Contextual Supervision Resources

The Portland Model of Peer Consultation Group
https://contextualscience.org/files/Supervision%20peer%20group%20Format_0.pdf

Blog post about the model:
https://portlandpsychotherapytraining.com/2015/09/21/creating-a-peer-led-acceptance-and-commitment-therapy-consultation-group-the-portland-model/

Portland ACT consult group meeting outline https://portlandpsychotherapy.com/wp-content/uploads/sites/28/ACT%20consult%20group%20outline.pdf

Portland ACT Consult Group Role Descriptions https://portlandpsychotherapy.com/wp-content/uploads/sites/28/ACT%20Consult%20Group%20Role%20Descriptions%2006-10-2013.pdf

SHAPE Model of contextual supervision
Five ways to improve clinical supervision using contextual behavioural science: the SHAPE framework http://drericmorris.com/2017/04/09/shapepub/

Role of emotion in psychotherapy supervision: a contextual behavioural analysis – Victoria Follette & Sonja Batten [Paper] https://www.functionalanalyticpsychotherapy.com/v.follette.pdf

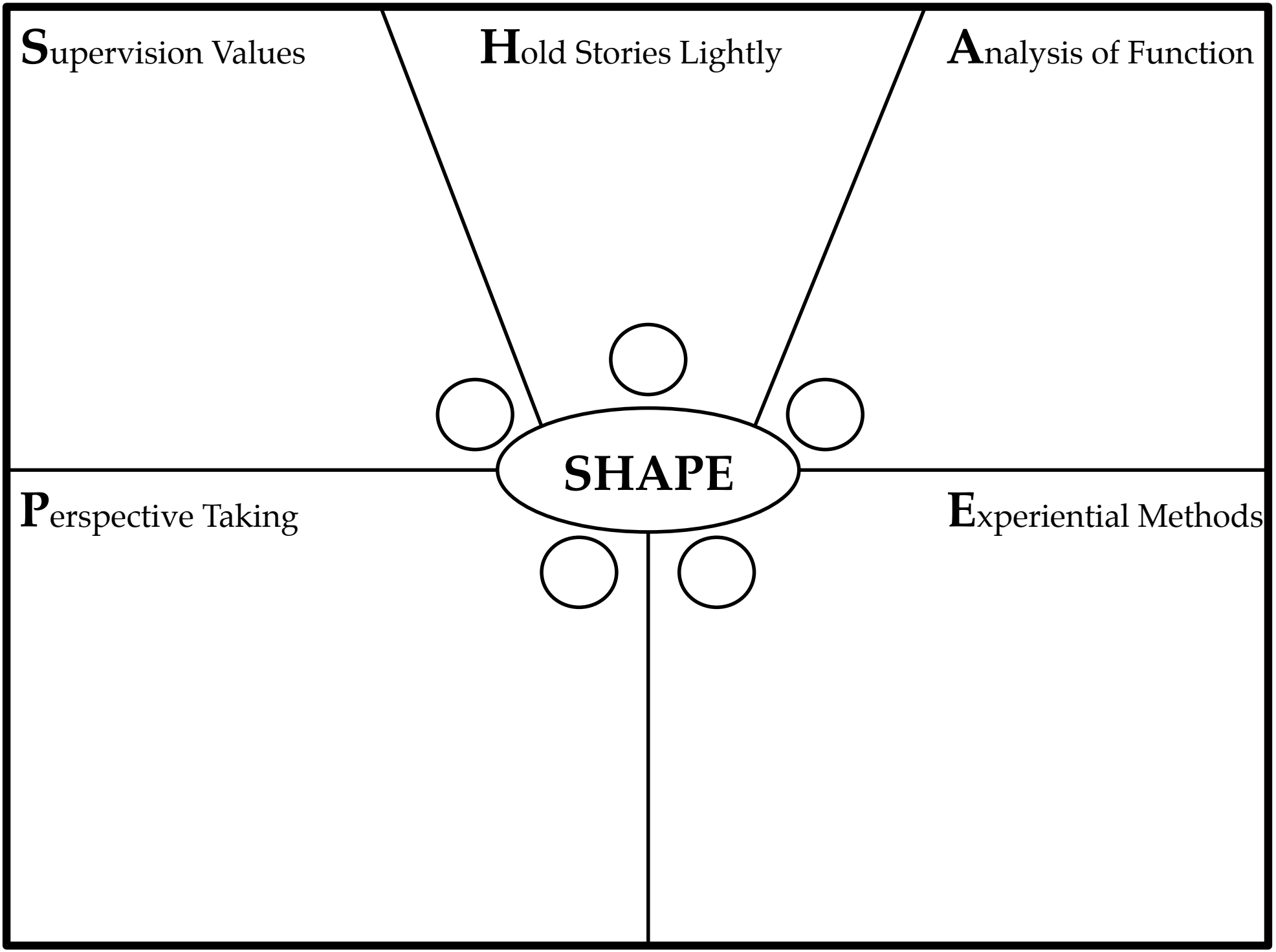
Supervising Trainees in Acceptance and Commitment Therapy for Treatment of Posttraumatic Stress Disorder, by Robyn Walser & Darrah Westrup [Paper]
https://files.eric.ed.gov/fulltext/EJ803983.pdf

A contextual behavioral approach to the role of emotion in psychotherapy supervision, by Sonja Batten & Andrew Santanello [Paper]
https://contextualscience.org/publications/a_contextual_behavioral_approach_to_the_role_of_emotion_in_psychotherapy_su

Functional Analytic Psychotherapy and Supervision, by Glenn Callaghan [Paper]
https://www.functionalanalyticpsychotherapy.com/Callaghan_superivsion.pdf

The Acceptance and Commitment Therapy Fidelity Measure (ACT-FM)
brief and trans-diagnostic fidelity measure for ACT; it is free to use, available here:
https://www.researchgate.net/publication/335490971_The_Acceptance_and_Commitment_Therapy_Fidelity_Measure_ACT-FM_Form

Humility and self-doubt are hallmarks of a good therapist – article by Helene Nissen-Lie, University of Oslo, Norway
https://aeon.co/ideas/humility-and-self-doubt-are-hallmarks-of-a-good-therapist



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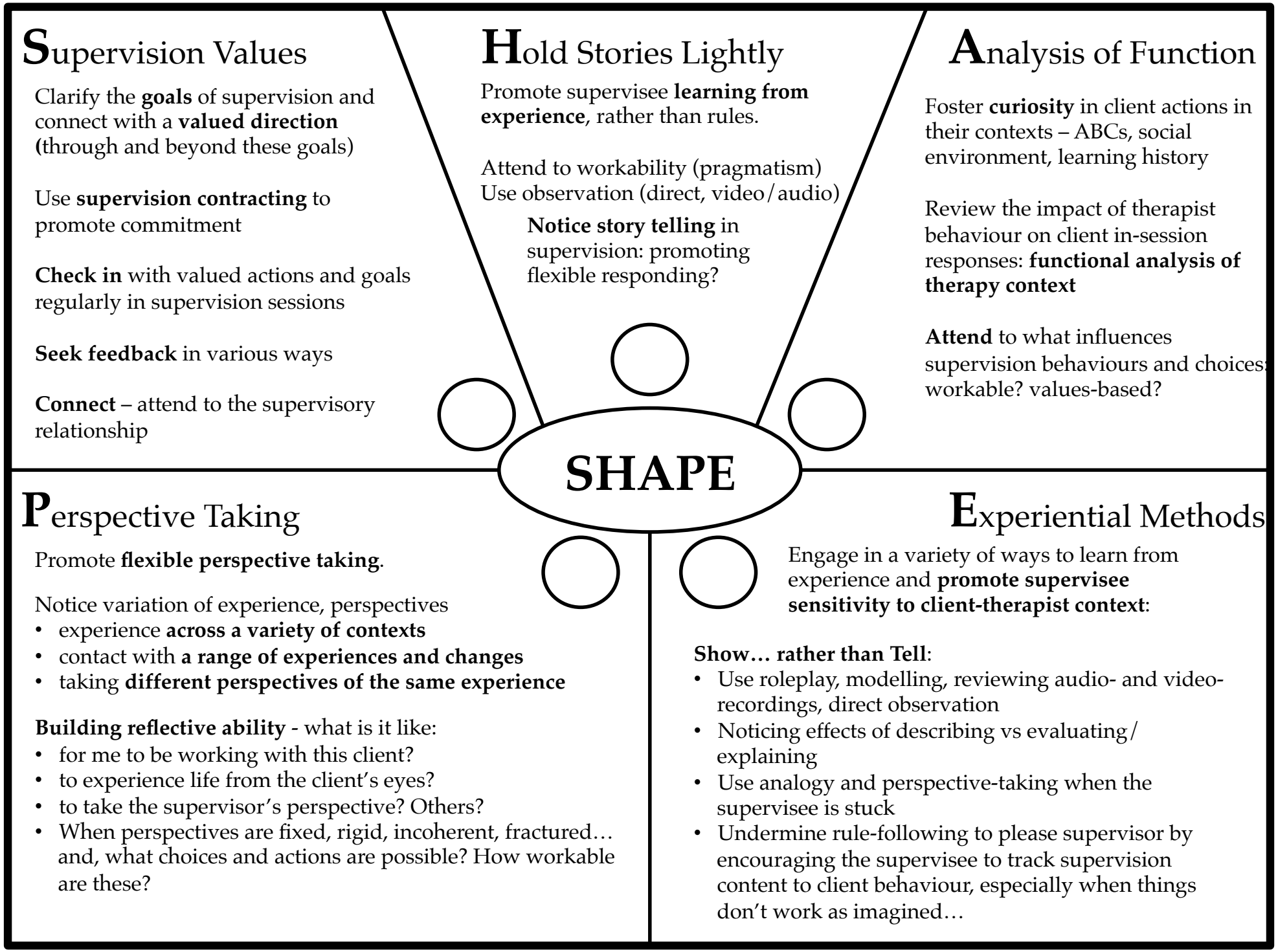

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SPECIAL ISSUE

A Framework to Support Experiential Learning and Psychological Flexibility in Supervision: SHAPE

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Objective: In this article, we describe a pragmatic framework for supporting supervision, based on a contextual behavioural perspective.
Method: The development of psychological skills to a competent level requires didactic and experiential learning, and supervision is agreed to be a central vehicle for the integration of these experiences. Alongside engaging in problem-solving and giving instructions (to build adherence), supervisors can reasonably expect supervisees *to learn from experience by attending closely to influences and effects of their choices*. Experiential learning can help the psychologist to develop sensitivity in applying knowledge and skills in effective and safe ways for clients (thus demonstrating competence).
Results: We argue that contingency-shaped learning is strengthened by including supervision elements that promote psychological flexibility (the capacity to actively embrace one's private experiences in the present moment and engage or disengage in patterns of behaviour in the service of chosen values). Psychological flexibility has been found to foster wellbeing, work effectiveness, openness to new learning, compassion, and acceptance of difference and diversity, in workplace settings. Moreover, the psychological flexibility of psychologists has been found to predict the use of evidence-based interventions, such as exposure.
Conclusion: The SHAPE framework identifies five features (Supervision values; Hold stories lightly; Assessment of function; Perspective-taking; Experiential methods) likely to promote psychologists' psychological flexibility and experiential learning in the supervision context. These five features are extensions of agreed supervision best practices, enhanced by developments in contextual behavioural science (perspective-taking, cognitive defusion, and acceptance). We describe examples of using SHAPE, and present research directions, to assess whether these features promote experiential learning in supervision.

Key words: competence; context; experiential learning; psychological flexibility; supervision.

What is already known on this topic

1 Experiential learning and supervision are central to developing the competencies of professional psychological practice.
2 Recent developments in integrating reflective and experiential methods in psychological training and supervision.
3 The influence of contextual behavioural science.

What this paper adds

1 A pragmatic framework for supporting supervision and developing competencies.
2 The role of psychological flexibility in promoting effective clinical practice and supervision.
3 The connection between experiential learning and psychological flexibility from contextual behavioural science perspective.

Introduction

It is commonly agreed experiential learning is central in developing the competencies of professional psychological practice (Carroll, 2007; Milne & James, 2000). Kolb (1984) suggests experiential learning is done through the combination of four learning modes: reflection, conceptualisation, planning, and concrete experience. Supervision is a central vehicle for this experiential learning, and more broadly for safe and effective practice (American Psychological Association, 2014; British Psychological Society, 2014; Falender & Shafranske, 2004).

Empirical research about supervision is developing, although lagging behind investigations of other areas of psychological practice (Milne, 2009). While models of supervision have proliferated, with a number of best practices identified, there has been limited research about *which* supervisory methods foster safe and effective practice, and under *what* circumstances (Gonsalvez & McLeod, 2008). This is surprising considering the consensus around the importance of supervised practice for psychologists.

It seems to us that of central interest is *how* practitioners learn professional psychology competencies, and what ways of learning foster practice both adherent to established standards and flexible in how these standards are applied.

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In this article, we will draw upon the broad supervision literature, and combine this with knowledge within a branch of psychology (contextual behavioural science [CBS]) about how effective behaviours can be influenced and shaped.

Contextual Behavioural Science

We write from a CBS perspective (Hayes, Barnes-Holmes, & Wilson, 2012). CBS has emerged in the last 15 years, as a revitalised form of clinical behaviour analysis, with basic and applied research exploring the effects of verbal learning on human behaviour. This is based upon Relational Frame Theory (Hayes, Barnes-Holmes, & Roche, 2001), a behavioural account of language and cognition.

We will be using "contextual behavioural supervision" as the descriptor for an approach informed by verbal learning research. CBS has a stated purpose in understanding and influencing how people learn and respond to their environments, and how environments can be altered to shape effective actions (Hayes et al., 2012).

CBS is aligned with evolutionary principles: behaviour can be considered in terms of variability, selection, and retention (Hayes & Ciarrochi, 2015). We want supervisees to demonstrate variability in their in-session behaviours, which are then reinforced by the client and supervisor (selection). We want workable in-session behaviours to generalise across clients and situations (with contextual sensitivity), and to ultimately be transmitted to the next generation of supervisees (i.e., when the supervisee becomes a supervisor).

It is important to note many of the skills and processes we are referring to have been discussed in the supervision literature as essential in developing clinical psychology competencies. For example, Friedberg, Gorman, and Beidel (2009) propose a supervision rubric that emphasises case conceptualisation, use of immediacy in session, active tolerance of negative affect, promoting open attitudes, cultural responsiveness, and technical proficiency—and explicitly argue for experiential learning. Similarly, Pearson (2004) describes the use of present-moment reflections of emotional responses by supervisees during supervision, to increase experiential awareness and learning. We draw together these components, indicate where they are consistent with a contextual way of understanding learning, and outline their place within a coherent contextual behavioural supervision framework.

We suggest that the supervision features described below are useful in training psychologists who use evidence-based approaches, such as cognitive-behavioural therapies (CBT). This is because flexible awareness and use of behavioural processes and procedures is a core practice within CBTs (Friedberg et al., 2009). Nowadays there is a greater emphasis towards reflective and experiential methods within the CBT training literature (Bennett-Levy & Lee, 2014; Bennett-Levy & Padesky, 2014), as these are perceived to be effective in enhancing procedural, reflective, and interpersonal skills (Bennett-Levy, McManus, Westling, & Fennell, 2009; Safran & Muran, 2001). These methods refer to engaging the supervisee in the use of the cognitive-behavioural model to understand their own responses to in-session events, and learning the model through self-practice of the key exercises (such as thought monitoring) with their own emotional material. Reflective and experiential methods have long been core features of utilising a CBS approach in supervision (e.g., Follette & Batten, 2000), and as such could be flexibly adapted to a CBT supervision framework.

Rule-governed Behaviour and Supervision

The shift to more experiential forms of training and supervision, is in part a response to a heritage of psychology training, when supervision was at worst a purely verbal enterprise. Supervisees developed a repertoire of effective "story-telling" (in terms of passing examinations, placements etc.), but may not have developed as effective skills in "how to" be useful to clients. Rule-governed behaviour in this sense describes how the supervisee will provide a description of the client that "makes sense" to the supervisor, who will then advise the supervisee how to respond to such a client. The rule can be: the supervisee describes and listens and follows the supervisor (as the supervisor is "right"), while the supervisor listens to how the client is described and outlines the most suitable approach for the supervisee to take.

The concern is that, without any focus on engaging in reflective practice or experiential learning, supervisees are shaped to tell coherent or plausible stories in supervision (i.e., a depressed client is described in a way that highlights the DSM5 diagnostic categories), following hearing plausible stories from their supervisor (i.e., the way to conceptualise a client who is depressed), so much so that this may even map onto the contextual features of the person-environment they are consulting on! However, such story-telling can also mean some activities are privileged: understanding and conceptualisation may be reinforced, and experiential (functional analytic) learning about the client's life may receive limited attention.

How do those embarking on supervision ensure story-telling remains functionally useful? Story-telling is a major way we share ideas and shape practices: it is not the act of story-telling itself that is the problem… rather it may be that in many contexts story-telling is *not functional enough*. By "functional" we mean that there is a conceptualisation of the client's actions in context, considering the history that has shaped the client's behaviour, along with the situational factors, such as the antecedents (environmental and social) and consequences. By identifying maintenance factors that are *in-principle* modifiable, the supervisee has a better chance of intervening in a way that leads to client improvements. Considering the function(s) of client behaviour may help the supervisee (a) to work with the client to construct more effective, socially valid behaviours that could serve the same functions (e.g., Goldiamond, 1974), and (b) to potentially have more effective interventions (e.g., Hurl, Wightman, Virues-Ortega, & Haynes, 2016).

Contemporary supervision practices try to mitigate for this, such as viewing supervisees in action (via video/live supervision) to assess competencies and give feedback. Viewing and describing interactions between supervisee and client, and conducting functional analyses, are likely to make certain forms of (unhelpful) story-telling less prominent in supervision.

What is relevant here are the known effects of *rule-governed behaviour* (Hayes, 1989). Experimental research has demonstrated that giving rules (instructions) enables people to approach unfamiliar situations and be effective, without learning experientially (Törneke, Luciano, & Salas, 2008). However, instructions can also result in people being insensitive to changes in environments, persisting with ineffective strategies due to following now-inaccurate rules.

Hayes (1989) suggests there are functionally several types of rules: pliance, tracking, and augmenting. *Pliance* is behaviour "under the control of speaker-mediated consequences for a correspondence between the rule and the relevant behaviour." In other words, being rewarded for doing what you are told. Examples of pliance can be supervisory situations where supervisees do what the supervisor suggests because it will please the supervisor, rather than because the suggestion may result in an effective client interaction. Pliance responses may occur early in supervision for new trainees who are unsure of what is required or hesitant about their ability; also on occasions when a supervisor is perceived as highly critical, demanding or when there is significant power imbalance with a supervisee. *Tracking* is behaviour "under the control of the apparent correspondence of the rule and the way the world is arranged": an example is when a supervisee follows what a supervisor suggests because it is likely to work or matches an understanding of how the client's problem is maintained. Tracking may be accurate—suggestions and ideas tested subsequently by experience and reviewed in an open, questioning way in supervision, or inaccurate—such as following a therapy model in an adherent but ineffective way, so the clinician is insensitive to what is happening with the client. For experienced supervisees sometimes inaccurate tracking occurs when they hold onto rules in a different way: where pre-existing knowledge results in missed nuances, the use of "stereotypes," or when corners are cut due to heuristics ("a typical depression presentation"). *Augmenting* occurs when the reinforcing value of pliance or tracking is changed by the addition of further meaning. Examples of augmenting in supervision include when a supervisee is encouraged to stay present with client silence or tears because this may both help the client (tracking) and develop the supervisee's competencies (augmenting); or when sharing errors in supervision, involving supervisee contact with feelings of shame and vulnerability, is done as part of a personal chosen, valued direction.

Rule governance has important implications for supervisory practice that can be tested empirically. This literature suggests supervisory practices that rely heavily on providing instructions (many supervisory practices!) may have advantages and disadvantages. Orienting the supervisee to the bounds of practice, to methods and models more likely to be effective (those based on empirical findings), providing suggestions on how to handle clinical encounters, are advantageous in helping the supervisee to approach unfamiliar situations and do things that may work.

However, supervisory instructions may also engender insensitivity and inflexibility, limiting experiential learning through contingency-shaped behaviour (Follette & Callaghan, 1995). Examples are when supervisees persist with methods without attending to client responses, or follow instructions that are adherent but ineffective (adherence may be a precursor to competence, e.g., Sholomskas et al., 2005), or are unaware of contextual factors influencing a client's response to a theoretically efficacious intervention.

The Value of Psychological Flexibility

CBS research suggests a set of interrelated skills that increase sensitivity to context and openness to learn from direct experience, and less from rule-governed processes; described as promoting *psychological flexibility* (Hayes, Luoma, Bond, Masuda, & Lillis, 2006). Psychological flexibility is the process of contacting the present moment fully as a conscious human being, and, depending on what the situation affords, persisting or changing values-guided behaviour (Luoma & Vilardaga, 2013).

There are benefits in strengthening psychological flexibility skills for clients, workplaces, and for practitioners. Psychological flexibility is a key process in contextual approaches such as Acceptance and Commitment Therapy, and found to be associated with client wellbeing and quality of life outcomes across problems and disorders (Ciarrochi, Bilich, & Godsell, 2010; Hayes et al., 2012; Kashdan & Rottenberg, 2010). Beyond clinical applications, psychological flexibility is associated with a range of positive workplace outcomes, including job satisfaction, productivity, performance, and general wellbeing (Bond & Bunce, 2000; Bond & Flaxman, 2006; Bond, Flaxman, & Bunce, 2008; Flaxman, Bond, & Livheim, 2013).

Finally, there are advantages for practitioners in being explicitly trained to use psychological flexibility skills. Practitioner psychological flexibility training leads to improved wellbeing (Pakenham, 2015), reductions in burnout and stress (Brinkborg, Michanek, Hesser, & Berglund, 2011; Hayes, Bissett, Roget, & Padilla, 2004; Luoma et al., 2007), and greater therapy effectiveness (Lappalainen et al., 2007; Pakenham, 2014; Strosahl, Hayes, Bergan, & Romano, 1998). These skills strengthen practitioners to be more open and accepting towards clients (Luoma et al., 2007), and have greater receptiveness to evidence-based practice (Varra, Hayes, Roget, & Fisher, 2008). Clinician psychological flexibility predicts whether evidence-based approaches involving client (and clinician) discomfort are used, such as exposure (Scherr, Herbert, & Forman, 2015).

Based on the above, there are clear advantages to promoting psychological flexibility skills through supervision, and to model these skills as a supervisor. Research suggests these skills can be developed through training and consultation (e.g., Luoma & Vilardaga, 2013), although no studies to date have shown psychological flexibility developed through supervision alone. We propose the following supervisory framework as a way of promoting the psychological flexibility of supervisees, with advantages in terms of strengthening contingency-shaped learning and reducing the risks of pliance and inaccurate tracking.

The SHAPE Framework: The Elements of Contextual Supervision

We propose five, interrelated elements of contextual supervision:

- Supervision values;

- Hold stories lightly;
- Analysis of function;
- Perspective-taking; and
- Experiential methods.

These elements form the acronym SHAPE (presented in Figure 1). The elements are extensions of best practices in supervision (e.g., O'Donovan, Halford, & Walters, 2011); we discuss each in turn.

Supervision Values

The supervisory relationship can be enhanced by the clarification and sharing of the personal values of the supervisor and supervisee. By "personal values," we mean *chosen qualities of action* (Hayes, Strosahl, & Wilson, 2012) in the area of professional practice, and for supervision in particular. These qualities of action can reflect broad and abstract inexhaustible reinforcers and ultimate outcomes, and provide a sense of meaning and purpose (Villatte, Villatte, & Hayes, 2015).

For example, for many supervisors, taking on the responsibilities of providing supervision are part of career directions, such as wanting to be involved in supporting and teaching junior psychologists, "giving back to the profession," influencing practice, and learning from others' experiences. Situating supervisory practice as sets of qualities of action can help connect the supervisor with important sources of motivation, especially at times involving contact with unwanted experiences (such as, concern about a supervisee's practice, supporting a supervisee when untoward events occur, etc.).

Similarly, for the supervisee, connecting supervision with broader directions may increase willingness and a sense of purpose when having common experiences that arise from scrutiny, such as anxiety and shame (Batten & Santanello, 2009). Connection with purposes such as being useful to others, being compassionate, approaching work with a sense of curiosity, may be usefully discussed. Values may be clarified by asking what the supervisee hopes for their career, in terms of broad directions (what sort of psychologist do they want to act like? What is important to them about helping people in this way?).

Stating these qualities of action up-front is useful in the contracting phase, and then revisited throughout supervision. It is advantageous to make public commitments (e.g., Stults & Messé, 1985) when engaging in work (like supervision) that may put the participants in contact with uncomfortable

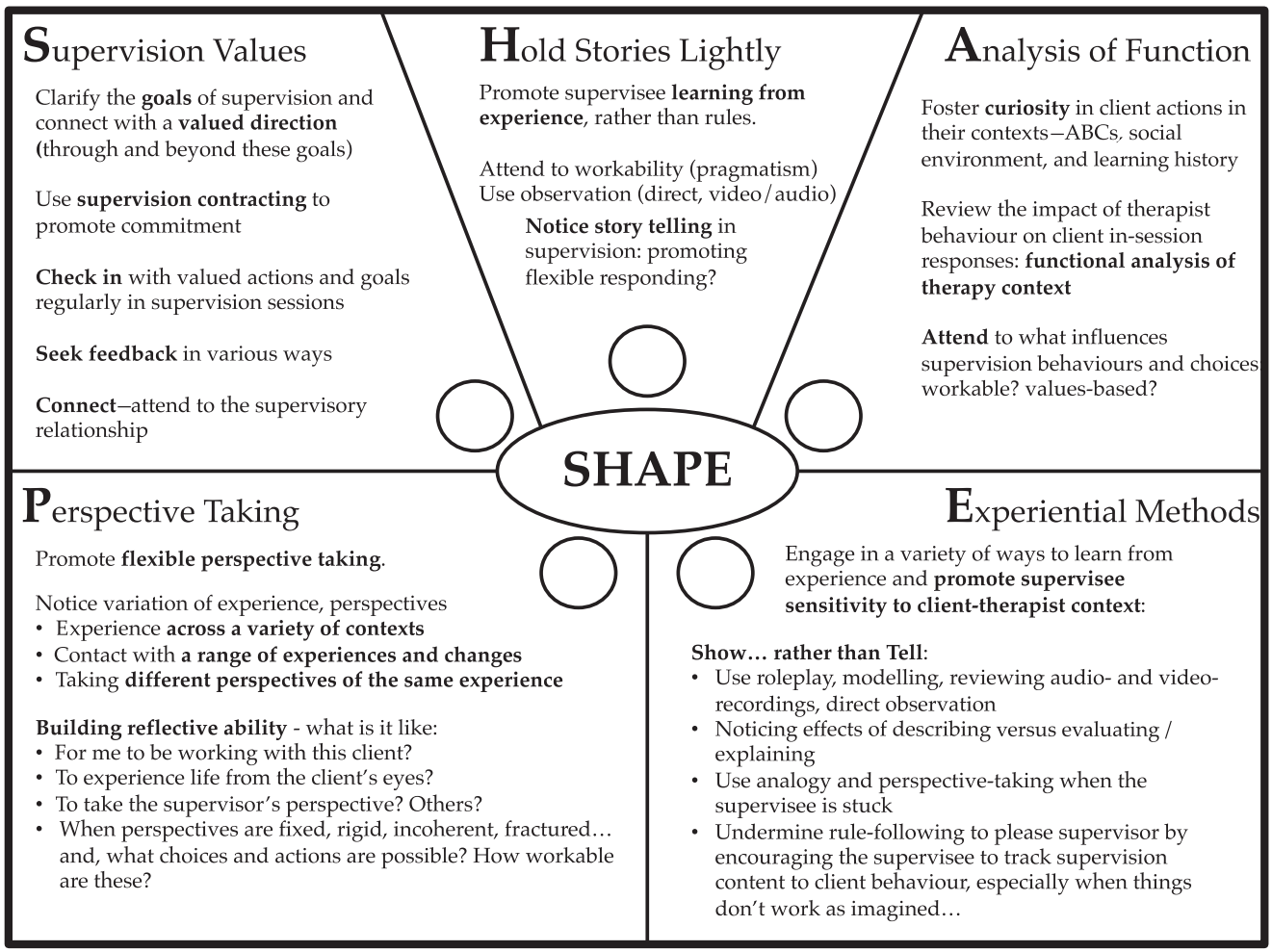

Figure 1 The SHAPE Supervision Framework.

thoughts and feelings. Making commitments, such as when a supervisor and supervisee describe how they will act in supervision, increase the likelihood these behaviours will occur. Understood in terms of rule-governance, commitments linked to valued directions may be augmentals, transforming the functions of uncomfortable thoughts and feelings from experiences to suppress or escape from, to experiences that the supervisee may actively accept and be curious about. This psychological flexibility may increase the potential of experiential learning, particularly in the face of clinical situations that evoke negative emotions.

The values piece extends to the use of feedback. For the supervisor, describing (value-informed) intentions in giving feedback can help to set expectations early, and provide a way to check whether what is intended in terms of behavioural effects, is what the supervisee experiences and responds to. Similarly, this can be useful when the supervisor describes the value to receiving feedback from the supervisee.

During the contracting process, a good place to start is for the supervisor to describe the advantages for connecting to values as part of supervision, and to model what making a commitment looks like. This could be the supervisor describing their values and commitment in the supervision sessions, including how they will interact with the supervisee, what their intentions for supervision are, and how the supervisee may see this:

> *Supervisor:* "For me, being able to supervise psychologists is about how I can contribute to helping people to offer the best care possible to their clients, and grow in their practice. So, my actions will be about helping you to reflect on your work, offering perspectives and ideas, and providing feedback, so that you can do as well as you can and to develop further as a psychologist. That's my commitment to you – that my actions here are about helping you develop and be effective with your clients. And this is what I would invite you to give me feedback on… how I am doing with that commitment to our supervision sessions. If there are any times when it doesn't seem like this is what I am doing, I'd appreciate you sharing your experience with me."

Expressing values does add a level of openness and vulnerability to the process of supervision. The advantages of using values talk are that it provides a broader context for the supervisor and supervisee to build rapport, and understand influences on choices and actions. It also adds a way to assess whether supervision behaviours are serving their stated purposes.

Hold Stories Lightly

CBS has at its philosophical core a pragmatic reticence to accept the stories told about the world, as being reflective of *the world*. Rather than a correspondence theory of truth (Hayes et al., 2012), CBS regards truth as being about successful working: "ways of speaking" are judged pragmatically by *whether they progress your goals*.

While this is a common aim across supervision models, the contextual stance is to actively judge how progressive supervision conversations are by referencing the content of these discussions to the ultimate goals (e.g., improved client outcomes, the development of supervisee competencies, and providing safe and effective psychological services). The supervisor facilitates this judgement with the supervisee by actively reviewing whether their "ways of speaking" have resulted in progression of the supervision goals. Through this process, over time, there are likely to be more successful "ways of speaking" that progress goals.

We see this as instructive for the process of supervision. As described above, supervisees are at risk of learning to tell "good stories" about their work. Where the experience of a session is recounted, a necessary editing of details occurs, and aware supervisors and supervisees can notice this process. Over time, supervisees may learn to highlight useful contextual features that inform the supervision conversation—we see this with the development of supervisees' competencies over the course of training—where supervision moves from being focused on procedural matters (techniques), to the supervisee using a broader range of perspectives to inform their interventions, along with being reflective about their own responses.

The risk is that without supervision stories being progressively shaped to be functional, they can serve purposes that may not progress the ultimate goals. For example, supervision stories may be intellectually coherent, aesthetically pleasing and "deep" (Safran & Muran, 2001), and also wrong, in terms of helping the client. They can also have avoidance functions, by helping a supervisee to avoid criticism from a supervisor who does not provide a sense of safety. In these cases, we may consider these functions as being about pliance, in that the supervisee's behaviour may be more influenced by pleasing a supervisor. Story-telling serving these purposes may not necessarily be for the client's benefit, nor help the supervisee to develop competencies. In rule-governance terms, this component of the SHAPE framework is about promoting more accurate tracking in supervision conversations and undermining patterns of pliance, by having the supervision dyad remain focused on the ultimate outcomes of the interactions, and to notice the process of story-telling.

Audio- or video-recordings are important here. By noticing the conceptualisation of the therapy session and contrasting this with the raw data of the therapeutic interchange, new perspectives may develop about what happened, the functional relationships, and/or factors that influenced the conceptualisation.

To maintain a discrimination between supervision stories and the therapy context, we recommend that the story-telling process be noticed and remarked upon during supervision. This may occur recursively, with whoever is speaking also describing they are noticing the process, or it may happen by deliberately reviewing the supervision conversation. A supervisor can model this by describing what they are noticing while sharing their point of view with the supervisee; they can also model how to handle doubt self-compassionately (e.g., Nissen-Lie et al., 2015).

Analysis of Function

In contextual supervision, *functional analysis* is a central activity. Typically, in clinical practice, the functional analysis is a

conceptualisation or case formulation. The use of functional analysis in the SHAPE model is focused on identifying functional relationships in interactions between the psychologist and client(s), and for understanding the client(s) problems, and discovering contextual influences that contribute to the problem.

We think there are at least three areas to consider for functional analysis: (a) the client's presenting problems and life circumstances, (b) the therapeutic relationship, and (c) the supervisory relationship.

The supervisor wants to foster the supervisee's curiosity about the client's choices and actions, considering them in context (situational, social, and historical). From this stance, we would consider that behaviour serves a purpose (function), and the role of the psychologist is to understand the factors influencing behaviour. Functional analysis is about understanding the client's behaviour by exploring the antecedents and consequences, finding the potentially modifiable aspects about the client's behaviour and situation, and finally, to effect change. These potentially modifiable factors may be across the range of psychological, interpersonal, social, environmental, and other factors that maintain a client's distress or disability. By considering the person in context, there may be potential solutions broader than offering psychological therapies, such as helping clients to access better housing, participate more actively in the community, engage in physical exercise, develop skills to secure employment, or seek justice for mistreatment. By taking the stance that people behave on purpose, and seeking to understand what the person may be trying to achieve, the supervisor supports the supervisee to help the client to find more effective ways of acting to achieve their aims (e.g., Goldiamond, 1974).

The supervisor should also draw the supervisee's attention to the impact of their behaviour on the client's responses in-session. How is the supervisee influencing the client? What might the supervisee be doing that inadvertently reinforces how client's problems present in-session? How can the supervisee strengthen client behaviours in-session that will lead to improvements? The ability to understand and influence behaviour in-session is strengthened by being able to review video- or audio-recordings, and/or using methods such as role-play to practice therapeutic interchanges.

Finally, functional analysis can help to understand the supervision context. This may enable the supervisor and supervisee to attend to what influences their choices and actions, and to judge whether these are workable. This can be facilitated by supervisee feedback, techniques that increase the awareness of both supervisor and supervisee to their interactions, including the ways that they are speaking, and holding story-telling lightly. Holding story-telling lightly essentially means that the supervisor and supervisee are always open and curious to changes in the way they conceptualise the client, reflecting on the way in which the treatment focus meets the needs of the client's goals and are based on behavioural outcomes (i.e., achieving values, actions, and choices) rather than only relying on reducing symptomatology as outlined by self-report measures. An awareness of the situational and historical contexts that may be influencing supervision behaviour is useful. Reflection may help supervision to be more effective, especially if the supervisory context can be treated as a place where experimenting with different responses can be pursued, while using client outcomes and feedback to consider workability.

Perspective-taking

Promoting *flexible perspective-taking* is a process and outcome of contextual supervision. The skill of the psychologist to imagine the world of the client "within their skin" (Wilson, 2009) is essential to being able to respond in empathic and validating ways. Perspective-taking (with psychological flexibility and compassion) is an important component in responding flexibly to stigmatising and prejudiced thoughts and feelings towards others (Levin et al., 2015). Perspective-taking in supervision may support the supervisee to be reflective, open, aware, and engaged with the challenging material they are exposed to in the course of their work. This may be warranted when supervisees describe experientially avoidant and/or rigid responding to session content, or when they are unhelpfully caught up with judgements about the client or themselves.

Flexible perspective-taking is fostered by taking different points of view defined by time, place, and person (Villatte et al., 2015). This increases awareness of: (a) the variability of experience itself, and (b) a common perspective across experiences, judgements, and actions (a stable I/here/now aspect of awareness: an observing perspective). Greater contact with this awareness fosters acceptance and openness to experience, and connection with personal values (Hayes, Strosahl, et al., 2012). Effective responding to experiences in the contexts that they occur is strengthened by the experiential knowing of an observing perspective (Linehan, 1993; Luciano, Valdivia-Salas, Cabello, & Hernandez, 2009).

In supervision perspective-taking may be used in various ways. Conversationally, the supervisor may ask the supervisee to consider various perspectives of person, place, and time, in relation to the client's situation (e.g., what was the client's view, across multiple example situations? Significant others' experiences of the client's behaviour? The supervisee's perspectives?). This may put the supervisee in contact with what is it like:

- To experience life from the client's eyes?
- To be a family member/work colleague interacting with the client?
- For the client to act in a compassionate way towards themselves?
- For me to be working with the client?

These various perspectives can also be used to explore the supervisee's own experiences, where useful.

Experientially, supervision may involve exercises with the above elements, such as using imagery to connect with a stable base of perspective (such as an observing mountain: Kabat-Zinn, 2009) that can include changing features (such as weather on the mountain), or inviting the supervisee to practice present moment awareness and then imagine various perspectives, describing the experiences they evoke. Alongside this are other perspectives that may build functional responses, such as taking the perspective of the client in session experiencing the supervisee, or supporting generalisation of learning in

therapy ("If you were me (the supervisor), what would you suggest at this point?").

Experiential Methods

Safran and Muran (2001) suggest that supervision, like therapy, is a relational context that provides opportunities for experiential learning; the supervisor needs to ensure that these opportunities are used to help develop the procedural knowledge of the supervisee at a "bodily felt level." The SHAPE framework provides a rationale for using the broad range of experiential exercises described in the empirical literature, including use of role-play, imagery (Hackmann, Bennett-Levy & Holmes, 2011), self-practice/self-reflection, use of metaphor (Stott, Salkovskis, 2010) mindfulness, defusion, and values clarification (Westrup, 2014). Experiential exercises can assist the supervisee to come into contact with a variety of thoughts, feelings and sensations, and strengthen the process of learning (Hayes, Strosahl & Wilson, 2012; Safran & Muran, 2001). Certainly, like other methods that involve exposure, it is important to ensure that the supervisee is freely choosing contact with uncomfortable experiences.

It is valuable to seek supervisee feedback about what engaging in experiential exercises is like, if it is helping with their client work, and whether there are personal issues elicited they would prefer not to be a focus of supervision. A consideration is if a personal issue is a consistent barrier to the therapeutic relationship. This can look similar to personal therapy, and requires contracting, feedback and care to ensure the supervisee finds engaging in exercises beneficial and without a sense of coercion.

For the supervisor, there is a balance to be struck between story-telling, providing instructions, and using experiential exercises to support a supervisee's discovery and reflection. Exercises can be useful to shift the process of supervision, particularly on occasions when the session conversation is having a lifeless, uncreative, or repetitive feel. Overall, what is key to assess as a supervisor is whether it furthers the supervision goals (remaining pragmatic in focus).

SHAPE in Practice

What Supervision Sessions Look Like Using SHAPE

A common experience for trainee psychologists on their first placement is to struggle with shame, self-doubt, uncertainty, and perceived incompetence. This can be explicitly discussed in supervision, or may be reluctantly disclosed via questioning about behaviour in sessions—as viewed in videos of client interactions.

For example, feedback was provided to a supervisee regarding their session with a client who was struggling with depression. The feedback provided appeared to contradict the supervisee's own evaluation of the session, whereby the supervisee reflected that they performed poorly, did not know what they were doing, and perceived that the session did not go well. While the session did not go perfectly (how many sessions ever really do!), it was apparent to the supervisor that the emotional and cognitive content that the supervisee was struggling with was perfectionistic self-critical thinking and related emotions, and without discussion in supervision, would likely re-appear in future and hinder the supervisee's ability to remain engaged in the session with clients.

In addressing this from the SHAPE framework, several processes were targeted. Initially, supervision involved engaging in a functional analysis of the session, exploring what the supervisee was experiencing as the session continued. This involved reviewing the video and asking the supervisee at different time points to identify emotions, thoughts, and physical sensations that they were experiencing as the session went on. The supervisee described noticing thoughts of being unprepared to respond appropriately to the client's issue. This led to a cascade of thoughts and emotions such as noticing self-doubt, confusion, increased anxiety, and self-deprecating thoughts, including, "I'm useless" and "the session was a waste of time for the client." The supervisee was also asked to comment on the client's perspective, reflecting on their experience in the session, as evidenced by the client's behaviour and comments. In exploring the session, the supervisee became aware of the client's experience of the session and notice that they were engaged, responsive, and collaborating with the supervisee in addressing the issues raised.

From this perspective, the supervisee was asked to explore how their own "story-telling mind" was impacting on their session experience, and even during supervision. By identifying the behaviours associated with the supervisee's experience of "self-doubt" and "uncertainty," we were able to identify how such behaviours influenced the supervisee's orienting away from being present with the client, and stuck within a story about "being useless." We discussed the supervisee's values in relation to their work with clients. This assisted the supervisee to connect with values associated with the kind of clinician they want to be. Finally, we engaged in experiential exercises to assist the supervisee identify strategies they might utilise in session (and out of session) if they are aware of any of the behaviours that arise with the experience of "self-doubt."

In this scenario, we actively worked to reduce unhelpful rule-governed behaviour, particularly unworkable tracking about the threat posed to the supervisee of having doubts and being in contact with uncertainty. We attempted to weaken responding to doubt as a threat (needing to be escaped from) by encouraging the supervisee to broaden their awareness from their own experiences (through perspective-taking and holding story-telling lightly), to noticing also what was happening with the client. We then worked with the supervisee to connect with their valued directions as a clinician, to be curious about whether being experientially open to the experience of doubt may be "the price of admission" (seeking to alter the function of doubt: using an augmental).

Research Directions

A key question is whether contextual supervision/SHAPE makes a difference in practice. There are indications that experiential (contingency-shaped) approaches to training clinicians are beneficial for developing competence (Bennett-Levy and Lee, 2014; Follette & Callaghan, 1995); similarly, training to

strengthen clinician psychological flexibility is useful (e.g., Luoma & Vilardaga, 2013; Pakenham, 2014). However, there is limited research on the impact of the contextual behavioural supervision itself.

We think that there are several areas to investigate to determine whether the SHAPE framework augments supervision. First, is contextual behavioural supervision feasible and acceptable? What are the experiences of supervisees and supervisors in creating a supervision context like this? It will be useful to know whether contextual supervision is perceived in ways associated with good supervision outcomes, compared to typical supervision. Is the supervisor perceived as a safe base, structured and supportive? Is there good supervisory rapport? These questions could be evaluated using empirically developed measures of supervision quality (e.g., Palomo, Beinart, & Cooper, 2010), along with qualitative methods (e.g., Binks, Jones, & Knight, 2013).

Second, does contextual behavioural supervision develop supervisees who are competent and effective, perceived by clients as empathic and responsive, and have greater psychological flexibility and emotional openness? These outcomes could be investigated in similar ways that have compared different supervision structures (e.g., Livni, Crowe, & Gonsalvez, 2012) and consultation models (Luoma et al., 2007).

Finally, are there measurable differences in the *process* of contextual behavioural supervision, compared to typical supervision? We would hypothesise SHAPE has a greater number of supervisor–supervisee interchanges over time characterised by emotional openness, vulnerability, and flexibility. There may also be a greater number of occasions where doubt is expressed by supervisor and supervisee; along with a more iterative, hypothesis-driven approach (where hypotheses are abandoned). For this question, there is a mileage in idiographic, small N research designs, using coding of video-recordings of sessions: particularly considering environments where "researchable" supervision takes place (e.g., university training clinics).

Conclusion

We have described a supervision framework designed to enhance two beneficial processes identified in contemporary psychology training: experiential learning and psychological flexibility. These processes are informed by developments in contextual behaviour science, particularly what is known about rule-governed behaviour and verbal learning. Our view is that these processes are promoted by SHAPE components: values clarification, awareness of story-telling, functional analysis, perspective-taking, and experiential exercises. We have described an example of where the combination of these components is helpful to a supervisee's learning.

We think that SHAPE can apply at all levels of training, and with different therapeutic approaches. The framework is about helping supervisees to have greater openness to feelings and thoughts, an awareness of the limits of story-telling, and clarity about their personal values in professional psychological practice. The intention of the framework is to enhance the development of competencies (procedural knowledge) in a way supports psychologists to practice with awareness and flexibility. Further to this, by building supervisees flexibility and awareness to workable in-session behaviours across clients and situations, we anticipate that such skills will be taught to the next generation of supervisees. Empirical investigation of the framework will determine whether these processes are present in supervision and produce beneficial outcomes.

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