well, kind of, yes that really fits with my experience with that client, and it's almost that process of you try and marry your emotional experience of the client with some of the evidence and the facts and you come up with something that's completely different (Interview 2).

Sam described how recontextualised practice knowledge, theoretical knowledge, and story-telling combine in the context of collaboration, explaining that the outcome feels different to the sum of its parts. The knowledge integration that this involved was a complex process that unfolded through dialogue in the session (Mengis, Nicolini & Swan 2018).

Another illustration of entangledness is drawn from Pair 1 Session 2, where Sam and Lisa discuss Kylie. They expand Kylie as knowledge object by integrating multiple knowledge sources, looking to attach insights to her situation to see which of these 'stick'. At times this is done through thinking out loud (something done often by Penny in Pair 2 as well), as in the following passage where Lisa is grappling with how Kylie might be experiencing her therapy with Sam, and what is contributing to this:

> If you think about process a bit more than content, which she might also have got her to withdraw is how does she experience your pointing out something about her that … you think should be changed, because what that reminds me of is what you told me before about the mom taking her off to these appointments trying to change her basically, so how does she experience just the process? … what you're saying is there's this part of her that's hurting her and that's why you want to help her change, what she might experience is 'there's this part of you that's not working properly' and so you want to fix it, does she interpret it like that? I'm thinking of this in the context of her interaction with her mother, and also, so if you think about that work around self-compassion, that idea that kind of unrelenting standards, critical parent, the majority

of people in Western society believe that that internal voice that goes 'push yourself, you should do more, you should do better' … that that actually makes us more productive, that's a very commonly held belief in our society and I often say to patients … patients are very reluctant to relinquish that, they think that if they give up on that they will just become lazy, useless … and there is a big body of research that shows that people who have high levels of self-compassion are more productive than people who aren't … so I would normalise that a little bit with her … you could actually point her to the research and that it is quite scary to think about trying something different …

In this extract, Lisa is as much in a conversation with herself as with Sam, with the verbalisation of her thoughts creating a qualitatively different epistemic context than thinking these in her head. Her thoughts are constructed as she talks, hence the blurring of meaning and the lack of clarity as she moves from idea to idea. However, this crystallises at the end with a suggestion to tell Kylie about relevant research to normalise what she might be feeling. As Lisa's thoughts emerge, she recontextualises knowledge drawn from different sources, commingling theory and practice. First she draws on what she knows about Kylie through supervision; then she activates research in a relevant area and lastly, she uses her practice experience to illustrate her point about self-compassion. She integrates the knowledge sources in the last sentence, offering a summation of her thinking process that recontextualises the range of knowledges brought to bear in the form of advice, pointing towards future possibilities for knowledgeable action.

Although the epistemic practices are teased out for analytic purposes in the preceding chapters, in the action of practice they work together, building on one another in an entangled fashion and interacting with the supervisory relationship. Rather than suggesting that the practices are separable or sequential, they knit together in a tapestry-like fashion. This creates a powerful collaborative mix, contributing to the simultaneous knowledge development and relationship-building evident in the findings. As this happens, so the interplay between confirmatory, stabilised practice and exploratory, expansive practice unfolds, and the dialectical relationship between actors and practices progresses. The unique contribution of collaboration to this process is explored in the next section.

8.5 Collaborative nature of epistemic work in supervision

In considering all epistemic dimensions analysed above (framing, knowledge objects and epistemic practices), what was striking in the knowledge work undertaken by the three pairs is its collaborative nature. This finding demonstrates the value of analysing the practice of supervision rather than the individuals involved. It also reminds the reader that one of the shortcomings of the supervision literature identified in Chapter 2 is its tendency to focus on individual responsibility in supervision, particularly by emphasising individual competencies (see 2.3.5 and 2.4.3). The concept of collaboration points to aspects of practice that could not be achieved alone, as well as highlighting how relationality contributes to outcomes that are more than the sum of their parts, as will be discussed below.

Through their working together in supervision, knowledge was being "developed by practitioners 'solving' individual cases and problems, contributing to their personal store of experience and possibly that of their colleagues" (Eraut 1985, p.130). The use and creation of the knowledge was inextricably bound together, through the recontextualisation of what was already known, where "the interpretative use of an idea in a new context" constituted knowledge creation (Eraut 1985, p.130). What was being accomplished through the psychologists' *shared* work "provides a meeting point between routine practice and innovation" (Markauskaite & Goodyear 2016, p.59). Supervision thus provided a springboard from which the knowledge built *together* was woven into practice.

The creation of shared knowledge objects was central to the collaboration that occurred (Damşa et al. 2010; Damşa & Ludvigsen 2016). Objects motivated collaboration, and an object's capacity to support collaboration and generate mutuality derived from it being approached as an epistemic object (Nicolini, Mengis & Swan 2012). Sometimes this was because the complexity of the object invited "joining forces" (Nicolini, Mengis & Swan 2012, p.614), hence encouraging joint efforts as well as a sense of belonging shared by practitioners (Knorr Cetina 1997; Nicolini, Mengis & Swan 2012). The analysis in the preceding chapters demonstrated how participants in supervision jointly created the knowledge objects that they worked on and with. Even during the story-telling phases of the sessions, there was very little one-way 'telling' that happened i.e. the supervisor rarely instructed the supervisee. Instead, the interchanges were interactional in nature, with collaborative knowledge-building resulting in epistemic outcomes that were emergent over the course of the session and could not have been predicted. The uniqueness of the transcript excerpts in Chapters 5, 6 and 7 illustrated that what the supervisory dyads achieved together

epistemically was distinctly different to what they could have achieved if working individually or, arguably, even if working with other individuals.

This is not only a researcher observation. In reflecting on session 2 in her first interview, Sam related how the session helped her build a more sophisticated picture of Kylie, contributing understandings that she did not have before as well as building insight into herself and how she operates. However, she did not see this as having come about because of something that Lisa said or did in the session, but rather because supervision gave her an opportunity to talk through and reflect on Kylie's case. Lisa (in Interview 1) reflected on this as follows: "*I think the process of having to explain to someone out loud and talk it through slows your thinking down, forces you to articulate and clarify your ideas more, whereas if she was just thinking it through in her head, that process doesn't happen*". Without the situated interaction of supervision she may not have the opportunity to articulate her knowledge in this way, hence limiting her potential insights about her client. Thus, the unique capacity provided by the joint knowledge work in supervision made a difference for these practitioners.

The crucial role of collaboration aligns with the wealth of material in the supervision literature that focuses on the centrality of the supervision alliance or relationship (Basa 2017; Davys & Beddoe 2010; Proctor 2011; Watkins 2014d). "The combined contribution of supervisor and supervisee is necessary for desired relationship results" (Watkins 2017, p.205). However, this literature has not shed light on the way that epistemic work contributes to and emerges from the relationship. This appreciation also concurs with the literature on knowledge practices that focuses on the collaborative nature of knowledge work (Damşa et al. 2010; Enqvist-Jensen, Nerland & Rasmussen 2017). Mengis, Nicolini & Swan (2018) for example, discuss the crucial role of dialogue when practitioners work to integrate knowledge in conditions of epistemic uncertainty, as is the case in the supervision data. Dialogue is seen as important because "it allows practitioners to engage in a reflexive practice connecting tacit knowing with explicit knowledge" (2018, p.4), by offering an interruption to regular work practice and a space to step back and view one's work at a distance with other practitioners. It is thus that the collaborative nature of supervision offers a unique environment and opportunity for epistemic work to take place.

8.6 Conclusion

This chapter has integrated the findings from the three supervisory pairs in order to discuss epistemic dimensions of supervision across the pairs. I started by considering how supervision is an epistemically intense practice. I then examined how epistemic frames emerged and shifted in supervision and how they interacted with the purpose of supervision. In discussing knowledge objects, I analysed how these emerged and evolved, and the ways in which supervisor and supervisee worked to expand them. I considered whether these were approached as epistemic objects, identifying and discussing how this differed between the three pairs. I also examined how certain potential epistemic objects did not eventuate as such, but instead were used as tools for working on other knowledge objects. With regards to epistemic practices, I considered how different pairs recontextualised knowledge drawn from practice experience and theory as a means of illuminating how epistemic work emerged in supervision, and how this may vary depending on the practitioners and the context. Lastly, I have attended to how the collaborative nature of supervision practice makes it a unique environment for knowledge work and learning. Having integrated and discussed the findings in this way, drawing threads across chapters 5, 6 and 7, I move on to conclude this thesis by responding directly to the research questions and highlighting the contributions this research makes to the relevant fields of study.

Chapter 9: CONCLUSIONS

THIS CHAPTER IS STRUCTURED AS FOLLOWS:
9.1 The chapter content is introduced.
9.2 The research questions are revisited, responding succinctly to each question.
9.3 The empirical (9.3.1), conceptual (9.3.2) and methodological (9.3.3) contributions to knowledge made by the research are outlined.
9.4 A critical reflection on the research is put forward.
9.5 The implications of the findings are considered in relation to the practice of supervision (9.5.1) and supervisor training (9.5.2).
9.6 Suggestions for further research are offered.
9.7 Concluding comments are made.

9.1 Introduction

This research project accomplished a novel study of clinical supervision (hereinafter referred to as supervision), offering a fresh approach to understanding its knowledge dynamics and contributing empirically, conceptually and methodologically to the fields of supervision and professional practice. The research was motivated by how the supervision literature underplayed or missed much of the magic and artistry of supervision, particularly with moves in recent years to standardise competencies and guidelines based on evidence-based practice (as described in Chapter 1). These moves occur in a context of increasing regulation in the professions. In Australian psychology, such regulation mandates training for supervisors and makes supervision (or some form of peer consultation) an obligatory component of continuing professional development (CPD) (see 1.2.2). The account of supervision in this research does not stand in opposition to the prevailing trends, but offers a refreshing alternative viewpoint that decentres competencies and evidence-based practice while foregrounding epistemic and emergent dimensions of supervision.

Two research questions were posed to address the study's aim. These focused on knowledge practices in psychologists' supervision, interrogating the content of supervision and psychologists' engagement with knowledge work. This concluding chapter starts by synthesising the findings that were outlined in Chapters 5, 6 and 7 and discussed in Chapter 8, to succinctly respond to the research questions. It outlines the significant empirical, conceptual and methodological contributions of the research. Empirical contributions include how the research has uncovered the content of supervision in detail, illuminated the craft involved in the practice, and highlighted the epistemic and emergent nature of supervision. Conceptual contributions focus on the extension of an epistemic practice perspective to a new area of practice, and the ways

in which employing theory on knowledge practices has broken new ground in the supervision field. Methodologically, the research has contributed in its novel, longitudinal approach to the study of clinical supervision, which overcomes a number of identified methodological shortcomings. In the light of this, the chapter moves on to critically reflect on methodological decisions. It closes with a consideration of the study's implications, looking towards future supervision practice and research in light of the unique contributions made by the research to the fields of clinical supervision and professional practice.

9.2 Revisiting the research questions

The research questions were addressed by analysing data gathered from three pairs of psychologists engaged in clinical supervision. The data comprised five audio-recorded supervision sessions and two interviews with each participant. Chapters 5, 6 and 7 analysed the data in relation to the research questions, presenting findings for each supervisory pair. The discussion in Chapter 8 integrated these with a view to uncovering and understanding patterns, differences and key discussion points in light of the conceptual framework . Given the extensive nature of the information in these chapters, I synthesise and summarise the findings for each research question below, focusing on what the research has uncovered. How this relates to relevant literature will be considered in discussing the contributions of the research in section 9.3.

9.2.1 Research Question 1: 'From an epistemic perspective, what is discussed in clinical supervision?'

One of the key contributions of this study stems from the response to research question 1, which revealed detailed new knowledge about what is actually discussed in clinical supervision, something that is largely absent in the supervision literature (see 9.3.1). Findings fleshed out the complexity of supervision discussions (see 1.1.1), revealing that such discussions focused on:

- the supervisee's clients—case conceptualisation i.e. understanding and making sense of a client and his/her behaviour in psychological terms;
- how the supervisee has worked with and might work with her client;
- the supervisee herself, in relation to her work, e.g. how she was impacted by the work;
- the supervisee's work role and/or organisational context; and
- practice management issues e.g. taking leave, billing.

Further, analysis of supervision using a practice theory sensibility and an epistemic lens revealed two significant areas of knowledge work - in relation to framing and knowledge objects - each of which is discussed below:

a) Epistemic frames

Epistemic framing referred to how issues/problems were identified, characterised and interpreted, and how this influenced knowledge work (Hopwood & Nerland 2019). As outlined in Chapter 8 (8.2), frames generally related either to particular clients or to broader psychological issues characteristic of practice in general. The latter included boundary-setting[52] as well as ethical and legal concerns. Frames were emergent, negotiated and shifted at times over the course of a session. They were influenced by clarity of purpose (what the supervisee wanted from the session) or lack thereof. The latter was most apparent for Pair 3, where the supervisee did not articulate her goals for the sessions, impacting the establishment of a mutual frame and the session's progression. It also brought to the fore how the practice of supervision itself offered a frame, since participants' sense of 'how to go on in supervision' (Kemmis et al. 2017) provided structure.

Pair 1 evidenced a variety of framing types. Two of their sessions were framed in relation to working with a long-term, difficult client, with the same client discussed in both sessions. One session took a psychological theory (schema theory) as a frame, using this as a lens through which to view clients. Two sessions were framed around common issues of psychological practice, namely the setting of boundaries and taking leave. Their third session illustrated how a frame can prove constitutive of the knowledge work undertaken (see 5.4.2). Half of Pair 2's sessions were also framed by issues of practice, with boundaries again constituting an important frame, along with legal and ethical concerns. Other sessions for Pair 2 were framed by client-related issues e.g. puzzling over a client's psychological functioning. Pair 3 framed two of their sessions in relation to clients, while their other sessions were framed in relation to activities/issues of psychological practice e.g. conducting assessments and child safety.

b) Knowledge objects

The analysis also explored the knowledge objects of supervision, complementing the focus on epistemic framing and expanding the novel contribution, as this concept has not previously been mobilised in studying clinical supervision. Whereas framing refers

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[52] Boundaries are a crucial construct for psychologists, referring to appropriate limits, often in regards to therapist-client relationships.

to how key issues or problems in supervision were conceptualised and defined, knowledge objects constituted the focus of discussion. Findings in Chapters 5, 6 and 7 demonstrated how knowledge objects centred on one of four areas, namely: the client (or how to work with him/her), the supervisee, an organisation or practice management. The majority of sessions for all three pairs focused on the client and/or working with him/her. Pair 1 spent one session discussing organisational issues at the supervisee's work, and one session concerned a practice management issue (taking leave). Pair 2 focused on the supervisee for about half of their sessions, with discussion centering on instances where she felt she had acted inappropriately or was wanting to ensure she was acting ethically. Pair 3 usually took the client as their object of enquiry, but focused in one instance on the supervisee's practice (regarding when to make a child safety notification) and on an organisational issue that the supervisee experienced working with a preschool. As was made evident in Chapter 8, the way in which these knowledge objects were worked with was consequential for supervision practice and the participants' ongoing psychology practice.

Knowledge objects were distinguished from epistemic objects, with the latter characterised by engaging with the object of enquiry as if it were open-ended, incomplete, complex and unfolding (Knorr Cetina 2001). As discussed in 8.3.4, knowledge objects were *sometimes* approached as epistemic objects by supervisors and supervisees. In such instances, they provoked questions that generated insights as well as possibilities for action. In the case of Pair 1 this happened consistently, while for Pair 2 it occurred about half the time. Pair 3 did not approach knowledge objects as epistemic objects, with their knowledge work tending to focus on what steps the supervisee might take next. Some knowledge objects, rather than being the focus of discussion, were used to act as tools in unpacking and exploring other objects of enquiry, serving a stabilising and confirmatory function, most commonly involving diagnostic categories (see 8.3.5).

Knowledge objects were found to be key to the unfolding of knowledge work in supervision, and - as with frames - they were emergent. Chapter 8 discussed how knowledge work centred around expansion or opening up of knowledge objects, with a view to developing understanding and insight (about the knowledge object) and/or building actionable knowledge for the supervisee to implement in her practice. These aspects intersected and overlapped, at times serving both purposes (see 8.3.3). While this study centres on knowledge work rather than learning, the two are closely related and entangled (see 1.1.2 and 3.6). Furthermore, clinical supervision is a key learning practice and "signature pedagogy" (Bernard & Luke 2015, p.15) in the healthcare professions (see 1.2.3). The expansion of knowledge objects, constituting new insights and new, actionable knowledge, can be interpreted as learning occurring through

supervision. This expansion indicates changed interpretations offered by new understandings, along with an emerging capacity to act in new ways (Hopwood 2016).

The research was thus able to provide a comprehensive and significant empirical response to the question of what is discussed in clinical supervision by viewing the data through an epistemic lens.

9.2.2 Research Question 2: 'What epistemic practices are enacted in clinical supervision, and with what effects?'

This study found six epistemic practices that were enacted in supervision, and were key to the ways participants worked with knowledge. These were identified in Chapters 5 to 7 for each pair, and discussed across the pairs in Chapter 8 (see 8.4). Both the identification of these practices in this context, and insights into their significance, go beyond the existing empirical literature on clinical supervision. The epistemic practices were found to work together, in the context of collaboration between the members of the supervisory dyad (see 8.5), to build knowledge and contribute to creative practice. They were:

- Recontextualising knowledge from experience of practice to the case/issue
- Recontextualising theoretical knowledge to the case/issue
- Reframing
- Wondering
- Story-telling
- Asking expansive questions

Recontextualisation of knowledge was crucial to knowledge work. It was common to all three pairs, although there were differences in its enactment among the pairs (see 8.4.1). It involved the commingling of theory and practice, thereby making knowledge from one context relevant to another (Evans & Guile 2012; Guile 2014), a challenging process that requires effort. The participants' recontextualisations skilfully moved knowledge continuously between the general and the particular, acting to "'make universals from particulars'" (Nerland 2018, p.251) and vice versa, while staying focused on the needs of the client, case and supervisee. The constant recontextualisation is evidence of ongoing learning through supervision, as learning emerges in relation to new and changing circumstances in practice (Kemmis et al. 2017), such as a new client or a challenge in the workplace.

Recontextualisation primarily took two forms. The first involved recontextualising knowledge from experience of practice to the case/issue under discussion. Here supervisors and supervisees drew on multiple knowledge sources to expand

understandings of the knowledge object and develop actionable knowledge. These included knowledge of competent practice (in terms of the norms and ethics of psychology), knowledge of specific clients, and knowledge about the supervisor's and supervisee's practice. Secondly, the psychologists recontextualised theoretical knowledge. Pair 1 primarily drew on one body of theory (schema theory) in discussing their work, while Pairs 2 and 3 made use of more diverse theoretical sources (see 8.4.1). In all cases, epistemic work was involved in making knowledge pertinent to the issue at hand.

The epistemic practice of reframing was activated by Pairs 1 and 2. In doing this, a problem or issue was construed and constructed in a new way, usually by the supervisor, leading to a shift in perspective by the supervisee. For example, in one of Pair 2's sessions, the supervisee's 'mistake' in revealing too much about herself to a client was reframed by the supervisor as 'self-disclosure', a recognised psychological technique. Wondering was also activated by both Pairs 1 and 2. This involved tentatively speculating and imagining about the knowledge object, thereby opening up possibilities while at the same time acknowledging the limits of the psychologists' knowledge.

Pairs 2 and 3 relied on story-telling as an epistemic practice, with the supervisee using narration and elaboration to relate the story of what had transpired, in so doing selecting relevant knowledge to convey and laying the groundwork for subsequent knowledge work. Skilful story-telling enabled a substantial amount of relevant information to be conveyed in a short time, empowering the supervisor to be helpful. Lastly, the epistemic practice of asking expansive questions was activated by Pairs 2 and 3. In conjunction with story-telling, the supervisor asked questions to flesh out the story, cover relevant terrain and position the supervisee as the expert on her practice. Open questions also expanded the knowledge object, at times thereby building actionable knowledge.

The identification of these six epistemic practices constitutes a novel and original way of conceptualising supervision, providing a framework for understanding epistemic practice by psychologists (and other healthcare professionals in supervision). Supervision has not previously been analysed in this way, and while this framework overlaps with prior work that adopts an epistemic practice perspective, it expands and extends this, as will be discussed in 9.3.

Along with identifying epistemic practices, this study has provided new ways of understanding how these act to affect and impact knowledge work in supervision, contributing to a more detailed, richer understanding of the practice. As was evident in

Chapters 5, 6 and 7, and discussed in Chapter 8, epistemic practices facilitated knowledge-building in general, but impacted more specifically in two key ways, namely by opening up an understanding of the knowledge object and building actionable knowledge. The resultant growing understanding and increased possibilities for action constitute evidence of learning having taken place in and through supervision. Both effects occurred by expanding the knowledge object, and were facilitated by the interaction of epistemic practices as they unfolded. Actionable knowledge could then be activated in the supervisee's work, ensuring that the action that followed supervision was knowledgeable action (as would be appropriate in professional practice), rather than instinctual or spontaneous.

Some participants spoke in their interviews about how the effects of supervision are difficult to articulate because they infuse into practice over time, rather than necessarily being implemented immediately after a supervision session. They also referred to how supervision discussions, although focused on one client, could be relevant to many. This illustrates the cumulative and entangled nature of the supervision-practice relationship and the ways in which epistemic practices may impact while at the same time being difficult to calibrate. Although analytically separable, in supervision the epistemic practices worked together and intersected with one another, rather than operating independently. The knowledge work accomplished relationally through their use relied on their integration and entanglement. Their entangledness with one another, the context, the participants and the relationship contributed to their effectiveness as they were activated collaboratively in expanding knowledge objects and developing actionable knowledge (see 8.4.2).

9.3 Contributions to knowledge

This research has extended the boundaries of what is known about clinical supervision, both empirically and conceptually, having studied supervision in a novel way that overcomes key methodological shortcomings. Chapter 2 characterised the existing supervision literature as largely reductionistic, individualistic and decontextualised. Although the literature is rich, diverse, and has made significant inroads into illuminating the functions of supervision, the importance of the supervision relationship, the value of supervision and the required competencies for effectiveness, it has not routinely done so in a manner that does justice to the complexity, relationality and situated nature of the practice. Given its key role in supporting learning, supervision is construed as a natural fit for studying professionals' knowledge work (Köpsén & Nyström 2015), yet the literature has paid little attention to the role of knowledge in supervision, tending to equate knowledge with behavioural competencies. In general, the research literature in the field has tended towards a view of supervision as a relatively stable process driven by knowable 'truths'. Current drives towards competency-based, evidence-based and accountable (Watkins 2012c) supervision reinforce such perceptions (see 1.1). This constitutes a backdrop against which to view the contributions to knowledge made by this research. Approaching supervision using an epistemic perspective, a practice theory sensibility and a sensitivity to emergence has elicited new understandings that contribute to the field of supervision in a variety of ways. These are outlined in the sections that follow.

9.3.1 Empirical contribution

This research makes a significant and unique empirical contribution to the field of clinical supervision in that it uncovers the content of supervision in depth, highlights the craft and skill involved, and illuminates the epistemic and emergent nature of supervision. The contributions outlined below combat the tendencies identified in the supervision literature and described in 2.4, namely a lack of attention to content and contemporary theory, individualisation, reductionism and decontextualisation. These contributions are:

a) Revealing the content of clinical supervision

Chapter 2 established how research on the actual, detailed content of supervision is limited, especially in psychology (Milne 2007; Pearce et al. 2013; Pollock 2017; West & Clark 2004; Wilkens, Grant & Forrester 2017). Hence, knowledge of supervision content tends to be assumed, based on experience or anecdote, and broadly seen to

include areas such as case conceptualisation,[53] intervention strategies and ethics (Barletta 2009). This study furthers the field of supervision by examining and describing what is discussed in supervision (as detailed in Chapters 5 to 7 and integrated in Chapter 8). It makes a significant contribution by highlighting this content at a fine level of granularity, with a focus on epistemic framing and emergent knowledge objects, illuminating what it is that psychologists *do* with knowledge in supervision. The detailed analysis of knowledge objects supports an understanding of the productive nature of professionals' relationships with their objects of enquiry (see 8.3.1), as explored by those who have adopted an epistemic practice perspective in studying other professions such as nursing or engineering (as described in Chapter 3).

In examining the content and knowledge work of supervision practice in detail, this study empirically illuminated the multiplicity of the supervision space (Köpsén & Nyström 2015) and the situatedness of knowledge work. Although there is some consistency in the kinds of issues covered by the dyads in the sessions, variability exists in the content, process and modes of supervision, even amongst three pairs (see 8.1.1). Analysing session content has shown supervision to be a site of knowledge sharing and knowledge creation. Such knowledge has local relevance e.g. with regards to the supervisee's practice with a client, but goes beyond this in its potential recontextualisation to other clients and practice in general, illuminating how knowledge is diffused into practice, and processes of knowledge creation and circulation. The research has also emphasised the importance of the collaborative, relational nature of such processes, as expressed through the supervisory dyads' approaches to knowledge work (see 8.5).

b) Uncovering the craft of clinical supervision

This research illuminates the adeptness of practitioners' supervisory craft, particularly in their skilful use of recontextualisation (see 8.4.1). The participants' agility in commingling knowledge from theory and practice (Guile 2014) in working with cases or issues is notable, and an original finding in the supervision field. The findings exemplify how applying knowledge to individual cases is not a straightforward task (Bradley 2009). Rather, it takes work and effort, something that might seem self-evident, but has not been addressed in this kind of detail by the supervision literature. Although the participants may not be conscious that they are doing this knowledge

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[53] Case conceptualisation encompasses the psychologist's understanding of a client, integrating all aspects (biological, social, psychological, familial etc.) and usually viewed in terms of a particular theoretical orientation. It considers what predisposes a client to her/his difficulties, what precipitates and perpetuates these problems, and what serves as protective factors.

work, it does not happen 'naturally', thus challenging the notion that reducing supervision to a series of competencies can express the practice in full and opening space for artistry in supervision (see 1.1). This also challenges assumptions embedded in the supremacy of evidence-based practice, since the nuances of craft are difficult to operationalise and measure and may be more adequately expressed by broadening ideas of what constitutes sound evidence.

The supervision literature recognises that supervision requires different types of knowledge - declarative knowledge (competencies), procedural knowledge (best practices, or the implementation of competencies) and reflective knowledge (based on both experience and theory) (Borders 2014). However, it has paid little attention to *how* knowledge work takes place in action in supervision sessions. This research has revealed that supervision is an intricate craft demanding nuance, skill, agility, flexibility and effort, while simultaneously calling forth a tolerance for not-knowing and ambiguity (see 8.1.3), something which may be difficult to teach to aspiring professionals. Holding a basis of knowledge is important, but the findings empirically demonstrated how supervisors and supervisees continually adapted this knowledge to meet the requirements of clients and supervisees in situated contexts (Fenwick & Nerland 2014). This demonstrates in the supervision context (as epistemic practice researchers have shown in other contexts - see 3.4) how "professional knowledge is created in use as professionals, faced with ill-defined, unique, and constantly changing problems, decide courses of action" (Sergiovanni 1985, p.15).

c) Illuminating clinical supervision as an epistemic practice

This research has demonstrated the epistemically intense nature of supervision and the richness of its object relations by examining the practice of supervision, not the individuals involved, with is unique to the field of study. Supervision can aptly be described as an 'epistemic space' i.e. a local site "of knowledge use, reuse, production and learning" (Markauskaite & Goodyear 2016, p.120). Chapter 8 discussed how knowledge work was prevalent in all the supervision sessions, regardless of their purpose, context or content (see 8.1.1). It occurred in the framing of issues and the expansion of knowledge objects, involving negotiated and collaborative processes. This extends the knowledge base beyond the idea of supervision's purpose as either formative, normative or restorative (Proctor 2011), demonstrating that knowledge work is key to how supervision unfolds, regardless of a session's purpose. Furthermore, based on the findings outlined in Chapters 5 to 7, Chapter 8 elucidated the consequential nature of knowledge work in supervision, illustrating the value of an epistemic approach to this key professional learning practice.

In bringing an epistemic practice and object relations lens to the study of supervision, the field is expanded to consider dimensions not previously taken into account. The fact that supervision practice involves knowledge work (and learning) is taken for granted in the literature to the extent that it is rarely articulated and/or is subsumed by reference to supervision's formative purpose. This research has made knowledge work overt, teased out its components, and opened up possibilities by going beyond the literature's current understandings. Supervision, as the literature extensively outlines (and as was described in Chapter 2), encompasses requisite knowledge and skills, relies on a productive working relationship and depends on how ingredients for effective supervision are operationalised. (Bernard & Goodyear 2014; Borders 2014; Culbreth & Brown 2010). Yet it can now be seen as *more* than this - as the ability to do epistemic work that augments these well-recognised dimensions. This work involves constructive epistemic framing, activating relevant knowledge resources, bringing requisite knowledge to bear, recontextualising knowledge, approaching knowledge objects as epistemic objects and developing actionable knowledge. All of this is done mutually and collaboratively, embodying the notion that knowledge is "something that people do together" (Gergen 1985, p.270). Recognition of these epistemic dimensions and the entanglement that they imply thus advances the field of supervision.

d) The value of understanding clinical supervision as an emergent practice

This research has demonstrated that recognising the emergent nature of supervision is crucial in building an understanding of how supervisors and supervisees work with knowledge in real-world practice, and the expertise that they require to do this. Because supervision is often simplified in the literature (see 2.4.2) and studies of supervision as emergent are rare, this research contributes significantly by revealing how supervision unfolds on a moment-by-moment basis. As the findings of this study demonstrated, there is a 'messiness', creativity and spontaneity (Sergiovanni 1985) to knowledge work in supervision. This is in contrast to the more common conceptualisations of supervision as primarily logical and stable, implied by the focus on competencies and best practices in much of the literature (Borders 2014; Falender et al. 2004; Watkins 2012c) (see Chapter 2).

As Chapter 8 discussed (8.2), although the practice of supervision was shown to provide a frame to structure and contain this unfolding, the epistemic accomplishments of each session were unique, indeterminate and specific to the space, time and relationship within which they emerged. Whether knowledge objects took shape as epistemic objects or were used as tools to act upon epistemic objects was also emergent (see 8.3), providing expression for Knorr Cetina's idea that the function of a knowledge object is revealed through practice rather than as a product of

the object itself (2001). This study's innovative elucidation of supervision as emergent supports Holloway & Wolleat's unusual recognition, highlighted in Chapter 4.2, that "the act of applying knowledge demands the introduction of elements that are unknown until the service demand is articulated … The delivery of the intervention itself changes the understanding of the situation on a moment-to-moment basis" (1994, p.25). This foregrounds the skill and collaboration required to accomplish supervision effectively.

9.3.2 Conceptual contribution

As outlined in Chapter 3, an epistemic practice perspective has been applied to various professional contexts e.g. nursing (Hopwood 2017a), teaching (Tronsmo & Nerland 2018a), engineering (Cunningham & Kelly 2017) and law (Enqvist-Jensen, Nerland & Rasmussen 2017). This study is novel in extending epistemic concepts into the clinical practice arenas of psychology and supervision, embracing a new territory of practice. In so doing, concepts have been expanded, offering a heightened level of granularity and advancing understanding of expert-object relations. As was evident in Chapter 8 (see specifically 8.1.1, 8.3.1 and 8.3.4), investigating supervision using Knorr Cetina's object relations framework offers a unique perspective to the supervision literature as well as extends studies in other professions that reveal how object relations function in "situations of indeterminacy, where it is not given what the end results or products will be" (Tronsmo & Nerland 2018a, p.1). The research provides a picture of knowledge objects in practice, and the constant dynamic between confirmation and exploration that takes place in knowledge work as professionals move between "what is known and what remains to explore or improve" (Nerland & Jensen 2012, p.116). As outlined in 1.2.1, developing such understandings is particularly important given the complex nature of professional work and the demands that professionals face in contemporary society.

Employing the concept of epistemic object in this research has demonstrated its value as an analytic tool for researchers of supervision and professional practice. Chapter 3 outlined how this concept can be put to use broadly or in a local manner. My research has applied the idea of epistemic object at a fine-grained, local level, considering specific knowledge objects in supervision in terms of how these emerge, are collaborated on and worked with in the action of practice. A detailed examination has been made of the negotiation of an object's function (i.e. as epistemic or not) in the action of practice. I have demonstrated that the distinction between stable, technical objects and complex, unfolding epistemic objects is relevant in the supervision setting, and that choices made in developing and working with objects have epistemic consequences. I have also shown how this distinction unfolds, when objects that could

have an epistemic nature instead take on a more stable characterisation and are used to unpack other knowledge objects. This advances Ewenstein and Whyte's finding that "it may not be apparent what the epistemic object is and what the technical object [is]" (2009, p.28), in a new context. Findings also show how the unfolding and negotiation of object use happens through discussion in psychologists' supervision, demonstrating how epistemic objects fuel collaboration (Damşa et al. 2010; Markauskaite & Goodyear 2016) in the supervision context.

Detailing the epistemic practices that emerged in supervision has also advanced theory. Consideration was given to how these practices emerged, what form they took and how they acted to build knowledge by opening up the knowledge object and making knowledge actionable. Such insights are an addition to the professional practice field, building on the research described in Chapter 3 that investigates epistemic practices activated in the workplace and higher education. The list of practices extends prior research by introducing new epistemic practices, considering them in new ways, specifically in terms of epistemic work in psychology supervision, and shedding light on the key role of recontextualisation in professionals' knowledge work.

A further conceptual contribution is made by locating this study within the professional learning literature. Although supervision is a structured activity that constitutes part of a professional's continuing professional development, it is unusual for research on supervision to be allied to the literature on professional learning (see Chapter 2). This study is among the first to bring workplace learning literature to bear in the supervision field, while simultaneously extending such literature into a new field of practice. Furthermore, by locating this research within contemporary professional learning literature, the unique nature of supervision as a workplace learning practice that encapsulates structure and stability while simultaneously relying on emergence is highlighted.

9.3.3 Methodological contribution

By introducing a new methodology to the study of supervision that takes into account identified shortcomings, this research makes a significant methodological contribution. Chapters 2 and 4 identified a number of problematic methodological issues in supervision research. These included a lack of studies based in practice, few studies that sampled more than a single instance, the retrospective nature of research, a reliance on self-report, a lack of attention to context, a focus on the experience of only one member of the dyad, and a reliance on trainees/students.

My research has addressed these by researching supervision-in-action in a longitudinal, practice-based (relational and contextual), fine-grained manner that goes beyond a reliance on retrospective self-report and studies experienced practitioners rather than trainees. The research has developed a design that is parsimonious in accessing longitudinal data, maintaining proximity to the moment-by-moment action within supervision over time through the audio-recordings. Simultaneously, the use of interviews tapped into the entanglement of supervision with other psychology practices by exploring how psychologists activate knowledge built in supervision in their work with clients. The inclusion of interviews allowed for further layers of meaning to enrich the findings, offering perspectives of the relational context and an ability to understand how supervision discussions influenced ongoing practice. In making these methodological contributions this research has magnified the space of knowledge as practised (Knorr Cetina 1999), rather than limiting understanding to knowledge as product. This is a novel approach in the supervision literature and brings a new methodology to the study of the practice, enriching the ways that supervision might be studied in the future.

9.4 Critical reflection

The richness of data generated and the contributions that this research makes reflect the solidity and substance of its methodology and design. Concluding this thesis brings me to reflect on methodological decisions in light of the research as a whole. I am satisfied that the research sufficiently reflects a real-world situation, a judgement that I can make based on my experience with supervision as a psychologist. I have utilised well-established research methods that closely tap into the action of supervision. Audio-recording proved relatively unobtrusive to the participants and offered a close look at practice. My familiarity with supervision ensured my ability to assess that the audio-recordings were a valid reflection of the practice and not unduly affected by my 'listening in'. Further, data-checking was built into the study by participants receiving copies of their session transcripts prior to the interviews (Shenton 2004), with no one reporting any inaccuracies. Tracking the pairs over a period of five to six months proved sufficient time to yield the data required. Further, two interviews per participant offering ample material and added value to the audio-recorded data.

The sample size for the study provided sufficient diversity of practice contexts and approaches to supervision. Using practitioners from the same profession ensured that the practice of supervision was uniformly understood and enacted while simultaneously offering possibilities for other healthcare professions, where supervision is practiced in similar ways. The participants provide three in-depth and authentic instances of how supervision is practised amongst experienced, generally registered psychologists in Australasia. In reflecting on what was gained, the uniqueness of the study and the rich data it yielded warranted the persistence required to recruit participants. Potential researchers of supervision practice in action should thus not be deterred by possible difficulties in recruitment.

I made an ongoing effort to maintain sufficient distance from the findings, ensuring that they accurately represented the participants' experiences rather than my own. This was established through regular doctoral supervision and consistent reflection on my role and influence as an 'intimate outsider' (Ganong 2011) (see 4.7). Discussions with my doctoral supervisor highlighted areas where my own assumptions or experiences of supervision might colour my understanding of the findings, and/or move me away from the practice theory lens. Further, careful and meticulous data gathering and transcription kept me close to the words and experiences of my participants, ensuring the integrity of the data and the findings.

At a conceptual level, my theoretical choices in studying supervision constrained what was uncovered and explored and my decision to focus on depth rather than breadth

narrowed avenues of investigation. By foregrounding knowledge practices, other aspects were invariably not highlighted, which is not to suggest that they are not valid areas of study, but rather that they are less central to addressing my research questions. For example, the study chooses not to focus on power relations in supervision, not because power is unimportant in supervision (the opposite is true), but because it is not foregrounded by my research questions. Along these lines, a practice-based study usually focuses on aspects of materiality and embodiment, which are key dimensions of practice theory (Reich & Hager 2014). These aspects were less available to me given the research design, i.e. audio-recording did not give access to observations about the bodily component of the supervision sessions. However, the decision not to use video was sound given the difficulties of recruiting participants for audio alone. Further, the objects that emerged in the supervision sessions were primarily non-material. Although material aspects are relevant to supervision, for the purposes of drawing a boundary around the remit of the study and addressing the research questions, this was not a focus of the research and did not compromise its contributions.

Bassey's concept of fuzzy generalisation (2001) suggests that a clear and thorough account of substantial qualitative research strengthens its trustworthiness and claims, offering 'fuzzy' predictions rather than certainty. Although tentative, such predictions can guide practitioners in identified populations (in this case healthcare professionals in supervision), and contribute to theory and practice (Bassey 2001). Supervision research "inevitably embraces a multitude of variables" (Bassey 2001, p.20). As such, aiming for 'scientific' conclusions that embrace predictability and certainty may be unrealistic, and - as outlined in Chapters 2 and 4 - has sometimes led supervision research to become stuck. Instead, striving for fuzzy predictions of what may be true under certain circumstances, based on sound research and solid professional judgement is attainable. Since I have provided thick description and sufficient detail (without compromising the anonymity and confidentiality of the psychologists and their clients), and the empirical basis of my research is strong and well supported, I believe that my research contributions and implications offer considerable value to the relevant fields.

9.5 Implications

As outlined in 1.2.2 and 1.2.3, supervision research has an important role to play in light of the changes to healthcare professions in recent years in Australia. The implications of this research are elaborated on by reference to the practice of supervision and supervisor training. Ideas for future research are then considered.

9.5.1 Implications for the practice of clinical supervision

Practitioners are likely to want to maximise the possibilities for epistemic practice to emerge, allowing for knowledge building and creative practice. The in-depth understanding in this research shines a light on what makes epistemic practices possible and the conditions that shape their emergence, demonstrating that such factors are multilayered and interconnected. They manifest in the interaction between the environment (a 'safe space'), the relationship (a strong working alliance), the individuals and the collaboration, all in context. The arrangements of practice make possible the emergence of epistemic practices and influence how they unfold, allowing for more or less open development of knowledge. A supervision space that feels unsafe or restrictive could impact possibilities for activating epistemic practices and expanding knowledge objects. In this respect, the considerable body of literature that supports the crucial nature of the supervisory relationship (Basa 2017; Davys & Beddoe 2010; Watkins 2014d) rings true for epistemic practice as much as for any other dimension of supervision. Since epistemic dimensions are generally not considered within supervisory practice, this research suggests that both supervisors and supervisees could benefit by taking them into account when reflecting on and preparing for supervision.

The original nature of this research, in its foregrounding of knowledge practices, enables it to offer valuable implications for enhancing supervision. The recognition that supervision involves active epistemic work, enhanced by the increased understandings uncovered by this research, provides options for working with knowledge more deliberately. Becoming cognisant of knowledge dimensions in supervision and understanding that how one works with knowledge is consequential can enhance practice by increasing awareness in a number of areas. Firstly, practitioners could be made aware that there are a range of epistemic practices that can be activated when working on an issue in supervision. For example, if a supervisory dyad feels stuck on a problem, they could consider whether it could be reframed, or whether they could approach it by recontextualising a different theoretical source.

Participants in supervision could also have their choices expanded by understanding the concepts of knowledge object and epistemic object. This understanding could enable them to more deliberately choose to approach objects by unpacking and grappling with them, potentially growing understanding to inform action. Alternatively, they could choose to use objects as tools, or take them at face value and focus instead on areas such as next steps. Thinking of these deliberate choices rather than 'what just happens' provides new possibilities for conscious engagement in supervision.

Further, understanding epistemic concepts implies they could be overtly activated when supervisors and supervisees reflect on their process and set goals for supervision. For example, they could consider the epistemic practices that they tend to use, and whether they want to include others or activate certain practices more often. Or professionals in supervision could consider together whether they wish to focus on expanding a knowledge object with a view towards gaining insight or with a focus on potential action. Lastly, becoming aware of the possible influence of a clear purpose in supervision on the unfolding of knowledge work may encourage supervisors and supervisees to set explicit supervision goals and engage in clear supervision contracts, as recommended by the supervision literature (Bernard & Goodyear 2014).

9.5.2 Implications for psychology supervisor training

As highlighted in 1.2.2, supervisor training programs have become more important since the advent of mandatory training for most types of psychology supervisor in Australia. Training providers could utilise this research to include resources on knowledge practices in their programs. For example, they could teach explicitly about the nature of knowledge objects, the role of epistemic objects, and the importance of epistemic practices. Knowledge of epistemic practices, particularly the role of recontextualisation, could offer practitioners new tools and ideas for supervision, opening up choices, as highlighted in 9.5.1 above. Currently, supervisor masterclasses (refresher courses) are mandatory for accredited Psychology supervisors every five years (Psychology Board of Australia 2018) and usually focus on one area of practice. A supervisor masterclass focusing on the epistemic dimensions of supervision would be a valuable addition to available courses.

In foregrounding and revealing the knowledge-related intricacies of supervision practice, this research sensitises one to the notion that there may be many 'best practices' when it comes to supervision (Beddoe et al. 2016), which cautions supervisor training providers not to imply that one approach to supervision would be most effective. Although the belief in competencies and guidelines is reassuring to

practitioners, reliance on certainty belies the notion that, "the real mark of excellence can only come when we allow ourselves to become lost in the unfolding of each unique moment of a supervision relationship" (Smythe, MacCulloch & Charmley 2009, p.19). Consideration of how psychologists can integrate this idea into their practice while still benefiting from the considerable evidence base in the supervision literature can be incorporated into the stakeholder debates that take place regarding supervisor training.

9.6 Further research

This work extends the fields of supervision and professional learning by activating an epistemic practice perspective, not otherwise evident in the supervision literature. In so doing it offers possibilities for further empirical work to resource the study of supervision. Firstly, the research offers a precedent for investigating clinical supervision across the professions using a practice-based approach. The novel focus on knowledge practices also provides a basis for future research into the epistemic objects and epistemic practices of clinical supervision.

Secondly, the difficulties in recruiting psychologists for this study led me to reflect on the lack of transparency in supervision practice, which has implications for future research. The findings suggest that there is value in studying the practice up-close and in-depth, highlighting the importance of research that unpacks the local character of supervision and approaches it from innovative empirical angles. A greater insight into what happens in supervision could lead to increased transparency amongst practitioners, hopefully contributing to the public good. Furthermore, given the increased regulation of psychology supervision in Australia, it is important for stakeholders such as the Psychology Board of Australia and AHPRA to have an awareness of what happens in psychology practice.

Thirdly, the study advanced knowledge in the field by focusing on local practice. Further research could broaden the focus to epistemic cultures by examining the culture of supervision as produced, reproduced and circulated within particular professions. A reader familiar with the concept of epistemic cultures will see glimpses of this in the data, but a detailed analysis was beyond the study's scope. As Crocket emphasises, "the wider culture, and the wider professional culture, are available for taking for granted, reproducing, or contesting, in the moment by moment practice of supervision" (2007, p.24). Such political effects make for interesting research, raising awareness of how professional work is located within and shaped by epistemic cultures and historical practices. Such research could explore the role of uncontested, technical knowledge objects (such as diagnosis), as highlighted in Chapter 8.

Fourthly, this research focused on experienced psychologists. Because supervision plays a critical role in the training and early development of practitioners in many professions, future research could focus on how knowledge work happens for students, interns or early-career professionals, and how this might develop once practitioners become more experienced. Different career stages could be mapped according to the knowledge work that takes place in supervision as practitioners develop.

Lastly, research could focus more closely on the interconnectedness between practices of supervision and other practices, within the profession and outside of it. Exploring the "thick texture of interconnections" (Nicolini 2009, p.1407) between practices could provide deeper understandings of the role that supervision plays in a profession and the dialectic between practices within professions. For example, future studies could interrogate more closely the links between supervision and practice, investigating how knowledge work in supervision specifically impacts work with clients, and vice versa. This could be done most productively through observation/recording of client-facing sessions as well as supervision sessions, although this will pose methodological and ethical challenges in relation to access and confidentiality.

9.7 Concluding comments

This research has demonstrated how supervision involves working with knowledge in the context of an entangled practice. Such entanglement is evident in supervision's connections with other psychology practices, as well as in the relationship between supervisor and supervisee. An epistemic quest takes place within and amidst these interconnections as the supervisory dyad works with and builds knowledge, at the same time developing its participants as practitioners who strive to better serve those who consult them. The research has shown that knowledge for these practitioners is not a 'thing' transferred from supervisor to supervisee or from supervision to therapy work. Rather, psychologists in supervision actively *work* with knowledge. They continuously recontextualise knowledge in the interests of a client or situation, and in so doing, commingle theory and practice. In the process, knowledge is transformed and practitioners are potentially transformed as well. Knowledge is thus 'always in the making' in supervision. The fine-grained, epistemic approach adopted in this research has embraced the complexity and emergent nature of supervision; hence, it has been able to capture some of its artistry. Articulating supervision in this way has provided novel and original understandings that offer possibilities for how this important professional learning practice is conceptualised and researched into the future.

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APPENDICES

APPENDIX 1: Invitation to participate

PROFESSIONAL LEARNING THROUGH CLINICAL
SUPERVISION: A QUALITATIVE STUDY WITH
PSYCHOLOGISTS

⊠UTS
UNIVERSITY OF TECHNOLOGY SYDNEY

HREC Approval number ETH16-0914

Dear Colleague

My name is Belinda Gottschalk and I am a PhD student at the University of Technology, Sydney in the School of Education. I am also an Educational and Developmental Psychologist (AHPRA registration number PSY0001526832).

I am conducting research into how professionals learn through clinical supervision and would welcome your participation.

The research will involve audio-recording (and observing, if agreed) five supervision sessions as well as two individual interviews with yourself and your supervisor/supervisee. In total, the interviews should take no more than two hours of your time. The supervision sessions will occur in the course of your regular practice, although there may be a bit of time taken to email recorded sessions to me.

I have asked you to participate because you are a psychologist who engages in clinical supervision, either as a supervisor or supervisee.

In order to be eligible, all supervisees should be generally registered psychologists i.e. the research does not involve interns.

Private practitioners are sought for this research. However, if you work in an organisation and you are keen to participate, permission could possibly be requested from your organisation.

No part of this study involves observing or recording you working directly with your clients.

If you are interested in participating, I would be grateful if you would contact me on _____ or _____@student.uts.edu.au. I can explain more about the purpose of the research and what would be asked of you. You are also welcome to contact my supervisor, Nick Hopwood, on Nick.Hopwood@uts.edu.au.

You are under no obligation to participate in this research.

Yours sincerely,

Production Note:
Signature removed
prior to publication.

Belinda Gottschalk
_____@student.uts.edu.au

NOTE:
This study has been approved by the University of Technology, Sydney Human Research Ethics Committee. If you have any complaints or reservations about any aspect of your participation in this research which you cannot resolve with the researcher, you may contact the Ethics Committee through the Research Ethics Officer (ph: +61 2 9514 2478 Research.Ethics@uts.edu.au), and quote the UTS HREC reference number. Any complaint you make will be treated in confidence and investigated fully and you will be informed of the outcome.

APPENDIX 2: Participant information sheets

Appendix 2.1: Participant information sheet for supervisors

PARTICIPANT INFORMATION SHEET for SUPERVISORS

PROFESSIONAL LEARNING THROUGH CLINICAL SUPERVISION: A QUALITATIVE STUDY WITH PSYCHOLOGISTS

HREC Approval number ETH16-0914

WHO IS DOING THE RESEARCH?
My name is Belinda Gottschalk and I am a PhD student at UTS. My supervisor is Nick Hopwood (Nick.Hopwood@uts.edu.au).

WHAT IS THIS RESEARCH ABOUT?
This research aims to investigate clinical supervision in a way that allows for an in-depth understanding of supervision and does justice to its complexity. In doing this, I hope to gain insight into how professionals learn through clinical supervision.

I am seeking participants who are generally registered psychologists, preferably private practitioners. The research does not involve interns.

IF I SAY YES, WHAT WILL IT INVOLVE?
I will invite you to:

1. Audio-record you and your supervisee in five consecutive supervision sessions.
   - If you do not wish me to be present at the session, I would ask that you audio-record the session using your own device, and that either you or your supervisee email me the recording.

2. Participate in two semi-structured interviews, to take place after the second observed session and after the fifth session.
   - These interviews can be done telephonically, on skype or in person at a suitable location.
   - Each interview would take approximately 45-60 minutes.

NB: No part of this study involves recording you working with your clients.

ARE THERE ANY RISKS/INCONVENIENCE?
Yes, there are some minor risks/inconvenience. They are:
- You may be concerned about the confidential nature of the material you are discussing. However, as a fellow psychologist I am bound by the same ethics and understand the nature of confidentiality.
- You will be giving up your time to participate in the interviews.
- You may be giving up some time to email me recorded sessions once they have occurred.
- You may feel awkward or self-conscious knowing that your sessions will be listened to.
- You may feel anxious that I will evaluate your competence as a supervisor/practitioner in some way. However, this will not be the case – evaluation is not the purpose of the research.

WHY HAVE I BEEN ASKED?
You have been approached because you are a generally registered psychologist who participates in regular supervision.

DO I HAVE TO SAY YES?
No. Participation in this research is voluntary.

WHAT WILL HAPPEN IF I SAY NO?
You are free to withdraw from participating in this research at any time without consequences. If so, I will thank you for your time so far and will not contact you about this research again.

IF I SAY YES, CAN I CHANGE MY MIND LATER?
You can change your mind at any time. However, changing your mind after data collection may affect analysis and research outcomes. Please advise as soon as possible of any intention to withdraw. I will thank you for your time so far.

WHAT IF I HAVE CONCERNS OR A COMPLAINT?
If you have concerns about the research that you think I or my supervisor can help you with, please feel free to contact either of us on _____@student.uts.edu.au (ph. _____) or Nick.Hopwood@uts.edu.au.

NOTE:
This study has been approved by the University of Technology Sydney Human Research Ethics Committee (UTS HREC). If you have any concerns or complaints about any aspect of the conduct of this research, please contact the Ethics Secretariat on ph.: +61 2 9514 2478 or email: Research.Ethics@uts.edu.au), and quote the UTS HREC reference number. Any matter raised will be treated confidentially, investigated and you will be informed of the outcome.

Appendix 2.2: Participant information sheet for supervisees

PARTICIPANT INFORMATION SHEET for SUPERVISEES

PROFESSIONAL LEARNING THROUGH CLINICAL SUPERVISION:
A QUALITATIVE STUDY WITH PSYCHOLOGISTS

HREC Approval number ETH16‑0914

UTS
UNIVERSITY OF TECHNOLOGY SYDNEY

WHO IS DOING THE RESEARCH?
My name is Belinda Gottschalk and I am a PhD student at UTS. My supervisor is Nick Hopwood (Nick.Hopwood@uts.edu.au).

WHAT IS THIS RESEARCH ABOUT?
This research aims to investigate clinical supervision in a way that allows for an in-depth understanding of supervision and does justice to its complexity. In doing this, I hope to gain insight into how professionals learn through clinical supervision.

I am seeking participants who are generally registered psychologists, preferably private practitioners. The research does not involve interns.

IF I SAY YES, WHAT WILL IT INVOLVE?
I will invite you to:

1. Audio-record you and your supervisor in five consecutive supervision sessions.
   - If you do not wish me to be present at the session, I would ask that you audio-record the session using your own device, and that either you or your supervisor email me the recording.

2. Participate in two semi-structured interviews, to take place after the second observed session and after the fifth session.
   - These interviews can be done telephonically, on skype or in person at a suitable location.
   - Each interview would take approximately 45-60 minutes.

NB: No part of this study involves recording you working with your clients.

ARE THERE ANY RISKS/INCONVENIENCE?
Yes, there are some minor risks/inconvenience. They are:
- You may be concerned about the confidential nature of the material you are discussing. However, as a fellow psychologist I am bound by the same ethics and understand the nature of confidentiality.
- You will be giving up your time to participate in the interviews.
- You may be giving up some time to email me recorded sessions once they have occurred.
- You may feel awkward or self-conscious knowing that your sessions will be listened to.
- You may feel anxious that I will evaluate your competence as a practitioner in some way. However, this will not be the case – evaluation is not the purpose of the research.

WHY HAVE I BEEN ASKED?
You have been approached because you are a generally registered psychologist who participates in regular supervision.

DO I HAVE TO SAY YES?
No. Participation in this research is voluntary.

WHAT WILL HAPPEN IF I SAY NO?
You are free to withdraw from participating in this research at any time without consequences. If so, I will thank you for your time so far and will not contact you about this research again.

IF I SAY YES, CAN I CHANGE MY MIND LATER?

You can change your mind at any time. However, changing your mind after data collection may affect analysis and research outcomes. Please advise as soon as possible of any intention to withdraw. I will thank you for your time so far.

WHAT IF I HAVE CONCERNS OR A COMPLAINT?
If you have concerns about the research that you think I or my supervisor can help you with, please feel free to contact either of us on _____@student.uts.edu.au (ph. _____) or Nick.Hopwood@uts.edu.au.

NOTE:
This study has been approved by the University of Technology Sydney Human Research Ethics Committee (UTS HREC). If you have any concerns or complaints about any aspect of the conduct of this research, please contact the Ethics Secretariat on ph.: +61 2 9514 2478 or email: Research.Ethics@uts.edu.au), and quote the UTS HREC reference number. Any matter raised will be treated confidentially, investigated and you will be informed of the outcome.

APPENDIX 3: Consent forms

Appendix 3.1: Consent form for supervisors

INFORMED CONSENT FORM for SUPERVISOR

PROFESSIONAL LEARNING THROUGH CLINICAL SUPERVISION:
A QUALITATIVE STUDY WITH PSYCHOLOGISTS

UTS HREC Approval number ETH16-0914

I _____ *(participant's name)* agree to participate in the research project PROFESSIONAL LEARNING THROUGH CLINICAL SUPERVISION: A QUALITATIVE STUDY WITH PSYCHOLOGISTS (HREC approval number ETH16-0914), being conducted by Belinda Gottschalk (UTS Education, ph.   ).

I understand that the purpose of this study is to understand clinical supervision in an in-depth manner that takes the complexity of this process into account. In doing so, it aims to gain insight into how professionals learn through supervision.

I understand that I have been asked to participate in this research because I am a generally registered psychologist who participates in supervision as a supervisor.

I understand that my participation in this research will involve:

- being audio recorded while undertaking supervision (five supervision sessions)
- recordings of the sessions being provided to the researcher and transcribed
- being interviewed twice, once after the second recorded session and once after the fifth session. Interviews will be telephonic or at an agreed location and should take 45-60 minutes each.

I understand that I am not being evaluated on my supervisory or practitioner competence, but that if I have questions or concerns about this, I can discuss these with the researcher.

I agree to be:

☐ Audio recorded

If required, I agree to audio record sessions and email these to the researcher as arranged with her.

I agree that the research data gathered from this project may be published in a form that does not identify me in any way, beyond mentioning my occupational status as a psychologist and my position as supervisor. I understand that any possible identifying details will be changed by the researcher.

I am aware that I can contact Belinda Gottschalk if I have any concerns about the research. I also understand that I am free to withdraw my participation from this research project at any time I wish, without consequences, and without giving a reason.

I agree that Belinda Gottschalk has answered all my questions fully and clearly.

_____   ____/____/____
Name and Signature (participant)   Date

_____   ____/____/____
Name and Signature (researcher or delegate)   Date

NOTE:
This study has been approved by the University of Technology Sydney Human Research Ethics Committee (UTS HREC). If you have any concerns or complaints about any aspect of the conduct of this research, please contact the Ethics Secretariat on ph.: +61 2 9514 2478 or email: Research.Ethics@uts.edu.au, and quote the UTS HREC reference number. Any matter raised will be treated confidentially, investigated and you will be informed of the outcome.

Appendix 3.2: Consent form for supervisees

INFORMED CONSENT FORM for SUPERVISEE

PROFESSIONAL LEARNING THROUGH CLINICAL SUPERVISION:
A QUALITATIVE STUDY WITH PSYCHOLOGISTS

UTS HREC Approval number ETH16-0914

I _____ *(participant's name)* agree to participate in the research project PROFESSIONAL LEARNING THROUGH CLINICAL SUPERVISION: A QUALITATIVE STUDY WITH PSYCHOLOGISTS (HREC approval number ETH16-0914), being conducted by Belinda Gottschalk (UTS Education, ph. _____).

I understand that the purpose of this study is to understand clinical supervision in an in-depth manner that takes the complexity of this process into account. In doing so, its purpose is to gain insight into how professionals learn through supervision.
I understand that I have been asked to participate in this research because I am a generally registered psychologist who participates in supervision as a supervisee.
I understand that my participation in this research will involve:

- being audio recorded while undertaking supervision (five supervision sessions)
- recordings of the sessions being provided to the researcher and transcribed
- being interviewed twice, once after the second recorded session and once after the fifth session. Interviews will be telephonic or at an agreed location and should take 45-60 minutes each.

I understand that I am not being evaluated on my practitioner competence, but that if I have questions or concerns about this, I can discuss these with the researcher.

I agree to be:
☐ Audio recorded

If required, I agree to audio record sessions and email these to the researcher as arranged with her.

I agree that the research data gathered from this project may be published in a form that does not identify me in any way, beyond mentioning my occupational status as a psychologist and my position as supervisee. I understand that any possible identifying details will be changed by the researcher.

I am aware that I can contact Belinda Gottschalk if I have any concerns about the research. I also understand that I am free to withdraw my participation from this research project at any time I wish, without consequences, and without giving a reason.

I agree that Belinda Gottschalk has answered all my questions fully and clearly.

_____   ____/____/____
Name and Signature (participant)   Date

_____   ____/____/____
Name and Signature (researcher or delegate)   Date

NOTE:
This study has been approved by the University of Technology Sydney Human Research Ethics Committee (UTS HREC). If you have any concerns or complaints about any aspect of the conduct of this research, please contact the Ethics Secretariat on ph.: +61 2 9514 2478 or email: Research.Ethics@uts.edu.au, and quote the UTS HREC reference number. Any matter raised will be treated confidentially, investigated and you will be informed of the outcome.

APPENDIX 4: Interview schedules

Appendix 4.1: Pair 1 interview schedules

INTERVIEW 1 - Pair 1 (Lisa and Sam)

INTRODUCTION TO INTERVIEW 1

Thank you for agreeing to meet with me to discuss your supervision. As you know, I am interested in how psychologists work with knowledge and learn in supervision and how this shows itself in practice. Just to remind you, there is no evaluative aspect to the research – I am simply interested in how learning happens.
The questions I am going to ask you try to explore this in more depth and are based to some extent on what I have observed through your sessions.

Interview 1 questions – for SUPERVISOR (Lisa)

1. Could you tell me a little bit about your work/the job that you do?
2. How did you come to supervise Sam?
3. What are your hopes for your supervision with Sam?
4. What do you think Sam might be hoping for in terms of her supervision with you?
5. How do you see your role as Sam's supervisor?
6. Thinking back on the two sessions you have recorded thus far: If you think of the first session, where you discussed the young client in year 12 with fatigue and depression - what do you think made Sam choose that case to take to supervision?
7. And how about the second session, where she spoke about her long-term client who stopped taking her medication - what do you think Sam was hoping for in bringing that case to supervision?
8. *Thinking about the last two supervision sessions, what stands out for you? / What do you remember as being important?*
   (Note: if answer is vague/feels incomplete, try focus on one of the sessions rather, possibly the most recent one and/or consider the movement from first session to second session)
9. Thinking about the last two supervision sessions, was there anything led you to think differently about something? (*elaborate*)
10. Thinking about the last two supervision sessions, was there anything that felt particularly tricky? Any sticky issues (*elaborate*)
11. Was there anything that you found particularly challenging as a supervisor? (elaborate)
12. Thinking about the last two supervision sessions, what moments seemed like learning opportunities or points where it felt like learning happened?
    - *flesh these out …* what makes them seem like learning moments? How do you know they were learning moments? What do you think was learned? Etc.
13. Are there any moments that stand out for you from the last two sessions that were learning moments for you specifically? How do you know? What did you learn?
    - explore: were these moments about learning as a supervisor or as a practitioner?
14. Are there any times you can describe that felt like missed opportunities … something that you may have wanted to achieve in the session but that didn't quite happen?
15. I noticed that in the second session, there was no discussion about how things had gone with the client that you discussed the session before – is this the usual pattern? Are there ways in which you feed back to Lisa about clients already discussed?
16. What would you have liked to explore further with Sam if you had had more time, with regards to either session?
17. How do you know if a supervision session with Sam has been successful? (*explore what s/he understands by 'success' for supervision)*

18. Is there anything more you can think of that might be relevant for us to discuss today?

Interview 1 questions – for SUPERVISEE (Sam)

1. Could you tell me a little bit about your work/the job that you do?
2. How did you come to be supervised by Lisa?
3. What are your hopes for your supervision with Lisa?
4. What do you think Lisa might be wanting to get out of the supervision with you?
5. What do you see as the role of supervision for you?
6. Thinking back on the two sessions you have recorded thus far: If you think of the first session, where you discussed the young client in year 12 with fatigue and depression - what made you choose that case to take to supervision?
7. And how about the second session, where you spoke about your long-term client who stopped taking her medication - what were you hoping for in taking that case to supervision?
8. Thinking about the last two supervision sessions, what stands out for you? / What do you remember as being important?
   (Note: if answer is vague/feels incomplete, try focus on one of the sessions rather, possibly the most recent one and/or consider the movement from first session to second session)
9. Thinking about the last two supervision sessions, was there anything led you to think differently about something? (elaborate)
10. Thinking about the last two supervision sessions, was there anything that felt particularly tricky? Any sticky issues (elaborate)
11. Thinking about the last two supervision sessions, what moments seemed like learning opportunities or points where it felt like learning happened?
    - flesh these out … what makes them seem like learning moments? How do you know they were learning moments? What do you think was learned? Etc.
12. Subsequent to one or both of these supervision sessions, was there anything specific that you did in your practice with a client that seemed to emerge from the supervision? Explore
13. Are there any times you can describe that felt like missed opportunities … something that you may have wanted to achieve in the session but that didn't quite happen?
14. I noticed that in the second session, there was no discussion about how things had gone with the client that you discussed the session before – is this the usual pattern? Are there ways in which you feed back to Lisa about clients already discussed?
15. What would you have liked to explore further with Lisa if you had had more time, with regards to either session?
16. How do you know if a supervision session has been successful? (explore what s/he understands by 'success' for supervision)
17. Is there anything more you can think of that might be relevant for us to discuss today?

INTERVIEW 2 - Pair 1 (Lisa & Sam)

INTRODUCTION TO INTERVIEW 2

Thank you again for giving up your time to talk to me. As you know, I have now listened to five supervision sessions between you and Sam. I would like to explore this both specifically in terms of these five sessions and possibly more generally as well.

Interview 2 questions – for SUPERVISOR (Lisa)

So, just to briefly summarise the last 3 sessions that you audio-recorded:
In Session 3, you started by discussing supervision contracts and went on to discuss some organisational issues including boundary setting within the organisation and counsellors in the organisation behaving in ways that might not be productive including being overly needy of Sam.
In Session 4, you discussed a young teacher experiencing paranoia and excessive worry about what others think of him. You then moved on to talk about an older client who attended the hoarding treatment group and grew up with an abusive mother.
In Session 5, Sam spoke about her upcoming leave and how best to manage that, particularly with regards to one difficult client. You also discussed the DBT groups and then went back to discussing how Sam works with Kylie, the difficult client with ambivalent attachment issues.
If needed:
Session 1: Depressed 17-year old with chronic fatigue
Session 2: Very depressed client who stopped taking her medication and caused Sam a great deal of anxiety

1. Thinking back on these last three sessions that you audio-recorded, what stands out for you?
   What seemed to make a difference?
   What left you thinking or feeling differently? How do you know that? *Explore.*
2. What do you think left Sam thinking or feeling differently? *Explore.*
3. Thinking back on the last three sessions, even possibly the two sessions prior to that, what do you think made Sam bring those particular clients/issues to supervision?
4. Thinking back on the five sessions that were audio-recorded (*may need to remind them about the first two here*), which of those supervision sessions do you think made the most difference to Sam's practice? *Elaborate.*
5. How did one or more of these sessions impact *your* practice?
6. What words would you use to describe your supervision relationship with Sam?
7. What do you think makes your supervision relationship work well?
8. Where might your supervision relationship develop or improve?
9. How do you think Sam sees your role, in that you are the more experienced member of the supervisory pair?
10. What do you think Sam's expectations are in terms of your knowledge and experience?
11. Can you think of an example from one of the past three sessions where you were grappling with something particularly complex or tricky in supervision? How did you manage this particular issue together?
    OR, What has been one of the most difficult or complex issues you have worked on with Sam in supervision?
    OR, IF NOTHING COMES OF THE ABOVE, Ask more generally: When you discuss an issue in supervision that is particularly complex or tricky or difficult to 'solve', how do you manage that together?
    How do you think that Sam manages those sticky problems?

12. Thinking about your supervision with Sam, and particularly the five sessions that I have listened to, what are the things that you think make your supervision more or less conducive to it being a space of growth or development?
13. If someone told you that you could no longer supervise Sam, how would that impact on your practice?
14. *IF TIME*: I notice we have spoken mainly about the third/fourth/fifth session. Was there something in the other session/s that stood out for you or that may be useful to discuss?
15. Is there something else that you would have liked me to ask you/liked to talk about in either of these interviews that we haven't yet discussed/that you think I should know?

Interview 2 questions – for SUPERVISEE (Sam)

So, just to briefly summarise the last 3 sessions that you audio-recorded:
In Session 3, you started by discussing supervision contracts and went on to discuss some organisational issues including boundary setting within the organisation and counsellors in the organisation behaving in ways that might not be productive including being overly needy of you.
In Session 4, you discussed a young teacher experiencing paranoia and excessive worry about what others think of him. You then moved on to talk about an older client who attended the hoarding treatment group and grew up with an abusive mother.
In Session 5, you spoke about your upcoming leave and how best to manage that, particularly with regard to Kylie. You also discussed the DBT groups and then went back to discussing how you work with Kylie.
If needed:
Session 1: Depressed 17 year old with chronic fatigue
Session 2: Very depressed client who stopped taking her medication and caused you a great deal of anxiety

1. Thinking back on the last three sessions that you audio-recorded, what stands out for you? What seemed to make a difference?
   What left you thinking or feeling differently? How do you know that? *Explore.*
2. Thinking back on the last three sessions, even possibly the two sessions prior to that, what do you think made you bring those particular clients/issues to supervision?
3. Thinking back on the five sessions that were audio-recorded (*may need to remind them about the first two here*), which of those supervision sessions do you think made the most difference to your practice? Elaborate.
4. What words would you use to describe your supervision relationship with Lisa?
5. What do you think makes your supervision relationship work well?
6. Where might your supervision relationship develop or improve?
7. Given that Lisa is the more experienced of the two of you, how do you understand her role as supervisor? What are your expectations of her?
8. Can you think of an example from one of the past three sessions where you were grappling with something particularly complex or tricky in supervision? How did you manage this issue together?
   OR What has been one of the most difficult or complex issues you have worked on with Lisa in supervision?
   OR, IF NOTHING COMES OF THE ABOVE, Ask more generally: When you discuss an issue in supervision that is particularly complex or tricky or difficult to 'solve', how do you manage that together?
   How do you think that Lisa approaches those sticky problems?

9. Thinking about your supervision with Lisa, and particularly the five sessions that I have listened to, what are the things that you think make your supervision more or less conducive to it being a space of growth or development?

10. If someone told you that you could no longer have supervision with Lisa, how would that impact on your practice?

11. *IF TIME*: I notice we have spoken mainly about the third/fourth/fifth session. Was there something in the other session/s that stood out for you or that may be useful to discuss?

12. Is there something else that you would have liked me to ask you/liked to talk about in either of these interviews that we haven't yet discussed/that you should think I should know?

Appendix 4.2: Pair 2 interview schedules

INTERVIEW 1 - Pair 2 (Penny & Sybil)

INTRODUCTION TO INTERVIEW 1

Thank you for agreeing to meet with me to discuss your supervision. As you know, I am interested in how psychologists work with knowledge and learn in supervision and how this shows itself in practice. Just to remind you, there is no evaluative aspect to the research.
The questions I am going to ask you try to explore this in more depth and are based to some extent on what I have heard through your sessions.
Your sessions are slightly different to my other participants in that you are in a co-supervision relationship. Because of this, the questions will tap into your roles as both supervisor and supervisee.

Interview 1 questions – for Penny

1. Could you tell me a little bit about your work/the job that you do?
2. How did you come to be in supervision with Sybil?
3. What do you see as the role of supervision for you?
4. What are your hopes for your supervision with Sybil? Both as supervisor and as supervisee?
5. What do you think Sybil might be hoping for in terms of her supervision with you?
6. How do you see your role when you are Sybil's supervisor?
    Just to recap the last two supervision sessions – in the first one, when you were the supervisee you discussed a client called Emily, who seems to struggle with being reliable, following things through, anxiety, choosing unsuitable partners etc.
    When you were the supervisor, you spoke about Paula, Sybil's client who has recently emigrated, was sexually assaulted as a child and is now married to a very controlling man.
    In the second session, when you were the supervisee you discussed your session with Kath, where you felt you might have overstepped in giving her your opinion.
    When Sybil was the supervisee, the discussion was about Paula again. Similarly, Sybil felt she not been bounded enough with this client. The issue came up when the client said she was terminating therapy due to feeling overly dependent on Sybil.
7. Thinking about the last two supervision sessions with Sybil, what stands out for you? / What do you remember as being important? This may have been when you were in the role of supervisor or supervisee, or both.
    (Note: if answer is vague/feels incomplete, try focus on one of the sessions rather, possibly the most recent one and/or consider movement from first to second session)
8. Thinking about the last two supervision sessions with Sybil, was there anything that led you to think differently about something? (*elaborate*) This may have been when you were in the supervisor role or when you were the supervisee.
9. Subsequent to one or both of these supervision sessions, was there anything specific that you did in your practice with a client that seemed to emerge from the supervision? *Explore.*
10. Thinking about the last two supervision sessions with Sybil, was there anything that felt particularly tricky? Any sticky issues? (*elaborate*) Again, this may have been when you were in the supervisor role or when you were the supervisee.
11. Was there anything that you found particularly challenging when you were in the role of supervisor? *(elaborate)*
12. Thinking about the last two supervision sessions with Sybil, and this may apply to either the role of supervisor or supervisee, what moments seemed like learning opportunities or points where it felt like learning happened?

- flesh these out … what makes them seem like learning moments? How do you know they were learning moments? What do you think was learned? Etc.
Explore: were these moments about learning as a supervisor or as a practitioner?

13. Are there any times you can describe that felt like missed opportunities … something that you may have wanted to achieve in the session but didn't quite happen?
14. How do you know if a supervision session with Sybil has been successful? (*explore what s/he understands by 'success' for supervision*)
15. Is there anything more you can think of that might be relevant for us to discuss today?

Interview 1 questions – for Sybil

1. Could you tell me a little bit about your work/the job that you do?
2. How did you come to in supervision with Penny?
3. What do you see as the role of supervision for you?
4. What are your hopes for your supervision with Penny? Both as supervisor and as supervisee?
5. What do you think Penny might be wanting to get out of supervision with you?
6. How do you see your role when you are Penny's supervisor?

Just to recap the last two supervision sessions – in the first session, when you were the supervisee, you spoke about Paula, who has recently emigrated, was sexually assaulted as a child and is now married to a very controlling man.
When you were supervising Penny, you discussed a client who she called Emily, who seems to struggle with being reliable, following things through, anxiety, choosing unsuitable partners etc. You thought that Emily might have a brain injury of some sort.
In the second session, when you were the supervisor, Penny discussed her session with Kath, where she felt she might have overstepped in giving her opinion.
When you were the supervisee, the discussion was about Paula again. Similarly, you felt she not been bounded enough with this client.

7. Thinking about the last two supervision sessions with Penny, what stands out for you? /What do you remember as being important? This may have been when you were in the role of supervisor or supervisee, or both.
(Note: if answer is vague/feels incomplete, try focus on one of the sessions rather, possibly the most recent one and/or consider the movement from first to second session).
8. Thinking about the last two supervision sessions with Penny, was there anything led you to think differently about something? (*elaborate*) This may have been when you were in the supervisor role or when you were the supervisee.
9. Subsequent to one or both of these supervision sessions, was there anything specific that you did in your practice with a client that seemed to emerge from the supervision? *Explore.*
10. Thinking about the last two supervision sessions with Penny, was there anything that felt particularly tricky? Any sticky issues (*elaborate*) Again, this may have been when you were in the supervisor role or when you were the supervisee.
11. Was there anything that you found particularly challenging when you were in the role of supervisor? (*elaborate*)
12. Thinking about the last two supervision sessions with Penny, and this may apply to either the role of supervisor or supervisee, what moments seemed like learning opportunities or points where it felt like learning happened?
- flesh these out … what makes them seem like learning moments? How do you know they were learning moments? What do you think was learned? Etc.
Explore: were these moments about learning as a supervisor or as a practitioner?
13. Are there any times you can describe that felt like missed opportunities … something that you may have wanted to achieve in the session but didn't quite happen?

14. How do you know if a supervision session with Penny has been successful? (*explore what s/he understands by 'success' for supervision*)
15. Is there anything more you can think of that might be relevant for us to discuss today?

INTERVIEW 2 - Pair 2 (Penny & Sybil)

Thank you again for giving up your time to talk to me. As you know, I have now listened to five supervision sessions between you and Penny/Sybil. I would like to explore this both specifically in terms of these five sessions and more generally as well.

Interview 2 questions – for Penny

So, just to briefly summarise the last 3 sessions that you audio-recorded:

In Session 3, you started by discussing issues about billing and accounting in your practice. You then moved on to discussing Emily who you had spoken about in Session 1. You were concerned about Emily's recent relationship with a dangerous drug addict. You discussed how to potentially get more sessions for her under the various healthcare systems. Sybil started by feeding back how much Paula has improved. You then moved on to discuss a 19-year old man who is trying to give up cocaine and is also taking steroids and binge-drinking.
In Session 4, you discussed Elly who is in a problematic relationship and Sybil suggested probing more about her family history. Sybil then presented a client who has depression, anxiety and BPD. She experienced a sexual assault which is going to court, which involves Sybil being in touch with lawyers, submitting notes etc.
In Session 5, you presented a client who is grieving for her dog. Sybil presented Stan, who has issues regarding his capacity to manage his finances.
Session 1: Emily – struggles with being reliable / Paula – recently emigrated, childhood sexual assault
Session 2: Theme of overstepping boundaries - with Kath and Paula

1. Thinking back on the five sessions that were audio-recorded, which of those supervision sessions do you think made the most difference to your practice? *Elaborate*.
2. Thinking back on these last three sessions that you audio-recorded, what stands out for you?
   What seemed to make a difference?
   What left you thinking or feeling differently? How do you know that? *Explore.*
3. What do you think left Sybil thinking or feeling differently? *Explore.*
4. Thinking back on the last three sessions, even possibly the two sessions prior to that, what made you bring those particular clients/issues to supervision?
5. What do you think made Sybil bring her particular clients/issues to supervision?
6. What words would you use to describe your supervision relationship with Sybil?
7. What do you think makes your supervision relationship work well?
8. Where might your supervision relationship develop or improve?
9. What do you think Sybil's expectations are of you in supervision?
10. Can you think of an example from one of the past three sessions where you were grappling with something particularly complex or tricky in supervision? How did you manage this particular issue together?
    OR, What has been one of the most difficult or complex issues you have worked on with Sybil in supervision?
    OR, IF NOTHING COMES OF THE ABOVE, Ask more generally:
    When you discuss an issue in supervision that is particularly complex or tricky or difficult to 'solve', how do you manage that together?

How do you think that Penny approaches those sticky problems? Either as a supervisor or a supervisee?

11. Thinking about your supervision with Sybil, and particularly the five sessions that I have listened to, what are the things that you think make your supervision more or less conducive to it being a space of growth or development?

12. If someone told you that you could no longer have supervision with Sybil, how would that impact on your practice?

13. *IF TIME*: I notice we have spoken mainly about the third/fourth/fifth session. Was there something in the other session/s that stood out for you or that may be useful to discuss?

14. Is there something else that you would have liked me to ask you/liked to talk about in either of these interviews that we haven't yet discussed/that you should think I should know?

Interview 2 – for Sybil

So, just to briefly summarise the last 3 sessions that you audio-recorded:

In Session 3, you started by discussing issues about billing and accounting. You then moved on to discussing Emily who you had spoken about in Session 1. Penny was concerned about Emily's recent relationship with a dangerous drug addict. You discussed how to potentially get more sessions for her under the various healthcare systems. When you were the supervisee you started by feeding back how much Paula has improved. You then moved on to discuss a 19-year old man who is trying to give up cocaine and is also taking steroids and binge-drinking.
In Session 4, Penny discussed her client Elly who is in a problematic relationship and you suggested probing more about her family history. You then moved on to talk about your client who has depression, anxiety and BPD. She experienced a sexual assault which is going to court and involves you being in touch with lawyers, submitting notes etc.
In Session 5, Penny presented a client who is grieving for her dog. You presented Stan, who has issues regarding his capacity to manage his finances.

Session 1: Emily – struggles with being reliable / Paula – recently emigrated, childhood sexual assault
Session 2: Theme of overstepping boundaries - with Kath and Paula

1. Thinking back on the five sessions that were audio-recorded, which of those supervision sessions do you think made the most difference to your practice? *Elaborate.*

2. Thinking back on these last three sessions that you audio-recorded, what stands out for you?
   What seemed to make a difference?
   What left you thinking or feeling differently? How do you know that? *Explore.*

3. What do you think left Penny thinking or feeling differently? *Explore.*

4. Thinking back on the last three sessions, even possibly the two sessions prior to that, what made you bring those particular clients/issues to supervision?

5. What do you think made Penny bring her particular clients/issues to supervision?

6. What words would you use to describe your supervision relationship with Penny?

7. What do you think makes your supervision relationship work well?

8. Where might your supervision relationship develop or improve?

9. What do you think Penny's expectations are of you in supervision?

10. Can you think of an example from one of the past three sessions where you were grappling with something particularly complex or tricky in supervision? How did you manage this particular issue together?
    OR, What has been one of the most difficult or complex issues you have worked on with Penny in supervision?

OR, IF NOTHING COMES OF THE ABOVE, Ask more generally:
When you discuss an issue in supervision that is particularly complex or tricky or difficult to 'solve', how do you manage that together?
How do you think that Penny manages those sticky problems? Either as a supervisor or a supervisee?

11. Thinking about your supervision with Penny, and particularly the five sessions that I have listened to, what are the things that you think make your supervision more or less conducive to it being a space of growth or development?

12. If someone told you that you could no longer have supervision with Penny, how would that impact on your practice?

13. *IF TIME*: I notice we have spoken mainly about the third/fourth/fifth session. Was there something in the other session/s that stood out for you or that may be useful to discuss?

14. Is there something else that you would have liked me to ask you/liked to talk about in either of these interviews that we haven't yet discussed/that you think I should know?

Appendix 4.3: Pair 3 interview schedules

INTERVIEW 1 - Pair 3 (Cathy & Kayla)

INTRODUCTION TO INTERVIEW 1

Thank you for agreeing to meet with me to discuss your supervision. As you know, I am interested in how psychologists work with knowledge and learn in supervision and how this shows itself in practice. Just to remind you, there is no evaluative aspect to the research. The questions I am going to ask you try to explore this in more depth and are based to some extent on what I have heard through your sessions.

Just to recap briefly, your first session with Kayla focused first on a preschool she had visited where she had concerns about teacher behaviours in relation to the general emotional tone – not being empathic or compassionate enough. You then moved on to discuss a 4-year old girl called Andrea who she had recently started seeing. Andrea had a difficult start in life and was struggling with a bit of anxiety and possibly some issues with learning.
Your second session with Kayla started with a discussion about her new work role and then moved on to talking about Lucy, a girl in Year 7 who was having social difficulties at school. The next case discussion was about a 14-year old girl who had a car accident. Kayla did an assessment to see whether correspondence school was a suitable option for her.

Interview 1 questions – for SUPERVISOR (Cathy)

1. Could you tell me a little bit about your work/the job that you do?
2. How did you come to supervise Kayla?
3. What are your hopes for your supervision with Kayla?
4. What do you think Kayla might be hoping for in terms of her supervision with you?
5. How do you see your role as Kayla's supervisor?
6. Thinking about the last two supervision sessions with Kayla, what stands out for you? / What do you remember as being important?
   (Note: if answer is vague/feels incomplete, try focus on one of the sessions)
7. Thinking about the last two supervision sessions with Kayla, was there anything that led you to think differently about something? (elaborate)
8. Thinking about the last two supervision sessions with Kayla, was there anything that felt particularly tricky? Any sticky issues? (elaborate)
9. Was there anything that you found particularly challenging as a supervisor? (*elaborate*)
10. Thinking about the last two supervision sessions with Kayla, what moments seemed like learning opportunities or points where it felt like learning happened?
    - *flesh these out* … what makes them seem like learning moments? How do you know they were learning moments? What do you think was learned? etc.
11. Are there any moments that stand out for you from the last two sessions as learning moments for you specifically? How do you know? What did you learn?
    - *explore*: were these moments about learning as a supervisor or as a practitioner?
12. Are there any times you can describe that felt like missed opportunities … something that you may have wanted to achieve in the session but it didn't quite happen?
13. Do you have a particular way that you feedback on clients that have been discussed at previous sessions?
14. What would you have liked to explore further with Kayla if you had had more time?
15. How do you know if a supervision session with Kayla has been successful? (*explore what she understands by 'success' for supervision*)
16. Is there anything else you can think of that might be relevant for us to discuss today? Either in relation to supervision in general or in relation to these two specific sessions?

Interview 1 questions – for SUPERVISEE (Kayla)

Just to recap briefly, your first session with Cathy focused on a preschool you had visited where you had concerns about teacher behaviours in relation to the general emotional tone. You then moved on to discuss a 4-year old girl called Andrea who you had recently started seeing. She has had a difficult start in life and was struggling with some anxiety and possibly had some issues with learning.
Your second session with Cathy started with a discussion about your new work role and then moved on to talking about Lucy, a bright and loyal girl in Year 7 who was having social difficulties at school. The next case discussion was about a 14-year old girl who had a car accident. You had done an assessment to see whether correspondence school was a suitable option for her.

1. Could you tell me a little bit about your work/the job that you do?
2. How did you come to be supervised by Cathy?
3. What are your hopes for your supervision with Cathy?
4. What do you think Cathy might be wanting to get out of supervision with you?
5. What do you see as the role of supervision for you?
6. Thinking about the last two supervision sessions with Cathy, what stands out for you? / What do you remember as being important?
   (Note: if answer is vague/feels incomplete, try focus on one of the sessions)
7. Thinking about the last two supervision sessions with Cathy, was there anything that led you to think differently about something? (*elaborate*)
8. Thinking about the last two supervision sessions with Cathy, was there anything that felt particularly tricky? Any sticky issues (*elaborate*)
9. Thinking about the last two supervision sessions with Cathy, what moments seemed like learning opportunities or points where it felt like learning happened?
   - *flesh these out* … what makes them seem like learning moments? How do you know they were learning moments? What do you think was learned? etc.
10. Subsequent to one or both of these supervision sessions, was there anything specific that you did in your practice with a client that seemed to emerge from the supervision? *Explore*.
11. Are there any times you can describe that felt like missed opportunities … something that you may have wanted to achieve in the session but it didn't quite happen?
12. What would you have liked to explore further with Cathy if you had had more time?
13. Do you have a particular way that you feedback on clients that have been discussed at previous sessions?
14. How do you know if a supervision session with Cathy has been successful? *(explore what she understands by 'success' for supervision).*
15. Is there anything else you can think of that might be relevant for us to discuss today? Either in relation to supervision in general or in relation to these two specific sessions?

INTERVIEW 2 - Pair 3 (Cathy & Kayla)

INTRODUCTION TO INTERVIEW 2

Thank you again for giving up your time to talk to me. As you know, I have now listened to five supervision sessions between you and Cathy/Kayla. I would like to explore this both specifically in terms of these five sessions and possibly more generally as well.

Interview 2 questions – for SUPERVISOR (Cathy)

So, just to briefly summarise the last 3 sessions that you audio-recorded:
In Session 3, you started off by discussing the frustrations of Kayla's new work role. Then Kayla presented a 4-year old boy with query ASD - he's super-bright; his parents don't think he has ASD, just that he is quirky and gifted. The other boy she presented is 6-years old and also due for an ADOS. He comes from a difficult family background. His parents were quite keen for him to get an ASD diagnosis but Kayla wasn't sure this was going to be the case.
In Session 4, Kayla presented the outcome for the two boys discussed the previous time. The 6-year old did not meet criteria for an ASD diagnosis while the 4-year old did – Kayla's instincts proved accurate. With the first child, you discussed how to manage this with the parents. With the second child you considered his WPPSI scores together
In Session 5, Kayla presented a 7-year old boy who is in a huge and chaotic class at school and there is possible neglect at home. The main issue was whether Kayla should make a notification or wait until she had more info. Kayla had done a cognitive assessment with him and was planning a home visit.
If needed:
Session 1: Preschool (not nurturing, Kayla not sure what to do about it); Andrea (single mum, no concept of colours, attachment issues)
Session 2: New work role; Lucy (social issues at school); 14 yo girl (accident, doesn't want to go back to school)

1. Thinking back on these last three sessions that you audio-recorded, what stands out for you?
   What seemed to make a difference?
   What left you thinking or feeling differently? How do you know that? *Explore.*
2. What do you think left Kayla (supervisee) thinking or feeling differently? *Explore.*
3. Thinking back on the last three sessions, even possibly the two sessions prior to that, what do you think made Kayla bring those particular clients/issues to supervision?
4. Thinking back on the five sessions that were audio-recorded (*may need to remind them about the first two here)*, which of those supervision sessions do you think made the most difference to Kayla's practice? *Elaborate.*
5. How did one or more of these sessions impact *your* practice?
6. What words would you use to describe your supervision relationship with Kayla?
7. What do you think makes your supervision relationship work well?
8. Where might your supervision relationship develop or improve?
9. How do you think Kayla sees your role?
10. What do you think Kayla's expectations are in terms of your knowledge and experience?
11. Can you think of an example from one of the past three sessions where you were grappling with something particularly complex or tricky in supervision? How did you manage this particular issue together?
    OR, What has been one of the most difficult or complex issues you have worked on with Kayla in supervision?
    OR, IF NOTHING COMES OF THE ABOVE, Ask more generally: When you discuss an issue in supervision that is particularly complex or tricky or difficult to 'solve', how do you manage

that together?
How do you think that Kayla manages those sticky problems?

12. Thinking about your supervision with Kayla, and particularly the five sessions that I have listened to, what are the things that you think make your supervision more or less conducive to it being a space of growth or development?

13. If someone told you that you could no longer supervise Kayla, how would that impact on your practice?

14. *IF TIME*: I notice we have spoken mainly about the third/fourth/fifth session. Was there something in the other session/s that stood out for you or that may be useful to discuss?

15. Is there something else that you would have liked me to ask you/liked to talk about in either of these interviews that we haven't yet discussed/that you think I should know?

Interview 2 questions – for SUPERVISEE (Kayla)

So, just to briefly summarise the last 3 sessions that you audio-recorded:
In Session 3, you started off by discussing the frustrations of your new work role. Then you presented a 4-year old boy with query ASD - he's super-bright; his parents don't think he has ASD, just that he is quirky and gifted. The other boy you presented is 6 years old and was also due for an ADOS. He comes from a difficult family background. His parents were quite keen for him to get an ASD diagnosis but you wasn't sure this was going to be the case.
In Session 4, you presented the outcome for the two boys discussed the previous time. The 6-year old did not meet criteria for an ASD diagnosis while the 4-year old did – your instincts proved accurate. With the first child, you discussed how to manage this with the parents. With the second child you considered his WPPSI scores together with Cathy.
In Session 5, you presented a 7-year old boy who is in a huge and chaotic class at school and there is possible neglect at home. The main issue was whether you should make a notification or wait until you had more information. You had done a cognitive assessment with him and were planning a home visit.
If needed:
Session 1: Preschool (not nurturing, Kayla not sure what to do about it); Andrea (single mum, no concept of colours, attachment issues)
Session 2: New work role; Lucy (social issues at school); 14 yo girl (accident, doesn't want to go back to school)

1. Thinking back on the last three sessions that you audio-recorded, what stands out for you? What seemed to make a difference?
   What left you thinking or feeling differently? How do you know that? *Explore.*

2. Thinking back on the last three sessions, even possibly the two sessions prior to that, what do you think made you bring those particular clients/issues to supervision?

3. Thinking back on the five sessions that were audio-recorded (*may need to remind them about the first two here*), which of those supervision sessions do you think made the most difference to your practice? Elaborate.

4. What words would you use to describe your supervision relationship with Cathy?

5. What do you think makes your supervision relationship work well?

6. Where might your supervision relationship develop or improve?

7. How do you see Cathy's role as supervisor? What are your expectations of her?

8. Can you think of an example from one of the past three sessions where you were grappling with something particularly complex or tricky in supervision? How did you manage this particular issue together?
   OR, What has been one of the most difficult or complex issues you have worked on with Cathy in supervision?

OR, IF NOTHING COMES OF THE ABOVE, Ask more generally: When you discuss an issue in supervision that is particularly complex or tricky or difficult to 'solve', how do you manage that together?

How do you think that Cathy approaches those sticky problems?

9. Thinking about your supervision with Cathy, and particularly the five sessions that I have listened to, what are the things that you think make your supervision more or less conducive to it being a space of growth or development?

10. If someone told you that you could no longer have supervision with Cathy, how would that impact on your practice?

11. *IF TIME*: I notice we have spoken mainly about the third/fourth/fifth session. Was there something in the other session/s that stood out for you or that may be useful to discuss?

12. Is there something else that you would have liked me to ask you/liked to talk about in either of these interviews that we haven't yet discussed/that you should think I should know?

APPENDIX 5: Excerpts of transcribed data

Appendix 5.1: Excerpt of transcribed supervision session (Pair 2, Session 5A)

P   so mine's recording, are you recording yours?

S   very slow, you see why somebody's got the doctorate and somebody doesn't?

P   someone's just a bit madder than the other one and that would be me (laughing)

S   no that would be me, that would be totally me! (laughing) totally me … ok, ready

P   great, ok so I thought I would present Tina today and it's at this point in time my work with her is grief therapy so I really just wanted to kind of go over the different sort, not so much the different stages of grief but just how to work with someone with um, grief therapy, who's experiencing a bereavement, recent bereavement, and so I'll just give you a bit of context first of all and then just talk about what I think I should do and then you let me know what you think. [TEXT REMOVED FOR ANONYMITY PURPOSES] … she loves animals very much and the bereavement, the recent bereavement was her dog Rex

S   Rex

P   yeah and she used to bring him in [aaah] to therapy every now and again or actually quite often and I'd get out a little bowl for him [ah sweet] and pour her a glass of water and pour him a little bowl of water [oh my gosh ok very close] so really sweet

S   what type of dog was Rex?

P   ah look I don't know dogs [ok], he was about that big, I've got a photo of him in there

S   white?

P   I don't know probably more grey

S   it's probably a terrier then

P   very cute, very quiet, don't think I ever heard him bark

S   grey, he's a cavoodle, they adorable, they such gorgeous dogs

P   and little Rex, [TEXT REMOVED FOR ANONYMITY PURPOSES] so Tina's history is that um, she's an addict [oh], she sort of has various things of [TEXT REMOVED FOR ANONYMITY PURPOSES]

S   oh wow so she's been um,

P   really recovering, yeah, and she goes to AA regularly, her sister has massive drug issues and he's on a real trajectory to nowhere, her marriage has just broken up and her, she has tried to connect in with her but she's actually quite destructive and quite narcissistic, her mother was very blind in terms of what was going on in denial and what was going on in the family and Tina was the needy person in the middle trying to sort of make things right and fix things which she's kind of carried through taking responsibility, so um, when Rex died, which was two months ago now, um, for Tina it's like um not only is it a pet, was Rex a pet that she loved very much but Rex was also like her partner um, and she calls him her soulmate [oy] and she says stuff like um, the uh, and you know the thing this sounds lovely in some ways, the manner you love someone is a reflection on the depth of the grief you know and she loved him very, very much so she's really struggling and I think Rex also kept between Tina and other people and potential suitors as well so she's never um, so in some ways and you know how, I don't know what your experiences were Syb, but I know when I was a mother and being kind an introvert, a new mother, if you had a baby on your hip it was so much easier to kind of engage with the world [mmm, oh absolutely!], and Tina's not an introvert [my passport!] (laughs) that's right!, she's a major extrovert so that's not her issue [right] but I think that in terms of trusting, getting close to people, it was her and Rex and there wasn't really room for anyone else, and everywhere she went she took Rex, or it would be be 'look I can't stay any longer I've got to get home to Rex' [hmm] so Rex was an excuse for her [hmm] so there's a possibility she-

S   it's a safety

P   yeah she's avoided intimacy and kept herself kind of cocooned away with Rex, so the death of Rex has um brought as you'd imagine significant grief for her [hmm], a lot has been invested in him, she had him for a long time

S   was he old?

P   he was old, I can't, I'm not sure, 15 years or something like that, but he was an old dog and he was going blind and he was walking into things and you know, there was a whole lot of things that was, his back legs weren't working properly so it was a matter of when does Tina put him down [hmm] and she decided two months ago now was the time [oh no it's so hard], pardon?

S   it would have been terribly hard for her

P   it would have been so hard

S   I can imagine

P   so we kind of talked about, we did a lot of preparation beforehand hoping that that would then help with the grief, but then I'm not sure that that was every going to happen, um, so and one of the things we talked about ok how do you put him down, what do you do? and she decided she'd like to do it at home, get the vet to come to her home, she set up a beautiful kind of soft, peaceful, calm, beautiful music in the background [hmm]

S   Belinda, Sybil is making very sad faces at the moment (P laughs), aaaah very sad faces

P   it is very sad and she did it so beautifully buuuut

S   but

P   [TEXT REMOVED FOR ANONYMITY PURPOSES} … so Tina had tried really hard to set up an ideal peaceful death for Rex so she was then, she has images of him being quite traumatised [TEXT REMOVED FOR ANONYMITY PURPOSES] … actually I'm not seeing her for another two weeks, so one question is should I just refer her off to a bereavement centre? And I don't know if the bereavement centre that used to be in Sydney is still in existence but anyway I guess that the work with Tina is around dealing with the trauma um, so EMDR actually might be good for that one

S   well why, what's, why's, what's your thought process around about moving her off or referring her?

P   well I just, if it's specifically looking at bereavement counselling um, [hmm] maybe she would be better placed to go to people who just specialise in bereavement counselling but putting that aside for the moment, um, if we talk about what I'm thinking of doing and then you can tell me what you think I'm on track, so I guess what I do in those situations, there's the trauma and then there's the bereavement, we put the trauma aside for a second and talk about the bereavement we'll probably have to deal with the trauma first um, so she's told the story of the trauma um, and I tried to do replacing the image, the really um painful image with something else [hmm] but that wasn't too helpful so I think I need to do some more around the trauma um, … like I asked her what how would you like it, how would you have wanted it to be, if you created an image in your head as to how you wanted it to be with Rex, what would that look like?

S   she, has she buried him in the garden or somewhere nearby?

P   yeah

S   and has she marked the grave with something?

P   she writes to him

S   ah my gosh

P   she writes love letters to him

S   oh deary

P   she prays to him and I mean that's all really healthy stuff in terms of again the bereavement but I think I need to maybe go back, do some more work around the trauma and I am just trying to think, what is it that I need to be doing around the trauma?

S   has she done some sort of memorial service for him? did she do a burial service? or a memorial service?

P   I can't remember Syb, that's the-

S   and then get her to plant something, nearby or next to or on top of the grave, something that she'll remember him, something that will grow into something beautiful and she can remember him by

P   so you're thinking that's one of the things to help with the grief?

S   or memorialise it somehow with a little statue or a little bench or a little tree or whatever. Trees are lovely or plants because they they grow and you think ah lovely that's where he is and its growing something beautiful there and that feels nice

P   hmm, so in terms of the grief, that sounds like a great idea and I will talk with her about that, so I will leave the trauma then and go to the grief so it's like, um, and I know the five stages of grief but I think it's just really allowing her to be talking through what he meant to her [hmm], there's probably some therapy stuff there around the role of Rex and um, how that has then left her so bereft [hmmm] because he is fulfilling so many roles in her life, so there's probably something there that can be extrapolated from that but I think talking about the loveliness of Rex, looking at photos of Rex and if she's angry about it, I mean she's not in denial, [TEXT REMOVED FOR ANONYMITY PURPOSES] , so yeah I guess, so just going through, listening and if anger comes up then processing the anger, probably using an emotionally-focused perspective will be really good with that, um, and yeah I don't know, what are your thoughts?

S   my sense is that there's um, … there's probably a lot of life lessons she's learned from this relationship with this dog, be interested to know what they are, what has she learnt about love and about connection-

P   that's lovely!

S   -about relationship and about trust and about reliability and about faithfulness and about all that nice fluffy stuff?

P   life, trust, connection, faithfulness, you said love as well

S   reliability, all stuff that I'm sure she didn't have as a young person and that's just been embodied in this dog

P   hmm, a good point

S   in a sort of a way that she can move forward into something more, more of a human relationship potentially [hopefully] that will develop, she'll be able to learn from what she learned from and be able to develop a human relationship potentially that would be where she could use those skills or those … cos my yeah, it's all very well, all very well sort of dealing with the past issues but she's going forward into something maybe more whole and healed as a result of this dog … (P is writing)

P   so a really lovely reframe

S   hmm, that this is the beginning of something potentially wonderful … rather than the terrible end of something and while she'll miss him terribly there might be somebody out there who can do the same stuff for her maybe, I don't know, maybe that's all a bunch of projection (laughs)

P   and could she get this from someone else [yeah] and what would it feel like? [hmm] because it might be 'whoa no way I'm not doing that', but yeah

S   and she's opened herself up in this beautiful way to receiving all of this joy from this animal um, maybe it's possible to do that with people too … and the other thing I learnt was rather than that sort of stage theory of grief was more the wave theory of grief where you know it feels like a tsunami initially and you feel like you're drowning [hmm] but the waves become further apart and less intense in their, in their um height if you want and so eventually they start to, they pop up every now and again, you're hit by a little wave [hmm] but it gets, they get smaller and smaller until [hmm] they sort of lap around your ankles and you just [hmm] know that they're there but you cope much better [hmm] whereas initially you just feel like you're drowning [yeah yeah], I like that one better than the stage

P   yeah, the stages yeah, look it is the thing too with the different stages, you just work with whatever comes up, so if there are different emotions that come up [hmm] and if you know, there's denial that's there you just sort of talking about 'what was it like dealing with Rex?' and [hmm] so you know you deal with that stuff [hmm] but yeah I think that's a really nice way of looking at it yeah, and sometimes she can escape it but then gets hit by it again, hmmm

S   her brain has been kind of consumed with thoughts of this, this, this, this doggie all the time [hmm] yeah

P   yeah, yeah ok that's very interesting …

S   and I would definitely keep the relationship because you've got a wonderful therapeutic relationship with this woman, you've seen her for a while have you?

P   yeah I have

S   yeah I mean it would be, I think it would be disruptive for her to lose your, your beautiful self in this process and have her just go to some or other bereavement counsellor

P   do they actually exist anymore, do you remember XXX, do you remember them?

S   no no no, there's XX, what's her name? who does this sort of work, she's in Auburn or somewhere

P   she specialises in grief does she?

S   she specialises in grief

P   the bereavement centre back in the day if they're still there, they would see you for free [hmm], so they'd see you for half a dozen sessions for free

S   oh no she'd charge

P   yeah yeah and they used to do a whole lot of training and that's what covered their costs I think [hmm] yeah so anyway just the way she said 'oh I need some bereavement counselling' I think that's probably what's made me start thinking about referring her to a specific specialised unit or practice or something yeah, ok, alright well I'll keep going with that but I think that's a really nice, what did she learn from Rex and can she take this into other relationships [hmm], what would it be like taking that into other relationships, perhaps there are humans who can offer I mean like you know a dog is so loyal [hmm] well some dogs are so incredibly loyal I don't know if a human could be that loyal, I don't know maybe [hmm], maybe but surely a lot of those characteristics can be transferred over, ok, so that sounds good, thank you, um, so I've got uuuum, so I've got there's still a few more minutes, but do you want to start and if I get another issue I'll come back.

Appendix 5.2: Excerpt of transcribed interview: Supervisee (Pair 1, interview 2)

B   ok so just thinking back on those last three sessions, what stands out for you, what seemed to make a difference for you, what left you thinking or feeling differently?

S   um, well from, from the last session I had with my more, my quite long-term client I was feeling exhausted by I guess was just um what I found really helpful and then used after the session was just that pushing back of the responsibility onto her that she was making the decision and you know allowing herself to come to the sessions [hmmm] and that proved quite handy to hold that in my head and there were a number of responses

B   can you sort of elaborate a bit more about how that made a difference in working with the client?

S   um, because she was, she was um, in this kind of angry child mode where you know, it was all my fault and I was allowing all of these things and when I kind of pushed back on that it was, it really helped disengage her from that mode into perhaps a little bit more of an adult mode which um which was helpful um … yeah and it was so funny how these things happen cos I think almost like the day after supervision she sent me an email saying 'YOU are allowing me, you are allowing all of these things in the session' and I was able to say 'no, YOU are allowing that' (S laughs) and she you know, and that really helped for her to just go 'yes I'm sorry I am allowing them' and then in the end why we allowing them and what's important about that so yes so that was really helpful and that's something I'm just holding there and using quite a lot

B   so had you not had that conversation with Lisa about her and received that email, how might your response to the email have been different do you think?

S   um, … I don't think I would have, I, it's just the subtlety of really emphasising her responsibility around the choices she is making in coming to see me which are so important in challenging that belief that she's defective cos if she's choosing to seek help and accepting help from me maybe she's not so bad and I'm not sure it would just be, I wouldn't have emphasised that, I wouldn't have just been as clear in emphasising that and focusing on that, I might have been caught up more in kind of validating her experience or rather than focusing specifically on that

B   and I'm wondering also if that kind of email would have just sort of exhausted you a little bit more?

S   yes, yes yes yes, yes

B   rather than you said before you thinking 'oh I can use this actually'

S   yeah

B   ok so that's a really good example of something that made a difference

S   yes

B   and anything else from those sessions?

S   yeah, so that was from that last session and then so that was about Kylie and then what was helpful to talk about leave and think through different, you know just like a checklist of um, so that's always helpful to do that and obviously have been telling clients now, um, and I suppose what, so what I, yeah and then the third session um, yeah that was really helpful for me to talk about um feeling o-, quite overwhelmed by my role and we have had a very intense year

B   yes I deduced that from the one session

S   yeah, and this was, and there's been a lot of things that have happened as a result of um, of that, so that was really helpful to talk about that and for me to use supervision to think about how I might um, you know put some more boundaries in place cos I was starting to, you know and acknowledge that resentment, I was starting to feel a bit resentful towards everyone, felt a little bit like a, like I was living with a bunch of piranhas (laughs)

B   it sounded like a lot of the-

S   so yeah

B - a lot of the sequeale of what had happened was sort of landing on you

S   yes it was, and um, and I understood exactly why everyone was feeling a little bit more needy but um, yes so it was helpful to talk about that in supervision and talk about some of the ways that um, I could change things which has been really helpful so I mean I think we talked about the boundaries training which I actually got some in and made everyone go to the training and they all said how wonderful it was and how helpful it was to do that, to attend that so that was really good to do, I also offloaded a whole lot of responsibilities onto other people which was good, did also help that one you know, made me think through things like I had a student here, it was just like taking a huge amount of my time cos I had to supervise her every week and she was quite needy herself, understandably but

B   so is that one of the things you managed to offload?

S   well no luckily it finished and I haven't taken on anyone more and I am not sure that I am going to because that has helped, so yes, so yes, so talking that through was very helpful, what else did I talk about in that session? oh and I also ended up, was that when we talked about the supervision contract? sorry, about what the supervisors and their responsibility so I ended up (paging through transcripts), I ended up, yeah doing a whole lot of things that I think have been very helpful, I documented what I expect from my supervisors and sent it all to them, I got in boundaries training, I made people in my team responsible for a whole lot of other things that I was doing and I feel much better

B   so that made a difference?

S   yeah, yeah, from doing that and it was good to have that

B   and you can go away now with a lighter heart

S   yeah yeah (looking at transcripts) … in session 4 I'm still vague myself, I remember us talking about … yeah so I think session 4 was just I suppose talking about the clients and just helping me with my own case conceptualisation, really um yeah just helping me refine, refine that and sort of particularly for that young man, the kind of thinking that might be related to his behaviour

B   and have you seen him subsequent to that session?

S   yes, yeah and that helped me do that um conceptualisation with him and better understand, uum, the kind of context and the expectations that he puts on himself and similarly with the second client um, that was you know, that was helpful um again the case conceptuatlisation also just moving you know, cos the therapy, how the therapeutic relationship had started off, we're changing and the agenda was changing

B   this is with the man with the hoarding problem?

S   yes, and he's also someone that I continue to see and I guess for him it was just you know, feeling you know confident about changing that agenda I guess with him … (looking at transcripts) so I guess

B   It sounds like from each session something stood out or you took something with you into your practice, either as a kind of a manager or as a therapist?

S   yes, yeah and I suppose I don't know why but the session 3 and the last one I'm clearer about what I did, I suppose, yeah I definitely the second one helped me with, obviously helped me clarify my conceptualisation but I can't think exactly how I then changed the way that I was working, I'm not sure I did dramatically change it

B   you said just now it gave you confidence, so maybe you didn't need to make changes?

S   no I didn't think I did with either of them but I just felt comfortable with the way I was going with both of them and yeah

B   ok, so if you think back on these three sessions and possibly the two from before as well, what do you think made you bring those particular issues or those particular clients to supervision?

S   uum, well I know the one I brought a couple of times oh there's, it's always when I you know, when I'm … kind of grappling with an issue that I can't really figure out on my own or, yeah, that generally is or, but also yeah, not necessarily always struggling with the clients, but also if they present in a way that's a little bit different, you know it's not just standard presentation there are different complexities that would be helpful to talk about

B   like that man the teacher [yes], he was a bit unusual because he felt when people got to know him [yes] then he didn't worry about what they thought of him [yes], which was sort of a bit different

S   yes, I guess sometimes you know when it is a bit different and I'm more curious about and so want to talk about it with another psychologist and get their perspective and I guess yeah and so also the more complex like you know, when you're not just doing kind of standard short-term therapy with a client and it's longer-term, it is really helpful to have a supervisor that you, there's kind of continuity with those kinds of clients and also understands those issues

B   and the context like I notice Lisa often says 'the kinds of clients you get here are different for this and this reason' so she's looking, she's got a good sense of your context as well

S   yes, yeah

B   ok, so thinking back on those five sessions, which of those sessions do you think made the most difference to your practice? (S laughs) I mean it's a hard question, maybe you, you know …

S   which one makes a big difference, well I definitely think um, session, well I mean the most tangible sessions I made was with the session when I discussed my role here, so definitely

B   so session 3?

S   yes, so that made a big difference, I think always, I can't remember when I discussed Kylie

B   that was session 2

S   2 and the last one, that often makes a difference because she can you know, she's a difficult client to deal with and can often leave me, you know with quite strong counter-transference to what is happening and so having, and so yeah, having supervision around that is always very helpful for my, for me, yeah, for my own self-care really

B   and do you think with the sessions about her that it makes a difference only in the way you work with her or does it make a difference more broadly for you?

S   no I'm sure, I'm sure it must help, no I think it definitely does help me think about my work with other clients and although I perhaps wouldn't be working in exactly the same way because um, you know this is a longer-term session, uh, definitely in like, in talking about clients being in different, in different modes is something I still use even in the kind of shorter-term work, so I guess just understanding, and also I mean you know that defectiveness schema is showing up with so many clients and it's, it definitely does, does help with the work with other clients, yeah but yeah, she is a client which I've worked specifically using schema therapy to help her and, but that's cos I like schema therapy and I want to use it with more clients

B   so is it a, is it a little bit like well if you can work well with her and she's so tricky then it helps you work in the same way with others where maybe it's a little bit more straightforward.

S   yeah

B   Ok that's great, I'm going to shift gears a little bit and ask you about the supervision relationship specifically and then I'm going to come back and ask more about the sessions, ok, so what words would you use to describe your supervision relationship with Lisa?

S   well yeah I mean very comfortable, I know Lisa well, so yeah, very safe and very comfortable

B   and what do you think makes your supervision relationship work well?

S   well I really respect, I do respect Lisa and I, … yeah I respect and I value her input and I think she works in a way yeah, I like the way that she works, I guess she works in quite a similar way with similar modalities and I guess that so there's quite a bit of congruence I guess between the way we think about clients, and I do know Lisa very well and studied with her so (laughs) yeah

B   so the fact that it's sort of long-standing, your connection is long-standing also helps?

S   yeah yeah I think, it is, I mean I got a lot of respect for her, I really value her input

B   and where do you think the relationship might develop or improve?

S   well I suppose there's you know, there's always a danger cos we do know each other very well (laughs) and we can be quite similar that maybe you know, yeah, maybe if I had someone I didn't know, who didn't know me back they would maybe push me in other directions or … I don't know, I guess there is that possibility but and I mean it also works as well, I don't like in supervision someone to be spending a lot of time telling me what to do, I … I really do want the space to explore my thinking and response to clients so that is something that I really like about Lisa

B   so is that one of the things that you would think makes the relationship work well?

S   yes, yeah, definitely and her you know, being able to respond to that and be different cos I know obviously there would be other people who really want quite specific instruction so her flexibility to respond to that um, be improved … I don't really know …

B   maybe you're happy with it the way it is?

S   yeah I am happy with it, I do like to, but I have actually thought cos that was actually one of the other outcomes decided I needed some supervision outside of the clinical supervision here cos I also, I also you know, that boundaries, well Lisa is seeing a whole lot of other people here and I don't want to talk about stuff with them with Lisa because I don't think that's fair either so I haven't done anything about it but I am, I do have a budget now to get my, another external supervisor so I will have some other supervision as well, I do like having a whole lot of different supervisors

B   then I guess my question about how can the relationship be improved, when you have more than one supervisor you're getting something different from everybody and that kind of -

S   yeah cos I do feel with Lisa that it's not appropriate for me to talk about any, a lot of the management stuff that comes up because she's got to see the rest of the team and I don't want to do that, can just get really messy, yeah so that's the only thing is that maybe, but I think there are limits to some times and it's a good idea to get, to have a number of different supervisors so we've got a supervisor who specialises in hoarding disorder who I get a lot of supervisor from and, and yeah, I will find myself another supervisor

B   it's quite unusual I suppose to work in an organisation that values supervision so highly, not all psychologists would have that benefit

S   no, but I guess I mean the one, I do like learning and my supervision is a, you know, a context in which, an opportunity to do a whole lot of learning

B   I just want to check what time you need to finish so that we don't run over time?

S   ideally 12 but we can go over a little bit if you need

B   ok what is your sort of, what is your expectation of Lisa, you know how do you see her role as your supervisor?

S   well I guess I mean I think developing my proficiency as a clinician is important so helping me um do that so my development of my skills as a clinician so that I can um help my clients, obviously some kind of check on what I'm doing that yeah the work that I'm doing is you know, evidence-based, makes sense, not doing anything crazy with clients or taking risks yeah I'd say those and just, yeah basically

B   so that's sort of your role and is there anything in terms of your expectations, anything besides that? like your expectations of her as your supervisor?

S   well I suppose to just pay attention to what I want to get out of the session, to hear that and to support that you know when I say, when she says 'what do you want to talk about in supervision?', I say this, that she actually addresses that expectation, Lisa is very good at doing, I normally know what I want to talk about and I hope that she would focus on that agenda and I do like her to try and help me think differently I guess about my clients and of course I mean that's not always possible but you do remember the kind of lightbulb moments and that's where you go 'oh' like about Kylie yes that was a really helpful shift in thinking for me, yeah it's just I suppose it's just you know when that does happen and your thinking clarifies and you can now see a pathway that is very helpful

Appendix 5.3: Excerpt of transcribed interview: Supervisor (Pair 3, interview 1)

B   what do you think Kayla might be hoping for in terms of her supervision with you?

C   I think Kayla, you know we in the beginning we talk about what our hopes etc. and Kayla's hopes that she's not, so she's got someone, something that she, it's nice to have another viewpoint or another thing to check out her thoughts about an issues and also a problem halved, you know a problem halved and also just different persp-, because we both come from, from niche areas, to be able to look at it from that different lens so I think Kayla's wanting to know that, just another set of eyes on what she's wanting to discuss, another set of ears, another set of eyes, another perspective, not to feel alone, to feel like she's you know, especially when it's a private client that feeling of you in isolation and you don't have a team around you, to have a team feeling was also important to her, yeah so joint problem-solving, not feeling so isolated and having your opinion validated as well and acknowledged and who you are as a psychologist being acknowledged too

B   right, ok, how do you see your role as Kayla's supervisor?

C   how do I see my role?

B   hmmm

C   and different to how, my hopes for supervision?

B   it might be different, it might be the same

C   so I think I see my role as her, as a facilitator of her, of her inner wisdom, so, or knowledge, her expertise, for want of a better word, so to facilitate her being able to access, access and reinforce what she, the ideas and the knowledge that she already has and to elicit things that she hasn't thought of as well, as well as somebody, because you want to be the best person you can be to be able to do your work so not just about the problems, yourself as a person, so her identity and her job and her feeling what she's doing is, so being able to be there to hold those other, to give her an emotional space as well if that is an area that she is struggling with in terms of her role, her job, her future, so just facilitating, helping her to, helping her to find what's already there and a space for her for other things too apart from knowledge, and then also when she's stuck to not feel alone, to feel that we can problem solve it together

B   ok great, so now I'm going to ask you a couple of questions that relate-

C   no, sorry, Belinda, sorry, so my role is not in, I don't see my role as being the expert, I see my role as being a facilitator of her expertise

B   thank you, ok so now I'm going to ask you some questions that relate more specifically to the two sessions that I've listened to, so if you think back on those last two supervision sessions with Kayla, what stands out for you? or what do you remember as being important?

C   I remember, let me think of what stands out, I think in the most recent one what stands out is that I think that with her changing this new possible change of job, I think something that I see would be very important for Kayla because it ties, she's got, like autism has been something that she's been working with for a long, long time, autism and anxiety are her real areas of expertise and now that she's going to be changing roles I think it's going, it stands out for me that it's going to be a great new chapter for her because I think the work environment beforehand I think might have been, I think she might have been feeling a bit stuck and this is going to be a new, a new leash for her if she, we left it with her still wanting to deliberate the pay and make sure that everything was going to be, all the dots were ticked but if that comes through for her, for me I think that's going to be a great new injection of energy for her, that was, that stood out, the other thing that stood out for me was that the, the one of, the one about the preschool with the dynamics and it wasn't so much about the case it was more about the dynamics of the relationships within the preschool and having to deal with her relationships and work as well as keep up the bonds with the school but not a particular teacher, she had to be very politically correct if that's the right word, so that stood out for me because that's very complex because obviously she feels very strongly about what, about her opinion about the situation but she's also careful enough to see it in context of all those different relationships, that also stands out, I think also thinking back on those two sessions, I think what I find when I think back on my sessions with Kayla is that she does, when we both, when we do supervision, she does meet her own, she does I think through talking things through she comes up with her own solutions, ideas, I think she uses the supervision well and finds the answers

B   and I guess that goes back to your comment about seeing yourself as a facilitator, that would be something that would be important to you if you see your role more as facilitating as opposed to directing

C   yeah, yeah, and helping her I suppose to question, I think that's another thing is helping, my role too in then, and thinking back on those sessions too is being able to think of the right questions and make, that jiggle that 'what else can I do, what can I do differently?' so asking the right questions is part of the role, curious questions or wondering questions, not to make her, I never want to make her feel on the spot, more so she has to feel like she's got to come back with a smart answer type thing, it's more a curious, it's a wondering what difference, yeah

B   so when you say curious and wondering questions, are you sort of implying that there might not be a right answer?

C   yes, exactly, yeah, there might be shades of answers, there might not be, exactly, not one particular right answer but there'll be options that may, yeah different options that may be available

B   and anything else, so you've mentioned the three things there about the issue of the new job, the dynamics around what was happening in the preschool and then also like noticing how she finds her own answers, anything else that stands out from those two sessions?

C   I really I'm also thinking about the anxious girl that she's worked with before and then she was going to be seeing her, then she's picking up on that and I reflected on that and I thought about obviously the relationship, because she's seen her in the past and now she's becoming a client again that that's really good grounds, really grounding for everyone involved in that there's a history there which will, I think will be good for the mother and the child and obviously for Kayla and also I think you know that she, I keep thinking about the one because so often we talk about encouraging kids to say 'can I play?' or something, but I really liked her, it seems silly but the new one she had about 'can I watch you?', because that's such a nice gentle way and in that situation kids are hardly going to say, or you don't think they are going to say no, as quickly to that as 'can I play?' so I thought that was, I really liked that, I don't know why that stood out for me but that was something that I actually hadn't thought of before it just sat with me, for my practice … and the one about the, with the child and the one with the horse, I thought that was another interesting, very interesting case because Kayla, that would be so close to Kayla, that's another one of Kayla's things is riding so that case would have been very interesting to her, I wondered sort of afterwards a little bit about how hard or easy it was going to be to move on from being involved in that case when she probably would have felt so much, would have had so much to offer to that but that particular case would have been a very short piece of work not because of her, but because of the way that industry, that agency works

B   and I guess that sort of speaks to the fact that you and Kayla have a longer-standing relationship, that you can pick up on those things because you know her and you did, you reflected back to her something about 'wow, like riding, that must be, you know an interesting one for you', so when I asked you how you came to supervise her I didn't ask you how long the two of you had known each other?

C   ah, so we've known, so about, we've been working, I think probably we've got to know each other very well over the last two years and we've known each other, I've known Kayla for the last four, we've been working at [names workplace] together for the last five years but it's only been in the last two years that we've started doing, it's only very recently that we've, oh well we've been working at [workplace] for the last five years and we've been doing peer supervision together within the last two years and then I left [workplace] last August

B   yeah cos I mean just in terms of the different dynamics of supervision, when people know each other well it's going to be different to when it's a new relationship, and also it might impact learning in different ways

C   and that's good and that'll have it's, at the moment there haven't been any difficulties because of that but I can imagine that it's not, I can imagine there could be difficulties with that, but I think actually it's more like a work colleague, she's not a social friend

B   yeah

C   so it makes, it's a work friendship, more of a work friendship

B   but also there could be difficulties but there could also be assets to that

C   yes

B   you know like you picking up on the horse thing could have been an advantageous thing rather than a negative thing?

C   yes

B   so I'm not saying it's bad, I'm just saying it constructs things in a different way

C   yes

B   so if you think back on the last two sessions with Kayla, was there anything that led you to think differently about something?

C   I think the, I think, just going back again that preschool one and the, juggling, I don't think differently, so is that because there's anything I thought of and would change my mind on?

B   no more just

C   or do you mean?

B   just whether anything in those supervision sessions sparked your own thinking?

C   yeah, I don't I don't, no, no, and I think maybe I need to be more reflective next time, there's nothing that I've come back and thought 'oh I need to phone Kayla' and actually think that maybe we can look at that in a different way

B   yeah I don't mean after the session whether you thought differently about the session (C laughs), I mean potentially like through the session whether you thought differently about anything in your own practice so in other words

C   ah! Sorry

B   does that make more sense, sorry?

C   yeah that makes more sense, so throughout, like thinking back on my, on the session is there anything that I might have done differently?

B   the opposite of that, not (C laughing) not in terms of would you have done any differently because of the session, but more did the session lead you to think differently about anything in your own practice, so for example you gave the thing about the 'can I watch?'

C   oh yes, about the little girl, ok!

B   so anything else in those sessions

C   yes, ok ok

B   that got you thinking, I guess?

C   yeah I think, yeah, so definitely that idea about working with the little girl, that's definitely something I took home with me and then, just politics really and that, politics in the office, politics in the workplace and a very delicate, the very delicate aspect of hearing people and letting them feel heard so for example in my work there's two different parties, the preschool talks to me, and the high school talks, the preschool, two different parties in the preschool talk to me and they have very different opinions about how things, about how they feel things ought to be done and then trying to hold, trying to hold that tension without letting either party down, so yes so it's slightly, slightly similar, not completely but just that very delicate, very delicate balancing act, and being able to be present for those, for the different parties even though you feel like you're being disloyal to the other one, yeah but just realising that they not, so I suppose also realising that you're holding that space for them and even though they both come with a different perspective, being there for them and enabling them hopefully to find that common ground eventually, yeah

B   so that's exactly what I meant with the question, so that's great (C laughs), and then again, thinking back on the last two sessions with Kayla, was there anything in the sessions that felt particularly tricky or any sticky issues, anything like that?

C   mmm, … I'm trying to think, not , nothing's jumping at me at the moment, if I think of something while we're talking can I come back to that one?

B   of course

C   yeah

B   and was there anything that you found particularly challenging as a supervisor?

C   I think sometimes it's always, yeah I think sometimes it is definitely challenging when, like anything to do with autism and anxiety I feel that Kayla's got a hang of a lot more experience than me so maybe that feeds into that last question as well, it's definitely bearable but I'm conscious of the fact that Kayla, that Kayla's very knowledgeable about, it's very, especially the autism, that's really a strong point so maybe I feel a little bit like 'ah am I good enough for this?', cos she knows so much more, and that's when I have to remind myself that your role is to help her draw on that knowledge that she's so good at and not be pulled down by the 'but god Cath she knows more than you do about that' type of thing, so that would be, that would be a challenge, yeah, and probably, initially when we, I'm more comfortable now but initially when we started, just feeling, just getting into the groove of feeling I'm not needing to be the expert, not needing to be, but you know, consciously feeling, like it's easy to say that, but actually really getting into role of holding the space to let her , and facilitating her, her expertise as opposed to feeling like I've got to come up with the perfect answer and the perfect suggestion and all that

B   and in your experience of doing supervision has that felt different to you with supervisees that are maybe less experienced than Kayla?

C   yes so one of my, so at [workplace] I had two new grads that I was supervising and then they really, yeah it is quite a different experience because Kayla is so experienced so she often through the supervision comes to her, reaches answers for herself quite readily, with the new grads it's more like wanting someone to give them the answers and wanting, and not that, and then remembering that I was there once too and I'm always am still learning and wanting, so holding, so trying to with them, helping them, because they, providing a sense of security but also not being the expert, yes it is different, it's definitely a different feeling, so yeah whereas they weren't as ready to use the time to reflect on what they were doing and come up with ideas, rather like, for them I suppose, for Kayla it's the shades, like you suggested it's the shades of what to do, the shades of right as opposed to being more junior there is only one way, there is a right way and a wrong way, not being as confident with shades of right

B   ok, alright, great,   and again if you think back on those last two supervision sessions with Kayla, what kind, what moments sort of seemed like they were learning opportunities or points where it felt like learning happened?

C   ah that's such a good question and I know in my next two sessions I'm going to concentrate even harder cos there definitely were certain times when (laughs), when I-

B   sorry for putting pressure on you (laughs)

C   no just to, yeah exactly (laughs), I think, oh golly there was one I had in mind, there was, I can't think of the exact case and it might again come back to me, but there were times I think the learning happened, I felt the learning was happening when Kayla would come back and say 'oh I'm going to try X, Y or Z' but she came up with the ideas she had sort of in the session you could see when she was talking it through she was sort of hmm, non-committal and then later on she was 'you know what I think I'm going to try that' or whatever and then I, that was real learning going on because she, through talking about her different, the different ideas or thoughts about whatever case it was, there was, the learning was a reflection and that's where the learning was happening, when she was reflecting and, and was able, and came up with sort of a commitment to an idea and that was sort of the learning, and the learning was in the reflection.

Pair	Sess ion	Client/ Issue	Presentati on/ diagnosis	Process of session/phases of session/what happens	Points for discussion/things I noticed	Epistemic practices	Epistemic objects?
1	1	Sally	fatigue, suicidal ideation / depression	S tells the story of Sally - her home situation, her problem - L seeks clarity with closed questions - L checks re risk - together they build up a picture of Sally through L's questioning - discuss HSC concessions for her - they summarise what has been covered in therapy - then go back to the story - new info (boy, relationship, STD) - raises possibility of abuse - L starts to take the lead, gives suggestions and advise about how to work with Sally - moves on to exploring her sense of efficacy and what has been achieved with her already/strengths - discuss whether to involve the parents (dilemma) - goes back to giving advice re practicalities.	L tries to open up understandings of Sally - first pointing out that she has actually sought therapy despite believing that no one can help her, looking at the nature of her chronic fatigue, moving on to seeing her within the developmental context of adolescence and the challenges that poses, addressing self-efficacy & competence. Treating Sally as EO - not fixing the understanding of her, but expanding it as they go along. Moving between general and particular in seeking an understanding of Sally - eg clients with chronic fatigue; 17 year olds and the developmental challenges they fact; kids who come from familes who have contributed to their MH problems (p.10-11; lines 555+). Epistemic practice: dealing with a dilemma - should S meet with Sally's parents or not ? - see lines 555 onwards - gives both sides, then contextualises within Sally's story/the psychological interpretation of Sally's story. One full hour on one client.	Telling the story of the client. Drawing on general to understand particular. Drawing on past experiences with other clients to help understand the case in particular. Identifying links and connections. Looking at pros and cons for a particular response e.g. should she call the parents in? Imagining herself (L) in the client's shoes. Constantly wondering - playing with ideas rather than stating them as reality. Tolerating ambiguity. Connecting relevant theory/resources to the case. Identifying strengths and resources in the client's situation. Anticipating the future. Posing questions. Making relevant interpretations using the psychological foundations of one's knowledge.	Client - Sally - includes Sally's context (family, school - what might be going on at home? What might the teachers be thinking?) - client is unpacked/expanded throughout the session
1	2	Kylie	Long-term client; Stopped taking her medicatio n; became suicidal / Suicidal ideation	Phases of the session: Telling the story - linking to what is known about the client & affirming what S has done (starting to open up understandings of the client) - challenging S about her lack of self-care - interpreting client's response (angry child) and in so doing expanding understanding of the client (S takes on board the idea of the angry child) - bringing it back to self-care & affirming what has been achieved.	In this session they problematise the relationship between the therapist and client (patterns, dynamics) much more so that in S1, where they were more focused on the client herself and how to help her, understand her, work with her. This session is much more about her, about Sam - more so than S1 - L focuses on how Sam managed the case, didn't seek help, didn't prioritise self-care - she challenges Sam about this. At line 35 there is an interesting conversational shift where L interrupts and takes control of the narrative - she has listened to the story and clarified up to that point and then she takes the lead - shifts gear from listening to; interpreting, making links, focusing on Sam and what she has done as well as lack of self-care/what she hasn't done ito looking after herself.	Clarifying the facts. Use what is already known as a resource, as information to help with problem-solving (due to her being a LT client - patterns are identifable from conversations in previous sessions). It's a different kind of movement from particular to general and back again because in this instance the general is what they know about the client generally and the particular is what is happening in this instance. Uses what is known about the supervisee as a resource - 'you don't usually do this'. Identifying difference - what is different this time to all the other times she has gone off her meds? Looking at how this is actually an indication of progress. Expanding/opening up - the picture of who the client is and how she became that way and how that's impacting her now. Asking - and problem-solving - relevant questions: Why has she gone off her medication? Making relevant interpretations using the psychological foundations of one's knowledge.	Client-Kylie - what is going on with her? Why did she stop taking her meds?

1	3	Organis ational issues- contrac ts, work role	Work stress - Problem= Sam's work role	Point of departure is idea of contracts for supervisees. Then moves on to discuss supervision practice and how to handle particular situations in supervision (because S is a supervisor in her organisation) and with supervisors. Raises the issues she has dealt with that week in her role as manager - Problems 1, 2 and 3 with counsellors that she supervises. Moves quickly through them - trying to illustrate the kind of dilemmas she is facing with her supervisees within the organisation rather than thrashing out each problem. L then interprets - S has become the boundary in the organisation. Move on to talk about what she's going to do about it. S comes up with ideas - training, mop-up time etc.	Supervision of S's supervisory practice rather than her therapeutic practice. L is very verbal at certain points - pedagogical approach eg in terms of how to work with boundaries in the organisation. L brings things back from discussing what's happening with various supervisees at work to being about Sam - about her role and her stress - even though it wasn't presented as such to start.	Providing relevant information to help with problem-solving - strategies etc. Identify what appears to be at the heart of the issue/problem. Or maybe it's getting to the bigger picture? Sam brings a problem of contracting with supervisees and Lisa gets to it being about how what's happened in the organisation has resulted in Sam taking on a particular role (boundary) and what impact that has had on her. Making relevant interpretations using the psychological foundations of one's knowledge. Being willing to let something go when it doesn't resonate.	Sam's problems at work - that's what they are fleshing out and expanding during the session. Supervision also becomes something of an object - what is and what isn't supervision? What needs to happen in supervision? How to manage spvn effectively? Etc. L talks about this a lot but they don't really problematise it together.
1	4	Mike	psychosis - paranoia, heard voices, worries about what people think of him	S tells the story of Mike - focuses on his symptoms & how he presents. L asks questions (mostly closed) as they try to understand the client together - seem to be trying to figure out who/what are we dealing with here?	Interesting segment of comparing particular to general and back to particular - lines 49-54 - is this client like other similar clients? No, not in this way? Ah, so then we need to understand him slightly differently/work with him differently perhaps. Comes back to this at line 93. Comparing specific (this client) to general (other clients with psychosis). S briefly compares him with another client - Bryn- comparing particular with particular	Telling the story. Asking and answering relevant questions to build up a picture of the client. (Understanding what is underlying the client's issues). Making relevant interpretations using the psychological foundations of one's knowledge. Making relevant comparisons - between clients (Mike & Bryn) and between client (Mike) and other clients/people with same disorder	Client - Mike - trying to work out who he is and what's going on with him - unpacking, expanding -
	4	Simon	Hoarding, socially isolated, has been suicidal, low mood	Tells story of Simon - it becomes apparent that she is looking for guidance in how to proceed with him - L challenges her/her stuckness - then they unpack how he came to be this way (looking at childhood/mother) - discuss how to treat him, what the priorities would be, interchanging with their feelings about how sad the situation is	As with session 2, in discussing Simon L brings things back to S and what S is experiencing - interprets what this means for S and why this feels to S the way that it does. So there is a dual process - understanding and interpreting re client and understanding and interpreting re supervisee. There is no winding up, concluding or closure in the session - abrupt stop (maybe just because the recording is switched off?). She shows a lot of care and concern for Simon in this session - feels so sad for him.	Telling the story - succinctly, sticking to what is relevant given timeframe. Challenging the supervisee's perspective - 'maybe you're being unrealistic?' (p8) Identifying strengths and exceptions - what has been achieved. Using psychological constructs e.g. countertransference as pathways to new knowledge (potentially problematic though because doesn't interrogate the idea of countertransf). Making relevant psychological interpretations. Anticipating the future.	Client - Simon - unpacking, interpreting, understanding - expanding (see line 49-54)

1	5	Managing caseload while away	N/A (prac mngmt issue)	S raises the problem (going away) - L dives straight in with telling her what to do - L raises S's client (Kylie) and how in particular she might respond	There is a point where L reframes the problem - instead of S going away as a bad thing, S going away is a good thing because it models self-care and also teaches clients that they can actually cope - S struggles to take this on board - doesn't really seem to do so - then discussion moves on to how January is a good time to be on leave - again feels like L is trying to make S feel better about being away, trying another angle when the reframe doesn't work.	Reframe problem situations - demonstrate that there might be a different way to look at things. (When this comes too much from one party, it may not be picked up by the other party - isn't taken on board or owned). Use of example/analogy.	Universal problem of how to manage leave when one is a helping professional.
	5	Kylie	Long-term client - see S2	Interpretation of S's feeling of exhaustion & frustration at dealing with Kylie - exploring what Kylie's behaviour with S is achieving for her, what it means - then discussing how to manage it because of this interpretation - L brings it back to S and the impact that working with Kylie has on S, causing her to doubt herself, using countertransference as information to inform this - session concludes with L affirming S for what she has achieved with Kylie	Because L knows the client well, they dive into interpretation early on, in response to S's countertransference (frustration, resentment, anger) - this interpretation opens up an understanding of the client that is potentially more nuanced than previously. The idea of countertransference is accepted as a given (in previous sessions as well) - the construct is not taken on as an EO - seen as something objective, 'true', real - interesting because it's just one of many explanations/ concepts that could be worked with in a session. S expresses self-doubt at one point - L ignores it at the time but comes back to it at the end of the session - doesn't allow her to leave the session without that self-doubt being addressed - comes on strong with affirmation at the end. S characterises the session at the end as a "pep talk" - suggests that is what it was about for her.	Drawing on previous knowledge of this client - using that to advance an understanding of her behaviour and her psyche. Using theory (schema theory in this case) to make sense of a client's behaviour. Thinking out loud.	Client behaviour (Kylie) - unpacking why she behaves as she does, what her behaviour means, how this understanding might help S in dealing with her. S's feeling of exhaustion is the starting point - use that to unpack what Kylie's behaviour means - brings that back to S's feeling of helplessness/disempowerment.
1	ALL			**GENERAL: What did I notice across all 5 sessions?** L's main concern is for S and her wellbeing/ability to do her job well. Her next concern seems to be to make sure that everything is happening as it should ito risk management etc. This links to her third concern - for the clients. Even though it's all in the service of the clients, L prioritises S - she brings things back to S repeatedly - makes it about S rather than about the clients e.g. using S's feelings and responses as information about the clients. She generally accepts S's authority and knowledge about the clients - does defer to that rather than imposing her own, but is fairly forceful with her suggestions nonetheless. L likes to use examples and analogies - epistemic practice. The word "because" comes up a lot more than with the other pairs - more explaining, more space of reasons - maybe because a more pedagogical style?		

APPENDIX 7: Excerpts from data summaries spreadsheet

Some text has been removed for anonymity purposes – this is indicated by [*]

PAIR 1 Session 3: Work role/contracts

PAIR Number: 1 SESSION Number: 3 ISSUE: Contracts/work role	PROBLEM TYPE: Organisation-focused
What's happening here? (the story)	**What's going on epistemically? (Epistemic practices/activities & knowledge sources/resources)**
This case is an example of supervision of Sam's supervisory practice, rather than her therapeutic practice. Since her work role involves supervising fellow counsellors, this is an organisation-focused issue - it is about how she functions within the organisation and what kinds of issues the organisation and its employees are facing. The problem is sparked by a recent event within the organisation. Although primarily org-focused, the session is also supervisee-focused in that it addresses what is going on for Sam, the impact on her and what she can do to improve the situation.	
PURPOSE: S clear about what she wants to talk about (contracts) - brings it up because of impending accreditation process - also wants to describe to L the kinds of problem she is experiencing with her supervisees at work. RESTORATIVE.	
S introduces the topic - wants to discuss contracts w supervisors - [*]	
S alludes to "recent events here""	S provides a this as a rationale for her thoughts about contracts.
They agree that part of supervisory responsibility is to act if one believes one's supervisee's capacity or competence is impaired in some way	L states: "*that is totally a part of supervision*" - a shared idea about the practice, a norm or standard for practice
L elaborates on the role of the supervisor	Draws on her own experience as a resource - 'what I usually do as a supervisor'. Adopts a pedagogical approach - telling S what one does as a supervisor.
L differentiates between different types of supervision - supervising an experienced vs an inexperienced person. Refers to the legal responsibilities of supervision.	L complexifies the problem situation - it's not always the same, there are variations in practice - ultimate aim is in the service of the client (norm/ethic of practice). Drawing on the norms and ethics of practice as a knowledge resource. E.g. referring to confidentiality as a norm and the conditions under which one can break confidentiality.
L makes suggestion - look on APS website for contract template	Referring to professional organisation as a knowledge resource
L makes suggestion: in contracts, clarify what clin supervision is and the boundaries between supervision and therapy. Also refers to the limits of practice - what a supervisor should tackle and what s/he should refer out.	Uses her own experience as a resource - 'what I have done'.
They discuss how to handle supervisor's involvement in organisational issues. Although they agree that this is usually not a good idea, L refers to times when it might be appropriate e.g. when org issue impacts clinical work	Again refers to her own experience. Draws a principle about practice from the examples that she provides - "*part of supervision is redirecting*" (generalising from the particular)
They go back to discussing where to find a contract template	L refers to her own supervision - a knowledge source - "*my supervisor raised that with me*"
Refers to a contract's purpose as being to "*hold the supervisory frame*"	
L suggests that S's question about contracts might reflect broader issues in the organisation - "*a lack of clarity around boundaries, that is a theme that comes up a lot*". S agrees	L zooms out - looks at the bigger picture - frames this as a boundary issue

L suggests that the issue may also reflect the kinds of clients that the organisation works with - compared with private practice - makes employees more vulnerable in some ways and means that organisational boundary-setting is more difficult	L interprets as she would with a client, using her psychological knowledge and thinking as a resource to understand the problem in both broader and deeper terms. Compares the work context to other contexts where psychologists work. L is making links here - contextualising the knowledge object/problem within the broader context, which she is able to do because she knows the organisation well and can draw on this knowledge to understand what is going on for S. This both problematises and opens up the object - it's no longer just about contracts, but it's about the nature of the work that is undertaken in the organisation. L also enters a space of reasons - she explains why this might be happening
S responds at a practical level - that some training around boundaries might be helpful. L picks up on this by talking about boundary-setting in general - why therapists find it difficult, how to manage this	L adopts a pedagogical approach here - teaching about boundaries and imparting knowledge about how to teach clinicians to set these more effectively - she is establishing herself as a knowledge resource by positioning herself as 'teacher'
S agrees - moves on to try outline some incidents that happened at work recently - L interrupts - offers up a resource that S might find useful	Offering a knowledge resource (Josie Gellar)
S reverts - tells L about how someone wanted to join a group and she had to turn him away for ethical reasons	L refers to professional standards in agreeing with S - "*it's not in his best interests*" - patient care is the priority in decision-making
S relates the second incident: [*]	L makes links to what was previously discussed - "*and again that feels like …*" - frames the issue as counsellor caring for the client but not understanding appropriate boundaries - the ethic of caring is creating the problem, as with the boundaries discussed above i.e. because we care it makes it harder to set boundaries as this feels uncaring
L suggests that the extra supervision required by the employees falls to Sam - increases her workload	L turns the focus to Sam - frames this as a problem about S's workload
S agrees and relates the next incident: [*]	S uses these three incidents as indicative of the dilemmas she faces at work and part of her rationale for wanting supervision contracts. In each instance L frames these as boundary-related in one way or another.
L interrupts to explain the legal position here - records should be kept, email contact is considered therapy	Imposing the legal aspects of the profession - putting a legal frame on the problem - exerting supervisory responsibility to say: 'you need to know about what is legally relevant here' - expressing a supervisory obligation
They then discuss that email can have a place in therapy but only for certain clients, not necessarily an evidence-based approach - not for at-risk clients - L offers an interpretation that email contact is a difficulty with ending but S points out that it's more about starting	L zooms out - bigger picture is about the limits of what the organisation can offer - it can't meet the needs of every client, so some need to be referred on once their safety has been ensured. L goes back to the frame: "*the boundary thing*" - the boundaries and limits of what the organisation can provide - moves on to talk about how one can put a boundary around the intervention with this client and, in general, goes back to the principle of practice: what is in the client's best interests
S expresses how this affects her: "*I'm not sure I have the capacity to be … it's escalating … it's got a heck of a lot worse, everyone has got so much more needy*" - L interrupts & makes an interpretation based on a combination of her intuition and her psychological thinking - "*you have become the boundary*" - which she goes on to explain - this encourages S's self-disclosure: "*I feel exhausted by it all*" - L points out that this should not be happening - "*it's too much for you to hold*"	L uses her feelings/intuition as a source of knowledge: "*you know what it feels like when I'm speaking to you*?" - she then frames S in the language of boundaries, in keeping with the theme of the session - "*you have become the boundary*" and then looks at what that means for Sam - "*it sounds like actually you are holding too much*" - she has turned the focus of attention on to Sam rather than on the organisation -

	she uses her authority to create a perspective around what is appropriate for Sam in her role
S suggests that there are things that might help her deal with her work role and concomitant stress e.g. specialist supervision	S moves into problem-solving mode
L suggests tentatively that Sam manage her interactions with the other employees in a particular way that puts the responsibility for implementing boundaries back onto them - they come back to the idea of training - S comes up with the idea of a weekly 'mop-up' time	L puts this back into the context of 'this (boundaries) is what all psychologists/counsellors need to learn' - zooms out again from what S can do specifically into this being a broader issue for helping professionals in general
L refers to her early days working: "*all I was doing was boundaries work*" - goes on to reflect on the fact that things have worsened recently - explores why what happened has had such an impact	L uses her experience of the organisation as a knowledge resource - again, puts in context the problem that S is dealing with & reiterates why it is worse lately by re-activating the knowledge about what has happened in the organisation as relevant to the current situation - she thus contextualises it in time and space
L speculates about whether the impact of this on Sam is short-term or long-term - raises social psychology theory in questioning whether Sam might have taken on a particular group role at work - explores the implications of the latter for Sam	Uses psychological theory as a knowledge resource - offers this as relevant to the current dilemma - to resource the question of whether Sam's role as 'the boundary' will revert over time or whether it is more entrenched - introduces the psychological concept of 'self-care' as a principle in focusing on what this issue might mean for Sam and what the long-term implications of her playing this role could be - "this is not going to be ok in the long-term"
S reverts to problem-solving: "*I need some, some more kind of supervision, space*"; "*I have to rejig this role slightly*" - leads to further speculation as to the factors that led the problem to come about	
L: "*there's a couple of issues here*" - as therapists we contain client emotions; quick debriefing with a colleague ('peer supervision'?) is not the same as supervision; as a therapist you need to be able to contain issues in order to wait for supervision to discuss them - difference between supervision, peer supervision and ad hoc sharing	L draws a line - starts a kind of summary (maybe sensing the conversation getting stale) - becomes pedagogically-oriented. Draws a line around the practice (like she did at the beginning) - what supervision is and isn't - brings her back to the frame of boundaries, which is located within professional ideas about accountability - "*when you're in a supervisory role you are clinically responsible for the interaction that you're having with ... I have a level of responsibility for what I'm discussing with you now, if you then act on it and something goes wrong ...*"
Goes back to how the situation came about - to explain what's happening now and the outcome of that for the organisation and for Sam - this brings Sam back to the need to reflect on her role and what she can do differently to improve her situation	Space of reasons - things got this way for a reason and the consequence of this is that "*people stop trusting their own judgement*"
Sam reflects on how this has impacted her emotionally - irritable, resentful, "*sacrificing too much*". L Tells Sam her anger is informative, a knowledge source - "*it tells you you need to do something ... it indicates you need to reorganise things to take better care of yourself*".	L frames this as "countertransference" - expresses it in psychological language and as directly relevant to therapeutic relationships i.e. to Sam's work as a therapist - takes it out of the laypersons' context - it's not just irritability, it's countertransference so it has a place in the work that we do, and we can understand it in terms of the work we do. By doing this she also activates the emotion as a source of knowledge (*emotion as an epistemic resource*) - it indicates "*when*

	our boundaries have been crossed" thereby bringing it back into the frame of boundaries.
S relates that she has been "pushing" work on to others as a coping mechanism. L calls this "delegating". L draws an analogy to parenting - if you always do everything for your kids they won't learn to do it themselves - and getting them to do things is empowering and lets you them know that you trust them.	L *reframes* Sam's comment - delegating, not pushing. By drawing on the parenting analogy she implies that Sam's delegating is actually helpful and constructive rather than reactive. She knows Sam is a parent and thus more likely to relate to this.
L tells S that she needs to stop taking on more things at work. The session closes abruptly as time runs out.	L goes into advice-giving mode

<u>Epistemic dimensions</u>: Throughout the session L zooms out - to the bigger issue of boundaries, underpinned by the principle of working in the best interests of the client. When she uses examples or provides information, it is in the service of this aim. She also tries to keep the focus on Sam - how is this affecting her, how does this relate to her work role, how could she be supported.
The problem that S brings, which starts as a question about contracts and becomes framed as a boundary problem, is approached as an epistemic object in that it is opened up, explored, complexified, looked at from different angles (practical problem-solving, interpretation of what it means in the organisation, understanding how it comes about etc.) and allowed to unfold. To some extent the practice of supervision also becomes a knowledge object - what is and isn't supervision, what is the supervisor's role, what should happen in supervision, how should supervision be managed, what kinds of things should be referred out etc.? This is not problematised to the same extent as the problem that Sam brings, but is also present in the session.
The session also reminds us that building knowledge sometimes requires that one identify what this knowledge needs to be about - this may not be the problem that initially presents itself.
L retains the frame of 'boundaries' throughout. Connects every issue raised to this frame.

On a scale of 1-5, to what extent has the problem been resolved? (1 = no sense of resolution; 5 = fully resolved): 4

PAIR 2 Session 3: Aaron

PAIR Number: 2 SESSION Number: 3 PROBLEM TYPE: Client-focused CLIENT: 19 yo male	
What's happening here? (the story)	**What's going on epistemically? (Epistemic practices/activities & knowledge sources/resources)**
Purpose of session: FORMATIVE (she struggles with this 'category' of client) and RESTORATIVE (she is worried about him)	
Sybil is getting regular referrals from a particular GP - "*she keeps sending me these twenty-something year old men, oh my gosh! … I struggle*"	Immediately provides a categorization context for the client - age category and gender category and tricky to work with - P adds to the category - "*so little insight*" - clue as to why S is bringing the case i.e. because she finds clients like this difficult to work with. The category sets the frame for the session - how do I work with clients like this?
Gives one example - young man she thought was autistic - she told him this and he never came back	
Gives the next example - 19yo, [*]. Presented to GP wanting to give up cocaine. Is also taking steroids to bulk up. Reports as being anxious and paranoid [*]. He reports that no one noticed him at school or at home - he started taking steroids to get bigger and be noticed. Reports having anorexia at school - decided to bulk up instead.	S presents the relevant knowledge that she thinks P needs in order to be helpful to her - *tells the story* - the info she presents is a mixture of objective reporting and interpretation/theorising about the client.
Drug and alcohol use - steroids, cocaine, 30-40 drinks per weekend, some MDMA - P notes he is binge-drinking. Has a history of risk-taking. Doesn't tell his parents anything - secretive about his life.	Categorises the drinking as unhealthy, pathological
The previous weekend S was worried about him because of potential for inadvertent self-harm - reported this to GP - considered inpatient care but client refused - offered for him to phone her over the weekend, which he did. He was upset, was planning to binge-drink - S tried to talk him out of it, offer suggestions of alternative activities which might be safer - "*I just felt very worried about him ... I don't know what to do about this boy*"	Relating the tale of recent events - within context of risk/concern for client - the client is weighing on her, she's feeling stuck, questioning how else she might be able to help him, unsure how to proceed - it becomes clearer what she is hoping for from the session (direction, ideas, reassurance?) - she is asking P for help
P asks about his emergency contact - suggests maybe the GP	P hones in on the risk aspects, looking to bolster S's 'team' so that she isn't bearing this responsibility alone
They discuss his work - [*]	
SA comes back to her concerns - "*so he's scaring me, these youngsters are very scary boys, I don't know what to do exactly with him*"	S brings it back to her dilemma, her concern and worry for the client and her lack of direction re how to go forward - also zooms out back into the category that she initially started with i.e. the frame of 'how to work with this kind of client'
P makes suggestions: get more support e.g. enrol a friend	P hears what S needs - goes into problem-solving mode
P considers how the drugs are impacting on his mental health i.e. "*fuelling his anxiety, his paranoia*"	P theorises - makes the link between the drug-taking and MH issues - considers the bigger picture of what's going on, which S characterises as "*a giant complex horror*"
P: "*in terms of working with him and treatment but that's actually not really what you're asking, it's more about crisis isn't it, about how do you manage it right now?*" SA: "*no I'm fascinated to know anything you've got to say*"	P is checking in with what S wants - making sure that they are both proceeding along the same lines, sharing a focus

P: "*well I'm just thinking about, I want to know about his family, I want to know about his history around not being noticed, has he been emotionally abandoned? So is there some sort of corrective and repair work that has to be done around his relationship with his mother and father, like with Paula, the ability to regulate his emotions and obviously he can't and he's using all these really interesting ways, dangerous ways to be able to regulate his emotions - the alcohol, the drugs, the steroids, the 'I'll just make myself look a certain way and then I'll be noticed', so yeah I guess I'd want to unpack not being seen and how what was it like not being noticed and how did he manage that and I guess the anorexia, wow that's really interesting too, is that about control and about him trying to have some sort of control in his life?*"	P takes over the conversation - dominates the narrative from here onwards - has effectively been invited to do so by S - starts to do *Wondering* and *Theorising* - using technical terminology, comparing him to other clients - offers up the things that she is curious about as potential avenues of exploration for therapy
They go on to speculate about the role of anorexia - how making himself small didn't work so he went to steroids to make himself big - P suggests exploring this with him - "*I can only imagine there's criticism, judgement and shame*"	*Theorising* - this starts to open up the picture of who the young man is and what might be driving him
S raises that he isn't very insightful which makes the work more difficult - P has an idea of how to handle this i.e. stick with ACT rather than psychodynamic approach	Takes them back into the category of "young boys". P applies this new piece of knowledge to her suggestions.
SA explains what she has done - asked him about how he sees the future - "*it's very stupid to ask a 19-year old boy who's this self-destructive, what does he see for himself in the future*" - question did not elicit anything useful	Keeping with the categorization
P reframes this: "*are you thinking about values there?*"	P's reframe shifts the idea of 'this is a stupid question' to locate it within a clear psychological motivation for asking the question - legitimates S's question
P comes back to ACT suggestions - use thought diffusion, emotional regulation, mindfulness - more suitable for someone who lacks insight - reminds SA it will take time	P activating psychological strategies that seem better suited for this particular client
P suggests taking a parental line with him regarding the risk aspect: "*I'd want to be pretty upfront with him and I'd say 'I'm pretty concerned about you, what you're doing at the moment is incredibly self-destructive and accidents happen sometimes and it could end very badly, you may not intend to kill yourself but something like that could happen with what you're doing'*" - make an agreement with him about keeping him safe e.g. getting a friend involved, strategies for safety - S suggests maybe involving his boss	Making sure the issue of risk is addressed
P makes more suggestions: get him to exercise; research the effects of cocaine use - S refers to another client who died young due to steroid use; use empathy; touch base between sessions; getting him to self-assess on a regular basis how ok he is using a scale; self-harm contract	*Using other clients as a source of knowledge - comparison (knowing by comparing)*- this also explains her level of concern for this client. P makes many suggestions but comes back to the supervisee's authority - she knows the client best - P: "*whatever you think will work for him*"
S refers to info that another client gave her on cocaine use and how to stop cocaine - she also refers to an article she read	Using another client as a source of knowledge (not comparing in this instance)
P talks about prioritising what to work on with him in therapy - try to ground this in values e.g. he wants to stop cocaine because he wants to be fit and healthy	Comes back to idea of values that was activated earlier
If he didn't use cocaine on the weekend, that could be a resource - how did he manage that etc?	Looking to exceptions as a source of knowledge for the client
P reflects that these clients are worrying - S reports that she has others that are similar - reports on a young man who is self-harming by cutting - they discuss self-harm in general	Back to the category of client. They move from talking about particular client to talking about a similar client to talking about the issue of self-harm at large. Moving back and forth between specific and general.
The session ends with a reflection by SA: "*It's hard to let go of people in that kind of distress*"	

Epistemic practices/objects/dimensions: This is a good example of stuckness - S tells the story and reaches a point where it's clear that she is stuck as well as very worried about the client's safety. The young man is approached as a puzzling KO within a category of puzzling KO's. The first part of the session focuses largely on S's stuckness - providing the relevant information as background to her lack of knowledge of how to proceed, coupled with her real concern for his safety and wellbeing. This lays the groundwork for approaching him as an EO - P embraces this - opens up the second part of the session (prefaced by S asking to hear what she thinks) with wondering about him. It's clear that P's curiosity has been piqued, she wants to understand him better and get a sense of where he is coming form - wants to unpack the KO. The wondering opens up the KO, allowing a sense of playfulness with their theories and ideas about what is going on for him. The wondering lays the groundwork for practical ideas of what to do with him in therapy i.e. it's not just an intellectual exercise. Although they are using the language of wondering and imagination, this is grounded in years of knowledge and experience of working with clients and MH problems. Throughout the session the frame of "working with young adults" applies - this frames their thinking and the possibilities that emerge to some extent. Lots of interplay between the specific and the general - the client and the category.

S says in her second interview (when asked about working with complex cases): "*I think it's a, there's an enormous acceptance in our communication that these are people and these are unfolding, unfolding um processes and that we are not omniscient and so we couldn't possibly know the whole story and so we're just working with what we've got and we're doing the best we can*".

On a scale of 1-5, to what extent has the problem been resolved? (1 = no sense of resolution; 5 = fully resolved): 4 - issue isn't resolved as such because S is still worried, but she has a number of ideas to go forward with and she seems satisfied

PAIR 3 Session 5: Ryan

PAIR Number: 4 SESSION Number: 5 PROBLEM TYPE: Client-focused CLIENT: Ryan	
What's happening here? (the story)	**What's going on epistemically? (Epistemic practices/activities & knowledge sources/resources)**
<u>Purpose of session</u>: FORMATIVE & NORMATIVE (the latter in that it's about making a notification - how should one behave ethically in this situation?)	
Kayla is busy scoring Ryan's (age 7) cognitive assessment & wants to discuss him - is having an ADOS assessment soon	
Ryan is in a new school in a Y1-2 class – big class - noisy, dirty, chaotic, unstructured - when K observed Ryan he paced back and forth for an hour, wasn't engaged	Presents relevant information about Ryan - setting the scene
Cathy asks about the referral - K reports that mum has MH problems, paediatrician and social services are involved, he was removed briefly - at the assessment he was wearing ill-fitting & smelly clothes - grandma's partner brought him - mum not very involved	Relevant background
During the assessment there was a fire drill - C asks how Ryan coped and K reports that he coped well - K reports that Ryan was cooperative during the assessment and made a good effort	C seeking relevant info re current functioning- also has relevance for validity of assessment results
Grandpa reported to K that he is concerned about Ryan - [*] – grandpa wants to make a notification, which K encouraged - he asked if K could make the notifciation and K explained that it is better coming from a first-hand reporter	
K is planning a home visit soon - the conversation with grandpa made her think to ask the social worker to accompany her - once she has seen the home she will feel in a better position to make a notification - C articulates that K has a dilemma here: *"do you feel like you've been put in a bit of a position here now, that they trying to pass it on to you?"* - K articulates her dilemma: *"I'm thinking I don't have enough to go on to ring now ... I'm in the middle of an assessment as well so obviously I've got no problem ringing (the authority) but I just sort of think do I have enough? .... do I need to ring them right now or can I try and go to the home next week, try and get a bit more information?".*	The articulation of the dilemma leads one to think that this may be the reason Kayla has brought the case to supervision - in some ways it's a dilemma of 'not knowing' - K doesn't feel she has enough information yet to responsibly and accurately make a notification. However, she also wants to do right by Ryan and by her mandatory obligations as a helping professional. Relates to the norms and ethics of the profession. Common professional dilemma - at what point do you report a concern?
C asks if the school has flagged any concerns.	C is looking at different angles on the issue - trying to gather information that might be relevant in helping K solve her dilemma - expanding the object
K explains that the school do not seem very aware of Ryan - they don't notice his pacing	
C asks if grandparents know they can notify anonymously - K explains they have notified before - grandpa is worried that mum will withold access to the children if they make the notification - & grandparents are an important protective factor for the kids	C continues to explore different angles on the issue - trying to gather information that might be relevant in helping K solve her dilemma

They move back into discussing the problematic impact of the educational environment on Ryan - C: "*that would probably, as you said, be very stressful for him if he is on the spectrum especially*" - they agree that the environment is far from ideal	C activates the referral reason to put in context the relationship between Ryan and his educational environment - C draws on the body of psychological research as a knowledge source in stating "that's all the research, that kids thrive on routine and predictability"
C moves on to ask about Ryan's safe person - K raises his teacher, who she found odd - this was confirmed by a fellow professional who told K the teacher is "interesting"	C is exploring the various factors that are relevant to Ryan - his school, his teacher - looking to expand their understanding of his situation. However, in doing this she is moving somewhat away from the dilemma that K has raised.
C asks K whether she is thinking about the relationship between trauma and ASD - whether K is wondering whether Ryan's presentation is more a product of his difficult upbringing and home life than of ASD	This hearks back to a discussion from session 3 & 4 about a different child (Brett). It talks to them trying to tease apart the causal factors involved and how difficult this can be - relates also to diagnosis and trying to categorise the client in order to be clearer about how to treat him.
C asks what K noticed in the cognitive assessment - language delay & lack of coordination led her to query dyspraxia - but there are signs of ASD - C queries anxiety	Diagnosis-related discussion - looking to *know by comparison* - compare particular child to general category
K: "*I guess my main thing is can I wait*?" - C asks whether she could phone the authority with a preliminary call, telling them she will follow up when she has more info - K says she plans to talk to the paediatrician - she is still unsure about what she is able to say at this point: "I've only met him once, or twice" - C articulates the dilemma: "*you want to do the best thing but you also want to be valid in what you're saying so it is a dilemma*"	K comes back to her priority for the session, namely her dilemma - this has not yet been addressed. They activate the relevant outside sources of knowledge - reporting authority, paediatrician, social worker
K raises her belief that he is at the wrong school - her feeling of wanting to rescue him from the school	They move away from resolving the dilemma again, this time led by Kayla
C explores the family situation - siblings, dad, grandparents as protective factors	
C changes the subject - asks about K's workload & new job arrangements	
As the session draws to a close, C summarises what they discussed: "*you've got a plan, you're going to check up with the paediatrician and … you're going to decide whether you're going to make that tentative notification today or not*"	C pulls together their previous conversation, focusing on the action plan, without telling K what to do
It's not clear whether K is planning to make the tentative notification - talks about waiting till next week and "*then everything will happen*"	

Epistemic practices/objects/dimensions: K faces a common professional dilemma - should she notify the relevant authority of her (and others') concern about a child or should she first gather more information? At no point does C tell K what to do - she asks questions to expand the understanding of the dilemma and the various relevant angles to it. As such, the knowledge object in this instance is not so much the client Ryan (although there is a part of the discussion where they are trying to get a closer handle on Ryan), but what action K should take in relation to Ryan. In taking this action she needs to consider her professional obligations as well as what is in the best interests of the child. However, she is also cognisant of her professional standing and does not want to make a report based on flimsy evidence. It's a good example of how professionals engage with dilemmas of knowing and not-knowing on a regular basis, and how this is dealt with in supervision. In such dilemmas, the role of prof judgement is critical. They don't seem to establish a shared frame during this session - for Kayla the frame seems to be one of ethical behaviour (how to behave ethically in this situation), whereas with Cathy we don't really get a sense of how she's framing the problem.

On a scale of 1-5, to what extent has the problem been resolved? (1 = no resolution; 5 = fully resolved): 3 - it's not clear what K plans to do about her dilemma but she has more ideas now about what she could do

PL through CS

How is it discussed?

Supervisor input
- Locates within discipline
- Locates within history of working with client
- Locates within history of working with supervisee
- Reference own exp
- Affirm/validate/reassure/support
- Put things in context
- Seek clarification/information
- Reflect/summarise
- Trying to understand
- Challenges
- Shows concern for supervisee
- Questions
  - Open
  - Closed
- Opens up/expands
  - Make links/connections
  - Reframes/new perspective
  - Poses questions (rhetorical)
- Implements supervisory authority
  - Instructs/directives/checks
  - Info-giving/teaching – pedagogical
  - Advice/suggestions/strategies
  - Interrupts

Supervisee input
- Reference past exp
- Supervisee authority
- Runs with spvr idea/agrees
- Asks for guidance/opinion/advice
- Interpretation of story in psych terms
- Space of reasons
- Anticipating the future
- Make prof judgement/opinion
- Use analogy/metaphor/example
- Step into client's shoes
- Use of language
  - Psych theory/jargon–lang of the discipline
  - Tentative lang – 'sense of wonder'
- Outside resources
- Commentary
- Use of humour

What is being discussed?

Client's story
- People/activities/events
  - Family of origin/childhood
  - Relationships–SO's
  - School/uni/work
  - Social
  - Past trauma
- Client presentation
- Diagnosis
- Health/health issues
- Medication
- Other professionals involved
- Noticing strengths

- Approach to client/situation
- Stuckness/problems
- Diff understandings – EO?
- Risk/concern for client
- How to help
- Ethical issue
- Boundary issue
- Client–therapist dynamic

Organisational issue/work role
- Effect of work on spvee/spvr
- Stress/difficulties of work role
- Practice management issue
- Supervisee's role as supervisor

Making things personal
- Exposure of self/pers feelings
- Transf/counter-transference
- Impact of supervision on self*
- Personal matters outside work

Attachment/motivation/what matters — Why bring particular clients?

Process of session

Knowing v not-knowing
- Gut instinct/intuition/here-and-now
- Knowledge gaps/not-knowing/dilemmas/limits
- Knowingness/certainty

Supervision relationship
- History/duration
  - Use history to understand client
  - Use history to understand spvee/spvr/relationship
- Qualities
  - Strengths
  - Improvements
- Assessment/opinion of one another

Role of supervision
- Role of supervisor/ion
  - A 'reminder'
  - Another perspective/'fresh eyes'
  - Problem-solving
  - Pedagogical
  - Space for reflection/exploration
  - Create safe space
  - Support, affirm, encourage, reassure
  - Supervisory obligations/responsibility
- Value/importance

Non-unitary nature of spvn
- Variations in supervision
- Other supervision that occurs

Learning/growth/devt
- Impact on practice
  - Case conceptualisation
  - Carryover to practice (RQ1)
- Impact on self
- How change comes about
- Specific instances of change (examples)
- Reciprocal learning
- CPD
- Outside of/after session

Expectations/hopes for spvn
- Supervisor's
- Supervisee's
- Measure of successful supervision

Challenges of supervision

Process of supervision
- Contact inbetween sessions

Impact of research