

# **An Evaluation of Computer Mediated Clinical Supervision**

The Online Supervision Research Team  
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## **1/ Background and literature review**

### History and context

Clinical supervision emerged from classical psychoanalysis and has been recognised as such since at least the 1920s. It has been integrated to at least some degree, with varying levels of success and in multiple forms, into the practice (or the espoused practice) of all of the professions using psychotherapeutic or counselling frameworks. Substantial reference to clinical supervision can thus be found in the literature of psychotherapy, counselling, mental health nursing, social work, psychology, occupational therapy and medical psychiatry.

The literature is vast. A simple search of the mainstream literature databases will produce approximately 20,000 references to the subject spread across the literature of the various disciplines, with a predominance in the psychotherapy / counselling literature. It is difficult to accurately categorise such a wealth of writing, but areas of focus include ethical issues, practice examples, descriptions of models, issues around the specific characteristics of supervision (particularly as it interacts with management), and the effects or outcomes of supervision.

### Definition and focus

While supervision is variously defined, and as Rich (1993) points out “no single definition or theory exists by which to describe its meaning, methods or purpose uniformly”, there are common core threads to the definitions. Platt-Koch (1986), warning of the misconceptions that abound, pointed out that “one cannot learn how to interact with a patient solely by reading a book” and identified the goals of supervision as developing the therapist’s knowledge base, clinical proficiency and professional autonomy.

With due deference to the wise epithet that the whole is always greater than the sum of the parts, some appraisal of the functions and purpose of supervision is necessary to justify its existence and to guide inquiry and evaluation, especially as we enter an era in which co-location of the supervisor and supervisee is not guaranteed, and thus the supervisor’s knowledge of the context of the supervisee’s work is likely to be entirely based on the reports of that supervisee.

Description of clinical supervision is, not surprisingly, varied, but it is possible to marshal much of the salient descriptive literature under an adaptation of the widely accepted headings proposed by Proctor (1986).

#### *Regulatory (Normative)*

This aspect of clinical supervision is perhaps prone to the most intense debate, involving as it does the boundaries between organisational/managerial, professional and ‘clinical’ supervision. Cottrell (2002), drawing upon the supervision rhombus proposed by Ekstein and Wallerstein (1972), points to the suspicion and mistrust that can accompany perceived managerial influence in supervision or collusion between the supervisor and management. Nevertheless fostering adherence to some code of

conduct is a legitimate aspect of supervision and, furthermore, is the aspect most likely to engender organisational support (Butterworth & Woods, 1998).

#### *Developmental (Formative)*

The imparting of information and the development of expertise are recognised as key components of supervision by the majority of authors, although contributors differ as to the importance placed on these functions. The work of Consedine (1994), which has been hugely influential in New Zealand for well over a decade, focuses on the role development of the supervisee.

#### *Supportive / restorative*

This aspect of supervision is perhaps closest to the original intent inherent in its psychodynamic origins (Faugier, 1992) - supervision developed to assist psychotherapists to work through issues arising from their work with patients and the nature of the relationship between supervisor and supervisee, with particular focus on issues of transference and countertransference. The work of Ekstein and Wallerstein (1972) elucidated, in this context, the important notion of parallel process.

Integral to the concept of clinical supervision is the notion that the patient must be the focus of the exercise. In reinforcing the importance of that focus, Yegdich (1999) emphasises that the supportive aspect of supervision is, and must remain, distinct from therapy.

#### Caveats and difficulties

In parallel to the therapeutic relationship, there are potential pitfalls in the supervisory relationship. Salvendy (1993) draws attention to inherent power differentials between supervisor and supervisee and the consequent potential for abuse in such relationships. More recently, Cottrell (2002) draws attention to potentially problematic implementation issues in organisational contexts.

#### Evaluation and assessment of supervision

There is strong support in the literature that supervision is beneficial for the supervisee. Authors including Hallberg (1994) and Butterworth, Carson et al (1997) have used measures such as the Maslach Burnout Inventory to demonstrate effectiveness of clinical supervision in improving staff morale and attitude. With the exception of the recent work of Bambling and King (2001), however, which demonstrates improvements in therapeutic alliance (the most robust indicator of therapeutic outcome) related to clinical supervision, little has been done to effectively demonstrate that clinical supervision produces benefits for patients.

#### On-line supervision

The growing popularity of on-line psychotherapy and its accompanying literature has yet to give rise to a substantial study of on-line supervision. Indeed, the field of on-line supervision is in its infancy and has yet to acquire agreed parameters.

One of the more established groups, the International Society for Mental Health Online, has done considerable work under the mantle of on-line case study and consultation (Fenichel, Suler et al. 2002). Goss and Anthony (2003) include comprehensive accounts of supervision via discussion board and email (Fenichel, 2003) and supervision via video and telephone (Armstrong & Schnieders, 2003) in their edited book "Technology In Counselling and Psychotherapy: A Practitioners Guide". Others have provided various forms of supervision as part of counselling-related courses, generally as complementary to face-to-face supervision (Stebnicki and Glover, 2001; Stofle, 1998).

It is worth noting that opportunities for what could be described as peer supervision have been available and utilised for some time in the form of individually or service-initiated email exchanges and the various email lists. An example of the latter is the International Psychiatric Nursing Email List, started by Prof. Len Bowers in 1994. (Bowers, 1997; Davidson, 1998a, Davidson 1998b).

### Issues with on-line supervision

Many of the potential advantages and disadvantages of on-line supervision parallel those of on-line therapy. The emerging literature and experience in on-line forums point to the following issues:

#### Advantages

- Email communication provides a permanent record, to which all parties can refer.
- There is considerable potential saving in costs associated with face-to-face supervision, such as travel.
- Communication can be asynchronous, giving both supervisor and supervisee the opportunity to consider questions and responses.
- Potential choice of supervisor is wider.
- Offers supervision opportunities to isolated practitioners.

#### Disadvantages

- Email communication is notoriously open to misinterpretation and requires some care with language which is not modified by facial expression or body language. Idiom and usage vary internationally
- Because of the permanence of the record, the nature of electronic communication and the likelihood that supervisory relationships will be formed outside service boundaries, particular attention to confidentiality is required.

There is no doubt much to be discovered in both the pitfalls and potential of on-line clinical supervision. While it may in fact appeal to many for some of the reasons outlined above, it should be noted that on-line communication is not of course limited to typed email text. Use of videoconferencing may appeal to some users and may resolve some of the problems of email communication.

## **2/ Aims**

1. To describe the benefits and drawbacks to the use of on-line supervision
2. To establish the extent to which on-line clinical supervision matches the expectations of supervisees
3. To compare the supervisee rated effectiveness of on-line supervision with that of usual face-to-face supervision
4. To describe the process of on-line supervision.
5. To assess the impact on on-line supervision on therapeutic attitudes, stress and burnout

## **3/ Design**

- Description of subjects' experience of on-line supervision via a combined quantitative and qualitative measure.
- Comparison of expectations before on-line supervision with the actual experience of subjects after four months, using quantitative and qualitative measures.
- Comparison of ratings of the on-line supervision process with normative data from a previous study of face-to-face supervision.
- Description of the content of Internet based supervisory communication.
- Pre- and post-supervision measures of therapeutic attitudes, stress and burnout.

## **4/ Sample**

Subjects will be drawn from a largely self-selected pool of people who have registered interest in this project via an on-line registration form. The total sample size of supervisees is expected to be approximately 100.

Supervisees will be drawn from this pool if they can show that they meet the following minimum requirements to receive clinical supervision as part of this study:

- Qualification to practice in a relevant clinical field, e.g. as a therapist or other mental health practitioner
- Basic experience in using on-line communication media or willingness to use unfamiliar technologies
- Readiness to present clinical work for supervision
- Willingness to commit regular time to the clinical supervision group or dyad

Although a professional relationship between supervisor and supervisee, and any terms and conditions relating to the services and payments contracted between them, are essentially private matters to be negotiated between these two parties, the research team have agreed with the operators of the brokering service (GroupInterVisual) that, for reasons of both quality assurance in relation to the supervision services, and also to ensure a minimum degree of consistency of standards, there should be some assurance sought from supervisors of their qualification to provide clinical supervision services. Therefore, certain exclusion criteria will apply. Specifically, supervisors will be drawn from the pool described above only if, according to self-report and checks of validity, they meet the following four requirements:

- At least three years practice in a relevant clinical field, e.g. as a therapist or other mental health practitioner
- A diploma (or higher level qualification) from a recognized training institution or membership of a recognised professional body relevant to that practice area
- Experience and/or training in the provision of clinical supervision in relation to that practice area
- Experience and/or completion of a suitable training in on-line communication dynamics or in the provision of mental health services on-line

The sample will be composed of volunteers, rather than randomly selected from a wider group, making any generalisation of findings difficult. Nevertheless statistical testing will be able to indicate which findings might apply to wider samples of health professionals who may volunteer for participation in on-line supervision. The sample size of approximately 100 will deliver adequate statistical power. Analysis of variance for two groups (pre and post test) at 80% power and a significance level of  $p = 0.05$  requires 64 subjects to detect a medium effect size (Cohen 1992). This general rule is dependent upon the variability of the measures used, however the sample size of approximately 100 in this study will contribute to compensating for any weakness arising from this source.

## **5/ Data collection and instruments**

Pre- and post-supervision expectations and benefits questionnaire: This measure will be specifically constructed for this research. The pre-supervision version will ask respondents about their expectations for the benefits and problems of on-line supervision. The post-supervision version will ask respondents to rate the actual occurrence of these benefits and problems. Each question will be Likert scaled, and there will also be space for free text comments, in relation to each question and at the end of the questionnaire. Topics covered will be, for example, accessibility, privacy, technical difficulties, economy, etc.

Manchester Clinical Supervision Scale: This is the only internationally validated research instrument to measure the effectiveness of clinical supervision, per se. The items for the instrument were developed by Winstanley and White (2002), using qualitative data drawn from two rich data sources: the participants of the 23 site CSEP (Butterworth, Carson and White et al, 1997) and the findings from a set of in-depth site interviews conducted by Professors White, Butterworth and Bishop (White et al, 1998). Initially, a 59-item scale was piloted at 5 centres in England and Scotland, representing a range of nursing specialities. Respondents were asked to score statements related to the clinical supervision they received, based on a five-point Likert scale from 'strongly disagree' to 'strongly agree'. Exploratory factor analysis was used to identify significant factors associated with the process of clinical supervision and reduce the number of items on the scale to those of statistical value. A full replication study was then performed on another large sample of 467 nurses from 5 centres in the UK and the final factor analysis established a scale containing 36 items (Winstanley, 2000). Items were included on the final scale if they had loaded on the same factor with a loading co-efficient greater than 0.4 in at least three out of the four factor analyses performed. The final analysis indicated a seven factor solution,

accounting for 64.6% of the variance. These 7 factors, once identified, included elements of all three components of Proctor's model (1986).

Communication process: Archived email communication between supervisors and supervisees will be collected for qualitative analysis.

Therapeutic attitudes: These will be assessed via the Attitude to Personality Disorder Questionnaire. This 37 item scale rates the degree to which the subject enjoys working with difficult clients, feels secure in so doing, is accepting of them, has a sense of purpose in doing the work, and is enthusiastic. It has good internal consistency (Cronbach alpha 0.94) and test-retest reliability (ICC 0.66), and has been demonstrated to relate to job performance, stress, burnout, and perceptions of managerial authority. Previous research has indicated a correlation between receipt of clinical supervision and positive therapeutic attitudes (Bowers 2002).

Stress: This will be assessed using the GHQ-12 (Goldberg and Williams, 1988). This is a brief, 12-item self-administered questionnaire that takes a few minutes to complete. It is one of the most widely used measures to assess/screen for breaks in normal functioning and indications of mental disturbance (Goldberg, 1972). The reliability and validity of the GHQ has been studied by comparing it to longer and more detailed assessments, usually administered by a psychiatrist. Overall the GHQ appears to perform well with sensitivities and specificities of about 70 to 80% in most studies.

Burnout: This will be assessed with the Maslach Burnout Inventory. The MBI-Human Services Survey (Maslach and Jackson) is a measure of burnout as it manifests itself in staff members in human services institutions and health care occupations. It consists of 22-items about burnout indicators on which respondents indicate frequency of agreement. It takes approximately 10-15 minutes to complete. The MBI address three general scales: Emotional exhaustion measures feelings of being emotionally overextended and exhausted by one's work. Depersonalisation measures an unfeeling and impersonal response towards recipients of one's service, care treatment, or instruction. Personal accomplishment measures feelings of competence and successful achievement in one's work.

## **6/ Procedure**

Over 150 registrations for on-line supervision have already been received. When the project is ready to start, prospective supervisees will be paired with supervisors who are offering the type of supervision they have requested. At this point, the supervisees will be asked by email to complete the pre-supervision questionnaire, APDQ, GHQ-12 and MBI. This will be done on-line via a specific web page to which they will have password-restricted access. Four months later, supervisees will be approached again (by email) and asked to complete the post-supervision questionnaire, APDQ, GHQ-12, MBI and the MCSS, once again on-line. On both occasions one email reminder message will be sent to those failing to complete the questionnaires within two weeks.

Data submitted by respondents will be added automatically to a database. That database will not identify respondents by name, and will only be accessible to

members of the research team, and by IT system administration staff.. After data collection is complete, it will be removed from the computer acting as a web server.

Most supervision will take place via email lists. Post to these lists will automatically be archived as part of the function of supervision itself. Those archives will only be accessible by supervisees and supervisors who have agreed to work together, and by IT system administration staff. Participants will be asked for their permission for those archives to be accessed by the researchers for the purposes of analysing the process of on-line supervision.

## **7/ Data analysis**

Pre- and post-supervision quantitative data will be entered onto SPSS. Following EDA and error checking procedures, descriptive analyses will be produced on expectations and delivery. Factor analysis will be used to reduce the number of scores from this questionnaire, and these will then be subjected to repeated measures ANOVA to identify those dimensions on which supervision exceeded or disappointed the expectations of supervisees. Exploratory analyses of the relationship between difference scores and other demographic data on supervisees will take place to identify significant relationships and to aid the development of explanations for any findings. Repeated measures ANOVA will also be used to analyse the data resulting from use of the APDQ, GHQ-12, and MBI. Variables will be combined in a single multi-way analysis of variance in order to reduce the experimentwise error rate. Appropriate post hoc corrections for multiple comparisons will be applied.

Pre and post-supervision qualitative data will be entered onto qualitative data analysis software (NUD\*IST). Simple content analysis will be used to identify themes in the detailed material on expectations and performance. Where possible, some of this qualitative data may be categorised or rated, then exported to SPSS for quantitative testing and further analysis.

MCSS data will be entered onto SPSS and compared with norms previously obtained in large-scale studies of face-to-face supervision. Exploratory analyses of the relationship between difference scores and other demographic data on supervisees will take place to identify significant relationships and to aid the development of explanations for any findings.

Archived email supervision records will also be entered onto qualitative data analysis software for analysis.

## **8/ Timescale**

Month 1: Baseline data, pre-supervision questionnaire, APDQ, GHQ-12 and MBI collected

Month 2: Supervisees paired with supervisors

Month 6: Post-supervision questionnaire, APDQ, GHQ-12, MBI and MCSS collected

Month 12: Report completed

## 9/ Project management

Ben Davidson is responsible for overseeing and coordinating the research, drafting the research proposal, securing sponsorship and funding and liaising with commercial sponsors in designing and running the on-line supervision website and all associated software (including pairing of supervisors and supervisees) and in managing registrations, checks of validity and collection of data.

Len Bowers is responsible for completion of the research proposal, ensuring ethics committee review and approval, advising on the data collection, analysing all data (except for archives of supervision email), leading on the writing and submission of a paper presenting the results for peer reviewed publication.

Tom Ryan is responsible for completion of the project literature review.

Kate Anthony is responsible for development of a training module in 'on-line supervision' within an existing on-line counselling course for supervisors requiring such training.

Julie Winstanley and Ted White are responsible for permission to use the MCSS and provision of existing norms for comparison.

Aldon Hynes is responsible for advising on technical IT issues.

Richard Lakeman is responsible for advising on website usability issues

Cynthia Rogers is responsible for advising on professional accountability issues.

All members of the collaboration will have opportunity to comment on a draft of the final publication, and will be named as co-authors.

## 10/ Collaborators

This research is being conducted by an international team, comprising professionals and academics from a range of disciplines including group analysis, psychotherapy, psychiatry, psychiatric nursing, psychology, counselling and I.T. Professional profiles of each current team member follow:



**Ben Davidson, BA, RMN (42)**, based in Eastbourne, UK, is a Senior Lecturer at South Bank University and the principal researcher for this project. A psychiatric nurse and group analyst by profession, Ben's special interests are politics/ideology, and ethics/spirituality in psychiatric care, and the impact of technology on relationship in groups.

Ben was the first co-ordinator of the Pathfinder User Employment Programme, supporting the paid employment of people with a history of serious mental health problems in clinical posts within a large London Mental Health NHS Trust. One outcome of research into the impact of this project on the lives of those concerned and the quality of services in the Trust was a 'user employment Good Practice Guide', commissioned by the NHS Executive and now used widely within the NHS. Ben won the Nursing Times/3M's 'Nurse of the Year' award for this work in 1999. In addition to mental health nursing and project management experience, Ben has 12 years experience of conducting groups, currently seeing patients for group psychotherapy at the Maudsley Hospital, also running therapy, staff development, supervision and experiential groups for patients, staff and trainees at various NHS and private clinics.

Ben has published 24 journal articles and book chapters, and co-edited two psychiatric nursing textbooks. A full publications list can be found within the professional section of Ben's website at: <http://www.bendavidson.co.uk>. He runs a number of Internet discussion forums, is a member of the Association of Internet Researchers and is Chairman of GroupInterVisual Ltd. (<http://www.groupintervisual.net>), the company sponsoring this research through the provision of facilities for on-line communication amongst research participants (for further details, see Appendix I).



**Len Bowers, RMN, PhD**, (47), based in Wimbledon, South West London, UK, is a psychiatric nurse who has over two decades' experience of inpatient and community psychiatric care. For the past seven years he has been in post at City University as Professor of Psychiatric Nursing, where his main research interest is conflict and containment in psychiatric nursing care. Recent research projects have investigated absconding, attitudes to personality disordered patients, violent incidents, and special observation.

Len is director of the European Violence in Psychiatry Research Group, which is composed of leading researchers in the field from 16 countries. He has spoken about his research programme at many national and international conferences across the UK and Europe. Other areas of interest include coercion in the compulsory care process and in community psychiatry generally; ward cultures and milieu, care pathways; and international networking of psychiatric nurses via the Internet (Len has run an international Internet discussion forum for psychiatric nurses since 1993, which has over 600 members and is the subject of numerous publications – see <http://www.city.ac.uk/barts/psychiatric-nursing/index.htm>).



**Richard Lakeman, BN, RCpN** (35), based in Townsville, North Queensland, Australia, works as a psychiatric nurse in a Mobile Intensive Team. He has designed web sites since 1996 and developed software packages to assist with drug calculations and creating and administering on-line tests and research instruments.

A Fellow of the Australian and New Zealand College of Mental Health Nurses (ANZCMHN), Richard has a wide range of research and clinical interests, including 'coping with voices', which he explored in his thesis. He has published articles in numerous nursing journals and textbooks, and presented at many conferences.

Richard's practice experience includes roles as group facilitator and staff nurse in various psychiatric care facilities including day hospital, acute, intensive care and continuing care units. He has an interest in how nurses can use the Internet to facilitate global communication and share resources, on which subject he recently presented at the annual Network for Psychiatric Nursing Research (NPNR) conference in Oxford, UK. An on-line version of this presentation can be accessed at: [www.groupintervisual.net/hosting/lakeman/I\\_C\\_web/index.html](http://www.groupintervisual.net/hosting/lakeman/I_C_web/index.html). Richard is a director of GroupInterVisual Ltd, the company sponsoring this research through the provision of facilities for on-line communication amongst participants (for further details, see Appendix I).



**Kate Anthony, MSc**, (33), based in Plumstead, South-East London, provides consultancy services and training for counsellors using the Internet, including certificate level courses for on-line counselling and on-line supervision (see [www.online-counsellors.co.uk](http://www.online-counsellors.co.uk)). She conducts ongoing research programmes about on-line counselling and psychotherapy, and is author of one of the few empirical studies published into the use of e-mail and Internet Relay Chat in counselling and psychotherapy (for details, see <http://www.kateanthony.co.uk/research.html>). Kate was a main author of the recent British Association for Counselling and Psychotherapy (BACP) text, "Guidelines for Online Counselling and Psychotherapy", is contributing author to several edited counselling books in publication, is author of the 2003 text "Handbook of Online Counselling and Psychotherapy" and co-editor of "Technology in Counselling and Psychotherapy Practice: A Practitioners' Guide". She edits the BACP Journal's I.T. pages at <http://www.bac.co.uk>, presenting at international conferences both on their behalf and for her company [onlinecounsellors.co.uk](http://www.onlinecounsellors.co.uk).

As a face-to-face psychotherapist with Oxleas NHS Trust, Kate has a particular interest in the study of the therapeutic relationship - both on-line and offline. She works as an integrative therapist with an interest in psychodynamic theory. She is a member of the BACP and the International Society for Mental Health Online (ISMHO - <http://www.ismho.org>), and adheres to the BACP Ethical Framework for Good Practice in Counselling and Psychotherapy and the BACP Code of Ethics and Practice for Trainers. Kate is a director of [www.onlinecounsellors.co.uk](http://www.onlinecounsellors.co.uk), the company sponsoring this research through the provision of training for would-be on-line supervisors (for further details, see Appendix I).



**Aldon Hynes**, aged 43, based in Stamford, Connecticut, USA, has worked in recent years as Director of Technology for various financial firms. A member of the Association of Internet Researchers (<http://www.aoir.org>), Aldon has been using computers since the late sixties and has been involved with the Internet since the early eighties.

Having been retained in a management consultancy role by various companies he has worked with over the years, Aldon has undertaken over the past decade a formal training in group relations and participated actively in conferences in this field, drawing on his earlier interest in philosophy, which he studied in college years. He has developed a keen interest in the nexus of group dynamics and information technology, on the subject of which he moderates an on-line group called Experiences in Groups Online (<http://www.egroups.com/group/expingrpsonl>).

Aldon has recently had a paper entitled 'Technological Possibilities in a New Age', concerning the contribution of technology to on-line groups dynamics, published in the journal *group analysis*. An on-line version is available at [www.groupintervisual.net/hosting/ga-special-issue/](http://www.groupintervisual.net/hosting/ga-special-issue/). Aldon is a director of GroupInterVisual Ltd, a company sponsoring this research through the provision of facilities for on-line communication (for further details, see Appendix I).



**Tom Ryan, RPN, RGON, RCpN, DipAppSci(Nsg), DNE, Cert Adv Psych Nsg, Grad Cert Mental Health (Therapies), FANZCMHN,** (46), based in Townsville, Queensland, Australia, is a Fellow of the Australian and New Zealand College of Mental Health Nurses (ANZCMHN) and is currently employed within the Northern Zone of Queensland as Nursing Director for Mental Health. He is particularly interested in developing recognition of psychotherapy as the core of psychiatric nursing and in the articulation of psychiatric mental health nursing practice.

Tom has considerable experience and training in clinical supervision and promotes it as essential for good practice. Recent research involvement has included the development of clinical indicators for the ANZCMHN Standards of Practice for Mental Health Nursing in New Zealand.



**Edward White, PhD, MSc[SocPol], MSc[SocRes], PGCEA, RMN, DipCPN, RNT, FNSWCN, FANZCMHN,** (age), based in Sydney, Australia is Professor of Mental Health Nursing at the University of Technology, Sydney, and Director of the Area Professorial Mental Health Nursing Unit, South Eastern Sydney Area Health Services. He is also Visiting Professor in the School of Psychiatry at the University of New South Wales. He was previously the Foundation Professor of Nursing, Keele University, England.

He is an experienced social researcher and has broad methodological interests. In addition to mental health nursing qualifications, Edward holds a postgraduate qualification in Education and a taught Masters degree in Social Research. He holds a second Masters degree in Social Policy and a Doctorate was in community mental health nursing policy, awarded by The University of Manchester.

Edward is a frequent conference presenter and is widely published, particularly in the area of mental health nursing. He was a Foundation Editorial Board member of the Nursing Times Research journal, London and has twice been a Florence Nightingale Foundation Scholar, in Italy and Australia. He was a member of the UK Government Review Team on Mental Health Nursing and an elected member of the National Policy and Practice Committee of the Royal College of Nursing Research Society.

He has held several large external research grants from national agencies and project-managed them through to successful completion, including co-direction of the Clinical Supervision Evaluation Project (CSEP), the largest study of Clinical Supervision yet conducted, funded by the Department of Health and the Scottish Office. He presently directs five mental health nursing education and research initiatives funded by the New South Wales Department of Health, Sydney. He was a recent member of the NSW State-wide Working Group on Mental Health Nursing and a member of Health Sciences Grant Review Panel of the National Health and Medical

Research Council, Canberra. He is the present Chair of the Board of Research of the Australian and New Zealand College of Mental Health Nurses.

Edward recently co-authored 'Clinical Supervision; models, measures and best practice', published by ANZCMHN. This Monograph brought together contemporary thinking and research on Clinical Supervision, including the recommended use of the Manchester Clinical Supervision Scale©, the only internationally validated clinical supervision research instrument.



**Cynthia Rogers, BSc., Cert Ed, MInstGA., (49)**, based in London, UK, has 20 years experience of working psychotherapeutically with groups and individuals, and has been supervising since 1976 in a wide range of different formats and settings, from supervising volunteer befrienders at rock festivals to telephone conference supervision for students on an MA level psychotherapy course.

She is a member of the Institute of Group Analysis, and registered with the United Kingdom Council for Psychotherapy. The British Association for Counselling have accredited Cynthia as a Senior Registered Practitioner and as a Registered Supervisor. Cynthia works from The Group Analytic Practice with 15 colleagues, mostly medically qualified, who each bring their own area of expertise.

Cynthia's main research interest currently is around the question what has to happen for psychotherapists to prosper in the new professional era, which forms the subject of a PhD she is undertaking at Goldsmiths College, London University. She will be publishing a book later in 2003 addressing some of the issues psychotherapists and counsellors face in this respect.



**Julie Winstanley, BSc, MSc, PhD, C Stat,** (age), based in Sydney, Australia, is a University Senior Research Fellow and Medical Statistician. Previously, she was the Statistician at the School of Nursing, Midwifery and Health Visiting, at the University of Manchester, England and a member of the Faculty of Medicine Bio-Statistics Group. She is statistical consultant to Harrison Health Research, Adelaide and to several research studies in Universities and Independent Health Research Units in Sydney.

She has a first degree in Mathematics and a Masters degree by research and thesis from the Department of Public Health and Epidemiology, University of Manchester. As part of her PhD, she developed and copyrighted the first internationally validated assessment instrument to measure the impact of Clinical Supervision on the nursing workforce, The Manchester Clinical Supervision Scale©.

She has co-authored scientific papers in many disciplines, particularly in the field of nursing, cancer and rehabilitation research and was awarded the professional qualification of Chartered Statistician by the Royal Statistical Society, in recognition of her extensive publication record.

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## Appendix 1

### **DECLARATION OF INVESTIGATORS' INTERESTS & RELATIONSHIP BETWEEN RESEARCHERS AND GROUPINTERVISUAL**

#### COMMERCIAL INTERESTS

This research is sponsored by GroupInterVisual Ltd. (<http://www.groupintervisual.net>). GroupInterVisual are providing all on-line database facilities, as well as designing, developing and hosting the [www.online-supervision.net](http://www.online-supervision.net) website, for the duration of the research on a non-profit basis. In return for their sponsorship, the research team have agreed that GroupInterVisual Ltd. may contact participants with special offers.

Ben Davidson, Aldon Hynes and Richard Lakeman, all members of the research team, are also directors of GroupInterVisual Ltd.

This research is also sponsored by online-counsellors.co.uk (<http://www.online-counsellors.co.uk>). Online-counsellors.co.uk is providing training facilities for would-be supervisors in on-line communication dynamics, for the duration of the research, free of charge. In return for their sponsorship, the research team have agreed that online-counsellors.net may contact participants for feedback on the course they have undertaken, to facilitate curriculum development.

Kate Anthony, a member of the research team, is also director of online-counsellors.co.uk.

Excepting the above, information submitted by participants will be used only in connection with this research and to help subjects access or offer on-line clinical supervision. Subjects' details will not be passed onto any agency or commercial venture other than GroupInterVisual Ltd. and online-counsellors.co.uk.

#### GROUPINTERVISUAL RESPONSIBILITIES

GroupInterVisual are responsible for the conducting a well run, ethical service to participants. They will validate the credentials and authenticate the identities of potential supervisors. They will deal promptly with any complaints or other practical issues that arise as part of running the on-line supervision service. They will gather the data as detailed in this proposal, after securing full, informed consent for participants, in a form approved by a statutory ethics committee in the UK. They will also produce guidelines for supervisors and supervisees dealing with confidentiality, record keeping, and other issues. GroupInterVisual has the final say about how the on-line supervision service is run and about all commercial issues, marketing, charges and the like.

#### RESEARCH TEAM RESPONSIBILITIES

The research team, led by Professor Len Bowers, is responsible for conducting an ethical and well run evaluation. Their names will not be attached to the marketing of on-line supervision as a product (unless they have a commercial interest, as detailed above). They will advise GroupInterVisual about the running of that service, but will not be responsible for that service. They will be responsible for the analysis of data collected by GroupInterVisual. The research team has full freedom to publish the results of their evaluation, positive or negative, as they see fit, unhindered by GroupInterVisual. All the research team will be named authors on any peer reviewed publications arising out of the research (unless they withdraw), and will have the opportunity to contribute to the authorship of those outputs.