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Exploring Group Clinical Supervision: Enhancing Professional Awareness and Unity in a Single-Group Case Study

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Abstract

*Background:* Clinical supervision serves as a collaborative reflection mechanism, enabling clinicians to enhance their cognitive and emotional awareness of their practice. It establishes a “safe environment” wherein professionals may freely express their deepest thoughts, feelings, doubts, and emotions, receiving support and guidance to redirect their treatment approaches.

*Methods:* Our exploratory research is specifically centered on group supervision, involving a team of professionals (i.e., psychologists and pedagogists), with the primary objective of facilitating the disclosure of emotional difficulties and concerns in order to develop new meanings. It aims to describe the group supervision process, comprehensively understanding its structural and dynamic facets, while concurrently identifying clinical concepts and actions for future research. The study included the videotaping and verbatim transcription of five two-hour supervision sessions featuring a supervisor and nine professionals. Through a qualitative approach and a computer-assisted word-driven tool (I-LAB), a linguistic analysis was conducted on participants’ discourse during the group supervision sessions.

*Results:* Our findings revealed that the main objective of the supervision process is the enhancement of professionals’ awareness, and analysis of group dynamics showed the pivotal role of the supervisor as a facilitator of group exchanges and meaning making. Additionally, we highlighted a sense of unity within the group, denoted by a collective “we-ness” and cohesion recognizable in mutual proximity to the experiences, feelings, and difficulties shared and discussed during the sessions.

*Conclusion:* This study has broadened the comprehension of the group processes that define a group supervision by focusing on the relational and emotional dynamics as well as the transformational mechanisms that group supervision implies.

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## 1. Introduction

Supervision is a crucial component of clinical training, with the American Psychological Association (APA) defining it as “*an intervention provided by a more senior member of a profession to a more junior colleague or colleagues who typically (but not always) are members of that same profession. This relationship is evaluative and hierarchical, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s) and monitoring the quality of professional services offered to the clients [...]*” (Bernard & Goodyear, 2014, p.9; Falender et al., 2004; Fernández-Alvarez, 2016). Milne (2007) delineates three broad objectives of supervision: regulatory, reparative, and educational. Grounded in these definitions, the supervisor’s role is deemed the “*preferred vehicle for the integration of practice, theory, and research*” (Mutual Recognition Agreement, 2004, p. 10). The effectiveness of supervision hinges on three key components of the supervisory working alliance: (a) mutual agreements on supervision goals between the supervisee and the supervisor, (b) mutual agreements on the tasks of supervision, and (c) an emotional bond between the supervisee and the supervisor (Bordin, 1983; Ladany, 2004). Research has identified several factors that contribute to effective supervision and supervisee satisfaction. For example, Vannucci et al. (2017) found that supervisee satisfaction was positively correlated with regular monitoring, ongoing feedback, clearly defined evaluation criteria, an initial baseline skills assessment, regular meetings, and supervisors staying updated. These factors only enhance the overall supervisory experience but also help align the developmental needs of the supervisee with the broader objectives of the supervision process.

Ideally, supervision provides a structured opportunity for trainees to establish meaningful relationships with mentors who can offer guidance and support in pursuing and refining their professional competencies (McWilliams, 2022).

In this scenario, clinical supervision, as a shared reflection process, enables clinicians to heighten their cognitive and emotional awareness. However, despite its prevalence in professional psychology, clinical supervision has suffered neglect in research, formal training, and standards (Falender, 2018). It offers a secure environment to professionals to freely express thoughts and emotions, receiving support and suggestions for taking a new direction in their practice (Barletta, 2009; Lansen & Haans, 2004). A widespread misconception is that supervision is a sort of “indoctrination” on the part of an expert; instead, it empowers the supervisees as active agents of change, fostering the development of working skills tailored to themselves and their patients. The supervisor’s duty involves collaborating with the supervisees to establish a therapeutic alliance with patients, based on shared knowledge of the psychological therapy aims and expectations. In essence, the fundamental gain from supervision is the acquisition of the therapeutic role through a complex process of personal maturity (McWilliams, 2022).

In this research we specifically focus on the “group setting” of clinical supervision, involving a team of professionals who share the same clinical approach, methodology, and intervention target. This collaborative approach aims to facilitate the disclosure of emotional difficulties, develop new meanings, and share treatment responsibilities (Berman, 2000; McMain et al., 2015; Schonfield, 2001). In this context, the supervisor and supervisees grow together, reducing stress and confusion while providing unique opportunities for peer-to-peer learning. Peer engagement appears effective when the supervisor adopts a facilitative approach (Mastoras & Andrews, 2011; McWilliams, 2022); however, it is crucial for supervisors to be mindful of individual experiences, recognizing that successful sessions may be perceived differently by various group members.

We think that the concept of “group supervision” intertwines with that of “group thought”, rooted in psychoanalytic tradition, referring to the experience of “thinking together” (Neri, 1995), i.e., an ensemble of operations, including their product, deriving from the relational exchanges between group members (Neri, 2003). The group, as conceptualized by Bion (1961) and Foulkes (1964, 1973), is more than the sum of its members; rather, it is a particular psychological entity where each member’s lived experience coalesces into a “*common medium, which is autonomous from the single individuals*” (Ferro & Basile, 2009, p. 75). The consequence of this convergence of affects, representations, and behaviors is that the group has its own “mentality”, or “group thought” (Ancona et al., 1983; Neri, 2003). For this reason, the team of clinicians involved in the supervision process is considered a unique subject with its own functioning derived from the convergence of individual thoughts, affects, representations, and emotions. In this theoretical framework, it is essential to comprehend not only the characteristics of group supervision but also the group process variables influencing outcomes (Mastoras & Andrews, 2011). According to the literature, the supervisor plays a crucial role throughout the process, with Falender and Shafranske (2014) emphasizing the diverse skills required to achieve the objective of supervision. For example, fundamental areas include the supervisor’s expertise in terms of “training” and “assessment” skills, along with the consideration of the socio-cultural context in which the supervisor operates, as outlined in the “supervision competence framework” (Falender et al., 2004).

Despite the increasing interest in group supervision, the empirical evidence remains limited and methodologically inconsistent, as demonstrated by Kühne et al. (2019). Their systematic review underscores the need for greater focus on supervision interventions, particularly those in group settings, emphasizing the importance of employing structured methodologies and incorporated follow-up assessments. The authors highlight the inclusion of active supervision methods, such as live feedback and role-play exercises, which have the potential to enhance both individual

and group outcomes. This perspective is especially relevant in the context of group supervision, where the dynamics between members and the supervisor significantly influence the effectiveness of the intervention.

Consequently, our investigation aims to address this gap by exploring the exchanges between the supervisor and the supervisees (i.e., the group process) within a prolonged group clinical supervision intervention. Particular attention is given to identifying the key elements that favor the enhancement of professional awareness and the strengthening of the group as outcomes of the intervention.

### **1.1 The Group Clinical Supervision Intervention**

This study originates from a supervision request sent to our research team by the director of a family counseling service located in northern Italy on the suggestion of the nine operators with different educational backgrounds (i.e., psychologists and pedagogists) working in this service. All these operators had expertise in conducting group interventions with both adults and children, and this research is centered on their approach and clinical skills employed during their group meetings.

The request was to promote greater awareness between operators with respect to the group dynamics during clinical supervision in order to stimulate greater cohesion within the work group. The supervisor and the operators shared common operational aims of the group clinical supervision intervention. Specifically, concerning:

- (1) the analysis of the critical issues that operators encountered during their practice with respect to leading groups of pre-teens, adolescents, and parents;
- (2) the reflection on the relational and emotional dynamics that clinical work leads to the nine operators;
- (3) the strategic management of some complex clinical situations reported by operators during the supervision meetings.

The structured group supervision entailed monthly meetings designed to deliberate and exchange insights on both clinical and organizational issues, and, as previously mentioned, in this process the supervisor and the supervisees shared agreement on the goals and tasks of the supervision.

The way supervision was carried out follows Mc Williams' (2022) proposal to promote personal growth and a sense of mastery on the part of the therapist, as well as increase the therapeutic skills of participants, help establish new friendly relationships and collaborative networks, and share clinically relevant issues within a positive community. Mc Williams frames the goals of supervision in terms of “*developing a guiding internal supervisory voice and learning when and how to seek*

*consultation throughout one's career"* (Mc Williams, 2022, p. 6). Although the approach refers to the psychodynamic psychoanalytic tradition, the intention in this intervention was not to limit supervision to teaching methods and techniques but to create an honest engagement between supervisor and supervisees by sharing expectations and clearly defining the goals of the intervention and the possible outcomes.

The intervention comprised five group sessions once a month (i.e., when the operators had scheduled multidisciplinary team meetings) in a private room of the family counseling service. Each group supervision session lasted two hours.

The group discussions were centered around the management of group interventions for pre-adolescent and adolescent children, as well as for parents availing themselves of family counseling services. The unique design of the group clinical supervision intervention not only facilitated discussions on professional matters but also encouraged a reflective approach, fostering a connection between the family counseling operators and the social environment (Cigoli, 2006). This connection was established through the sharing of strategies and activation of resources within the intricate social context in which they operate.

As a moment of reflection on the significant issues raised by situations (i.e., the "clinical cases") as well as a moment of communication between individuals who play various roles in the family counseling service, the intervention began with an understanding of the meaning and the potential of the work carried out by their multidisciplinary team of experts.

At this level, group supervision was regarded as the ideal working instrument. In the traditional meaning, supervision refers to the presentation of clinical information with the goal of giving support and help in the management of a specific clinical case and, more broadly, in the development of analytical and therapeutic capacities. In this context, the supervisor was thus the expert subject who welcomed colleagues' narrations and was able to work at two levels: first, on the content and emotional dimensions; second, on the process and the relational dynamics that emerged from the analysis of the clinical cases.

## **1.2 The Current Study: Aims**

This exploratory study was structured to fulfill the demand for intervention quality evaluation made by the client (i.e., the family counseling service) which required group clinical supervision. Specifically, this research focused on the investigation of one aspect related to the "content" and two aspects concerning the dynamic "process" of the proposed group clinical supervision intervention. Specifically, we want to:

- (a) understand the internal dynamics of the work team analyzing the relationship between the supervisor and the supervisees group, considering supervision as a "context" in

which special events occur and in which specific clinical contents are managed [i.e., the content aspect];

- (b) understand if and how, through group clinical supervision, professional knowledge is constructed, starting from criticalities that can be transversally re-read and re-signed within the group [i.e., the first process aspect];
- (c) understand the transformative and change mechanisms that group supervision calls for, in reference to both the professional identity of the operators and the learning processes that are experienced in the team [i.e., the second process aspect].

To achieve this, we adopted the theoretical perspective of Carli and Paniccia (2002), positing that individuals who have lived and worked in the same context share the emotional meanings they attribute to the surrounding reality using a specific language. In this dynamic exchange, spoken language is considered as the tool to be used to manage the relationships between individuals and their living environment. Building upon this theoretical framework, our study assumes that language analysis facilitates the exploration of the deeper cultural models and representations held by participants in the multidisciplinary team undergoing supervision. For this reason, and employing a qualitative approach alongside a computer-assisted word-driven tool (T-LAB, version 10.1.2; Lancia, 2004), we performed a linguistic analysis on the words used by participants during the group clinical supervision intervention.

The following steps describe our work from an operational point of view.

- (1) We have identified typical or exclusive words used by different participants (i.e., language-related specificities of the supervisees and the supervisor) throughout the group clinical supervision intervention. This allows us to uncover distinctive patterns in vocabulary, shedding light on potential variations in communication styles and focal points between the supervisory figure and the individuals under supervision. Recognizing these linguistic nuances holds the key to understanding the dynamics of influence, power, and collaboration within different figures living in the group setting [i.e., the investigation of the “content aspect” of supervision].
- (2) We have examined any changes in the participants’ modes of self-expression, specifically concerning the choice of the words employed across the trajectory of the intervention, from the initial session of the group supervision to the last one (i.e., session five). This temporal analysis aims to capture the evolution or stability in linguistic patterns over the course of the intervention, providing insights into the dynamic shifts, emerging themes, or consolidations in participants’ communication styles. By examining these changes, we aspire to unravel the developmental nuances within the group supervision process,

offering a comprehensive perspective on the evolving nature of interpersonal interactions and the unfolding group dynamics from inception to culmination [i.e., the investigation of the process aspects of supervision].

## **2. Materials and Methods**

### **2.1 Study design and ethical approval**

This is a qualitative, exploratory, single-group case study.

The study was conducted in accordance with the Declaration of Helsinki and was approved by the Ethics Commission of the Department of Psychology at Università Cattolica del Sacro Cuore, Milan, Italy (CERPS: Commissione Etica per la Ricerca in Psicologia), date of approval: 20 October 2023; protocol N° 88-23.

### **2.2 Participants and Data Collection Procedure**

Nine operators were involved through a convenience sampling strategy. Inclusion criteria only comprised being a professional of the family counseling service that made a request for a group clinical supervision and being fluent in Italian. The supervision intervention was conducted by a psychotherapist with experience in group dynamics and organizational processes and trained in supervisory techniques.

The head of the family counseling service who had made the request for a group clinical supervision organized a preliminary meeting with all the people involved (i.e., the nine professionals and the supervisor) where instructions on the intervention were given. On this occasion, all participants were informed both of the aims of the intervention and of the research study, and that sessions' videotaping could be anonymized and used to obtain material (i.e., text transcription) for scientific purposes. In this meeting (which took place before the start of the group clinical supervision intervention), all participants gave their informed written consent to participate and be registered during the five group sessions. The recordings were then transcribed *verbatim* in Italian, paying attention to anonymizing all the identifying details (e.g., participants' personal names were replaced with identification codes), and in this phase, sensitive clients' data that emerged during group supervision were replaced with pseudonyms to protect their privacy.

The quotes and words reported in this study (we specifically refer to the results section) were translated from Italian into English by the authors for the description of the present work.

The operators' professional details (i.e., type of education and type of work) were collected using an anonymous self-report printed form with open questions distributed before the first session of the intervention and filled in by them in a few minutes.

### 2.3 Text preparation and Data analysis

As mentioned above, the textual analysis was conducted using the software T-LAB (version 10.1.2), a Computer-Assisted Qualitative Data Analysis Software (C.A.Q.D.A.S.) based on a qualitative-quantitative (mixed method) approach. Through algorithms, this software allows the researcher to perform a series of in-depth exploratory and interpretative operations, generating new data from the text (named *corpus* in software-specific language) (Lancia, 2004).

T-LAB allows the analysis and comparison of the lexical characteristics of the *corpus*, which can be divided by the researcher into smaller portions by the introduction of *encoding strings*. According to the aims of this study, we segmented the *corpus* by the variable “role” (i.e., the role assumed within the group, in two modalities: the supervisor and the supervisees) and the variable “session” (i.e., the group session, in five modalities: from session one to the fifth). The encoding strings were created as follows:

- \*\*\*\* \*ROLE\_x (\*\*\*\* \*ROLE\_supervisor and \*\*\*\* \*ROLE\_supervisee);
- \*\*\*\* \*SESSION\_n (from \*\*\*\* \*SESSION\_1 to \*\*\*\* \*SESSION\_5).

Overall, T-LAB assists researchers in the evaluation of words (i.e., *lexical units*), the study of the semantic specificities of the text, and the comparison of different areas of the *corpus* using various types of linguistic, statistical, and graphic tools. However, the *corpus* was rigorously prepared before the analysis. In particular, we: (1) mismatched the words with the same root but a different meaning; (2) grouped all the synonyms under the same label; and (3) anonymized the participants’ identifying details (Vagnini et al., 2023).

At the end of this procedure, the *corpus* comprised 329 words that were included in the analyses with a standard occurrence threshold value of 10, as the infrequent and therefore nonexpressive words shared by the participants were not considered useful for the purpose of the study.

Data analysis was conducted by two authors; this choice allowed us to reduce bias since T-LAB is a question-oriented software, which means that there is a strong relationship between the research questions, the way the *corpus* is segmented by the researcher, and (most importantly) the interpretation that is given to the output.

We conducted two different types of comparative analyses to achieve our aims. Both analyses are based on the occurrence logic that aims to compare different parts of the *corpus* identified by the independent variables (i.e., “role” and “session”) and examined by the researcher through the analysis of the lexical units that belong to each segment of the *corpus*.



*(1) Analysis of specificities*

Through an analytical perspective, this allowed us to focus our attention on some specific aspects of the *corpus* that are over or underrepresented. The analysis uses the logic of Chi-squared (with the *p*-value for statistical significance) to explore portions of the *corpus*. We specifically studied whether the experiences of participants were significantly different depending on the categorical variable "role", i.e., we compared the supervisor and the supervisees (aim 1).

*(2) Correspondence analysis*

The correspondence analysis assumes a synthetic perspective and ensures a multivariate-type analysis. This analysis allows researchers to highlight similarities and differences between parts of the *corpus* from a linguistic standpoint: in the present study, we compared the five group sessions in accordance with the second research aim (i.e., to examine any changes in the participants' modes of self-expression, from the first session of the group clinical supervision intervention to the last one). The statistical logic of this analysis is factorial analysis. The software extracts latent dimensions (i.e., new factors), which describe the relationship between the five group sessions. The number of new factors is defined by a software algorithm according to this formula: number of factors = number of levels of the design variable considered (i.e., "session" with five levels) - 1. The output is a graph centered at the value 0; the sessions that appear near the negative (-) or positive (+) poles—where negative and positive have solely a spatial meaning—are more different from the others.

**3. Results**

Participants were certified professionals, i.e., six psychologists and three pedagogists (each of whom is regularly enrolled in its national professional order), working in the family counseling service that had made a request for a group clinical supervision.

**3.1 Analysis of Specificities**

This analysis ensured the identification of *lemmas* that were typical, i.e., more frequently associated with a specific section of the text. The term "lemma italic" as introduced by Lancia (2004), refers in the specific context of T-LAB's vocabulary to a "word" included in the analysis. A Chi-squared statistic was calculated for each *lemma*, with higher values indicating greater significance within the corresponding part of the text.

The analysis found some differences between the supervisor and the supervisees, as shown in Table 1.

Firstly, the supervisor was more oriented towards *thinking* (significant *lemmas*: thinking, imagining, reasoning), and the group of supervised professionals had a more *operational* orientation (significant *lemmas*: group, boy, school). Secondly, the supervisor was more focused

on the *professionals* (significant *lemmas*: professional, choice), and the supervision group was oriented to the definition of the *setting* of their clinical group work (significant *lemmas*: parent, adolescent, pre-adolescent, structure). Thirdly, the supervisor was oriented towards the *dynamic-processual* aspects of the interventions (significant *lemma*: process), and the group being supervised was more centered on the *present moment* (significant *lemma*: team). Moreover, the supervisor did not assume an “external” position but became *part* of that working group (significant *lemma*: me), and she was able to set up the work considering both the *group* with its “own” request (significant *lemma*: you) and the *individual* professionals, i.e., the psychologists and pedagogists (significant *lemma*: you).

**Table 1.** Analysis of specificities: participants’ role within the group of clinical supervision intervention

<i>The supervisor</i>		<i>The supervisees</i>	
Word ( <i>lemma</i> )	Chi-squared*	Word ( <i>lemma</i> )	Chi-squared*
You ( <i>plural</i> )	210.72	Group	57.9
You ( <i>singular</i> )	42.76	Parent	41.76
Me	27.06	Adolescent	33.23
Process	18.23	Boy	27.5
Thinking	17.88	Preadolescent	22.72
Professional	14.66	Team	19.31
Choice	14.45	School	14.89
Imagining	10.42	Structure	7.97
Reasoning	8.83	Framework	7.32

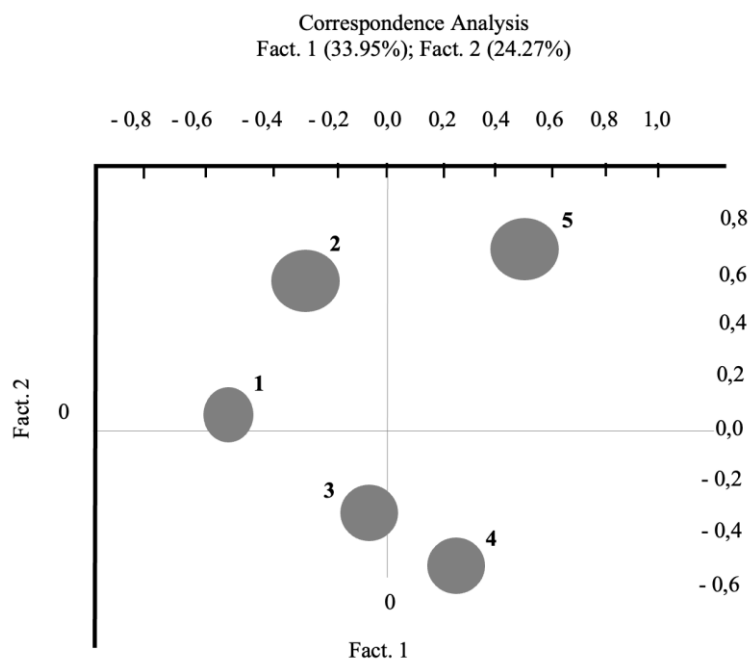
\*  $p$ -value < 0.001

### 3.2 Correspondence analysis

Through this analysis, we explored similarities and differences among the five sessions. As previously described, the analysis extracted a number (defined by the algorithm) of new factors. In the current study, the authors chose to interpret the first two factors (Fact. 1 and Fact. 2) because they explain the most relevant percentage of the variance with respect to the others. Precisely, Fact. 1 explains 33.95%, and Fact. 2 explains 24.27% of the variance. The portion of the explained variance was the largest if compared to the variance explained by Fact. 3 (20.65%) and Fact. 4 (19.12%).

Figure 1 explains the positioning of the five sessions of the group clinical supervision intervention in the factorial space defined by the two latent dimensions (i.e., Fact. 1 and 2) we choose. The vertical axis (Fact. 1) opposed sessions 3–4 (located in the bottom part of the graph) and sessions 2–5 (located in the top area). The horizontal axis (Fact. 2) opposed sessions 1-2 (on the left of the graph) and sessions 4-5 (on the right part of the graph).

**Figure 1.** Correspondence Analysis: Comparison between the five sessions of the group clinical supervision intervention



Considering the *lemmas* in negative and positive poles and their associated test values (accepted test values  $\geq |1.96|$  with a  $p$ -value  $< 0.05$ ), we can see that there are changes from the *first* to the *fifth* meeting: the group of supervisees becomes progressively more aware of the choices that they define, both from a structural as well as a processual point of view.

More specifically, this evolution reflects a transition from an initial focus on concrete and operational aspects to a greater integration of reflective and emotional dimensions. For example, during the earlier sessions (sessions 1-2), significant *lemmas* such as "criterion" (test value = -7.077), "taking charge" (test value = -6.0362), and "online" (test value = -5.9173) suggest a preoccupation with the technical management of cases. This orientation highlights the participants' initial need to establish a shared methodological framework and address the practical challenges of their work.

By the later sessions (sessions 4-5), the emergence of *lemmas* like "hypothesize" (test value = 3.5001), "anxiety" (test value = 4.8523), and "feeling" (test value = 3.3977) indicates a shift towards more introspective and interpretative practices. This suggests that participants began to explore the emotional and cognitive implications of their professional actions, fostering a

deeper awareness of the relation and symbolic aspects of their roles. At the same time, the presence of *lemmas* such as “test” (test value = 5.406), “questionnaire” (test value = 3.8131), and “tool” (test value = 3.3557) underscores the continued emphasis on the practical integration of reflective insights into their professional toolkit.

#### 4. Discussion

Regarding our first operational aim, i.e., to identify language-related specificities of participants according to their role, our findings showed that the supervisor and supervisees used different terms to express their ideas about the topics of the supervision encounters. In particular, the supervisor mostly utilized cognitive mental predicates (thinking and reasoning), which inform about an abstract (vs. concrete) dimension of action, and fictional predicates (imagining), which open the universe of the possible.

Furthermore, the use of predicates (vs. nouns) expresses a space of movement or a transformative space (Lai, 1993). Differently, supervisees used several nouns that indicate a more concrete and practice-oriented attitude to the interactive situation (group, boy, school). Subordinately, the supervisor’s position was more focused on the professionals and their role or position within the working group (professional, choice), while the supervisees were more oriented in a pragmatic way. In fact, their attention was oriented to the definition of the target and the setting of their interventions (parent, adolescent, pre-adolescent, structure).

Moreover, the supervisor, throughout the whole intervention, was more oriented to the dynamic-processual aspects (process); instead, supervisees showed a position more centered on the present of their work (team). It is therefore clear that the terminology used by the supervisor and the supervisees reflects a different intellectual stance: the supervisor is more inclined to the "overview", through which they manage the reflective thinking and the dynamism embodied in the process; the supervisees start from a position more centered in the "here and now" of the intervention, on its framework and its organization. This certainly reflects the difference in roles played in this type of work but also confirms that clinical supervision represents an important shared reflection allowing clinicians to increase cognitive and emotional awareness of their work. And this is possible thanks to the reflective instances introduced into the team through the supervisory work. In consequence, our data allowed us to state that the main specificity of supervision is to improve the awareness of professionals. And this is done by using a *recursive and circular approach* to clarify useful elements in clinical practice with groups (i.e., the criteria used to create groups, current procedures, and their consistency with the aims of the interventions). This is confirmed also by differences in terminology between the first and fifth meetings: a process emerges that marks a greater awareness of the choices that supervised professionals

take both in structural and process terms. We move from a focus on the concrete management of the case (criterion, taking charge, online) to the introduction of elements of meaning (hypothesize) and contact with one's emotionality and difficulty (feeling, anxiety). And this tells us that supervision consists in allowing the supervisees to become active agents of change and to develop working skills that are appropriate for themselves and their patients (McWilliams, 2022).

The analysis of group dynamics showed that the supervisor acted as a *facilitator of group exchanges and meaning-making*, keeping the focus on the goals of supervision while guiding the group toward addressing essential issues. This is in accordance with previous research (Rothwell et al., 2021; Snowden et al., 2019) that pointed out that for effective clinical supervision, the supervisor must be equipped with the abilities and qualities needed to promote a positive working relationship based on trust. In fact, according to our findings, the supervisor's position was far from that of a traditional "expert", instead adopting a position closer to the operators by raising questions rather than providing answers, thereby fostering processes of reflection and meaning-making. A crucial aspect of this approach was balancing the "organizational dimension" with the objectives of clinical work - two elements that define the specificity of this group supervision. This observation aligns with findings by Sorge et al. (2021), who demonstrated that targeted interventions aimed at promoting well-being among ward staff in prisons enhanced organizational sustainability by addressing stress and fostering relational support. Similarly, our results suggest that effective supervision fosters both task completion and relational cohesion, creating a more sustainable and supportive working environment.

In this framework, the supervisor became part of that working group ("me"), effectively holding together a group with its "own" request (the "you" at the group level), while also addressing several individual needs of members with different training and professional backgrounds (the "you" at the individual level). The complexity of this dynamic underscored the intricate nature of the supervisory process.

Furthermore, our data showed a strong *sense of unity* within the group. Despite the participants' different clinical experiences and the varying types of groups they worked with, we detected a sense of "we-ness" and cohesion during the sharing and discussing of their experiences. This finding aligns with previous studies that have reported secondary benefits of group supervision, such as enhanced communication skills and a deeper understanding of professional relationships through peer feedback and group interaction (O'Connell et al., 2023; Valentino et al., 2016).

These results are extremely important when we consider the general functioning of the service within which the intervention was carried out. In fact, a previous mixed-method systematic

review (Martin et al., 2021) pointed out that the effectiveness of supervision can be reflected in a perception of better well-being and higher job satisfaction among the professionals involved that may also have beneficial effects on the organizational outcomes. In other words, clinical supervision, when implemented and managed well, has numerous advantages for the professionals' growth, for the patients' safety through high-quality care, and for the service overall (Rothwell et al., 2021).

In conclusion, group supervision can be seen as an opportunity to establish and cultivate meaningful relationships between supervisors and supervisees. This process is characterized by an increasing sense of relational reciprocity and a strong "sense of us". The co-construction of these relationships takes place gradually over time, acknowledging and addressing resistance to change while fostering the adoption of new working methods and deeper connections within the group. Significantly, the process involves a dynamic oscillation between structural and emotional support, which collectively enables shared growth and development across the group.

### **5. Limitations and future research**

Our research presents preliminary results aimed at enriching the understanding of clinical supervision within a group of psychosocial operators. The data collection within a private service setting, while providing a unique operationalization of our research, may limit the generalizability of our findings, given its intrinsic connection to the specific working group that sought supervision. We acknowledge that our study is not designed for data exportability. Instead, we focused our attention on the specificities of change from both a terminological perspective (comparing supervisor and supervisees) and a processual standpoint (comparing meetings 1–5). Our bottom-up approach, linked to verbalizations during the specific work, unveiled the positions of the supervisor and of the supervisees, emphasizing the dynamic progress of the meetings. This choice reinforces the conceptualization of supervision as collaborative work, emphasizing its transformative nature. We propose future studies to delve deeper into the emerging findings by continuing data collection and employing transcript analysis for a more robust and meaningful conceptualization, considering the longitudinal variable of "time".

Suggestions for future work in this area should also prioritize the refinement and operationalization of competencies, fostering clear expectations regarding supervision competencies.

## **6. Conclusion**

Supervision emerges as a core competency area in clinical psychology, necessitating the comprehensive consideration of elements encompassing specific knowledge, skills, and values for effective training and professional development of the supervisees. Our results suggest the key role of the relationship between the supervisor and the supervisees - a developmental dynamic characterized by increasing relational reciprocity and a strong sense of collegiality. The supervisor's provision of escalating levels of support, empowerment, authenticity, and reciprocity contributes to the transformation of the relationship over time, evolving towards a more interdependent, egalitarian, and communitarian character.

### **Ethical approval**

The study was approved by the Ethics Commission of the Department of Psychology at Università Cattolica del Sacro Cuore, Milan, Italy (CERPS: Commissione Etica per la Ricerca in Psicologia), date of approval: 20 October 2023; protocol N° 88-23.

### **Informed Consent Statement**

Each participant was informed about the aims and procedures of the study and gave written informed consent before being included and videotaped.

### **Data Availability Statement**

The datasets presented in this article are not readily available because there are privacy and ethical restrictions. Requests to access the datasets should be directed to the corresponding author.

### **Conflict of Interest Statement**

The authors declare that the research was conducted in the absence of any potential conflict of interest.

### **Authors' Contribution**

Conceptualization: B.B., E.S., G.T.; Methodology: C.F.P., D.V., S.M.; Data collection: A.S., B.B., C.F.P., G.T.; Formal analysis: D.V., S.M.; Writing: original draft preparation: A.S., C.F.P., D.V.; Writing, review, and editing: B.B., D.V., E.S., G.T., S.M.; Supervision: B.B.; Project administration: E.S. All authors have read and agreed to the published version of the manuscript.

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