The influence of peer supervision groups on practice, knowledge, skills and wellbeing in Acceptance and Commitment Therapy practitioners, a study design

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Introduction

- Supervision is fundamental to ensure good practice, by supporting practitioners and promoting their professional development (DOH, 2008; Roth & Pilling, 2007). Traditionally, this has been done in a 1:1 format, namely a supervisor-supervisee (Morris, & Bilich-Eric, 2017).

- Despite 1:1 supervision being the more widespread and evaluated form of clinical supervision (Watkins & Milne, 2014), it can come with its own limitations and there are currently a lack of studies investigating the effect of supervision using other formats.

- Possible limitations of the 1:1 format are:
  - The supervisee rigidly follows the supervisor's instructions, resulting in context insensitivity in direct work with clients (pliance).
  - Didacticism and reliance on verbal instructions: the supervisor guides the supervisee in what to do, with no opportunity for learning through experiential exercises (e.g. role play).
  - The supervisee and supervisor present and discuss cases in a way that adhere to stereotypes and/or manual-based syndromic presentations and protocols (e.g. DSM, ICD). (low functional coherence).

- Recently, there are a growing number of studies highlighting the importance of experiential training to facilitate learning a specific therapy (Bennett-Levy, & Lee, 2014; Bennett-Levy, McManus, Westling, & Fennell, 2009).

- In order to overcome the limitations of traditional 1:1 supervision and explore other avenues, more experiential formats of supervision have been proposed (Morris, & Bilich-Eric, 2017; Valentino, LeBlanc, & Sellers, 2016; Thompson et al., 2015). Among these, Thompson and colleagues (2015) designed a peer-lead consultation group, called the Portland model, based on experiential learning (via role-play and peer feedback), with an emphasis on community building.

- The Portland model:
  The purpose of the Portland peer consultation group is to promote skills development in a safe environment, whilst creating a sense of community. It is a two hour-long group meeting recurring monthly. The spirit of the group is egalitarian and inclusive. The group aims to reflect some of the core principles of ACT e.g. values, experiential learning, openness to experience. Skills are learnt via real- or role-plays, peer feedback, case conceptualisation and experiential exercises (Thompson et al., 2015). Since its creation, different hubs have been set up around the world.

Objectives

- To explore the difference between ACT practitioners who attend a peer consultation group from those who do not. The areas investigated are: psychological flexibility, ACT knowledge, self-compassion, wellbeing, ACT skills, and perceived sense of inclusion in the community.

Methods and Materials

Participants

- Participants eligible for the study are adults (over the age of 18), working in a health or other setting (e.g. coaches, therapists, counsellors, etc), who use an ACT approach directly in their work with clients and who have access to the web.

Procedure

- Participants are invited to complete an online survey, comprising of demographic questions and six self-reporting questionnaires. The survey can take up to 25 minutes to complete. All data will be anonymous and will be used only for statistical purposes.
- Participants will be recruited using social media and other CBS list serves.
- The study has been granted ethical approval by The University of Edinburgh.

Study design

- The present study will use a quantitative cross-sectional design comparing ACT practitioners who receive peer supervision from those who do not.
- Data analysis will consist of descriptive statistics, correlations and regression analysis, as well as an independent t-test. Depending on data quality and sample size there may also be opportunities to use factor analysis.

Measures

Investigated variable	Measurement
Psychological flexibility	Mindful Healthcare Scale (Kidney, 2017)
Knowledge about ACT	ACT Knowledge Questionnaire (Luoma & Vilardaga, 2013)
Self-compassion	Self-Compassion Scale–Short Form (Raes, Pommier, Neff, & Van Gucht, 2011).
Wellbeing	Short Warwick Edinburgh Well Being Scale (Stewart-Brown et al., 2009)
Self-evaluation of ACT skills	Acceptance and Commitment Skills Self Evaluation Scale (ACSSES)
Feeling of inclusion in the community	Inclusion of Community in Self Scale (Mashek, Cannaday, & Tangney, 2007)

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