



## EXPLORING CLINICAL SUPERVISION EXPERIENCES AMONG CLINICAL PSYCHOLOGY STUDENTS: A QUALITATIVE INQUIRY

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### ABSTRACT

This study aimed to investigate the experiences of clinical psychology students in Uganda with clinical supervision, focusing on its cultural appropriateness and perceived effectiveness in mitigating burnout and enhancing quality of care. Qualitative and thematic analyses were conducted on focus group discussions involving second-year clinical psychology students. The analysis revealed a five-fold thematic structure capturing various aspects of the supervision experience. Firstly, participants discussed how supervision aided in coping with negative emotions associated with training, highlighting its role in emotional support. Secondly, they emphasized the value of observation, co-therapy, and parallel processes in facilitating learning during supervision sessions. Thirdly, students described how supervision provided guidance on navigating Uganda's mental health system, enhancing their clinical skills and competence. Fourthly, recommendations were made to improve the supervision process, including the early introduction of supervision, regular meetings with supervisors, and an emphasis on practical skills in university training. Lastly, miscellaneous topics and differences of opinion among students were explored, suggesting a nuanced understanding of supervision dynamics. Overall, clinical supervision was perceived as beneficial by Ugandan psychology students, but areas for improvement were identified to enhance its effectiveness. Suggestions for promoting self-care among mental health professionals to prevent burnout were also highlighted, indicating the potential role of supervision in supporting staff well-being in Uganda's mental health systems.

**Key words:** Clinical psychology, mental health, Ugandan.

### INTRODUCTION

Through individual and group training and education, supervise, direct, and guide other professionals [1]. A World Health Organization survey conducted in 2010 found that 43.5% of countries provide psychological supervision. 147 countries were surveyed, including Bhutan, which lacks a clinical psychologist. Psychologists were provided supervision in 28.8% of the 38 countries that offered such services [2]. Psychologists are less likely to offer supervision in low-income countries due to insufficient human resources [4]. There are no clinical psychologists in a country such as Uganda, which has a limited human resource base in clinical psychology. The state-run mental health facilities, however, have four psychologists providing mental health services to its

population of 34.1 million. Burnout is a multidimensional issue that results from the demands and expectations of a practitioner's work, which depletes their emotional resources. A practitioner may experience depersonalization if he or she has excessive negative or detached responses. Staff in community mental health services in the UK have reported fewer burnout levels after receiving clinical supervision [9, 10]. Psychiatrists in Uganda claim that their country's mental health needs cannot be met without clinical supervision, which has led them to feel burnt out and demoralized.

Uganda's Makerere University has begun the development of clinical psychology supervision with its two-year Masters of Science Clinical Psychology program.

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Students read lectures and books instead of observing clients in this training program. Clinical and practical placements are both required for cognitive behavioral therapy (CBT) and narrative exposure therapy (NET). In low-income countries, clinical psychologists need to be supervised and trained differently. This research addresses this knowledge gap. Several studies have found that clinical supervision reduces burnout in low-income countries [15–17]. As no empirical research on this topic has been conducted in low-income countries such as Uganda, this article aims to describe how to provide supervisory support to mental health professionals. Psychologists have primarily conducted research on supervision in high-income countries. High-income countries like the United States and Australia require supervision as part of their clinical psychology training [19–21]. Numerous studies have examined supervision's effectiveness in these countries. Supporting employees emotionally, maintaining professionalism, and developing supervisory skills are the supervisor's responsibilities. An examination of the stages of supervision development is presented by Stoltenberg et al. in [27]. A "stages of change" model is included in supervisory theory in addition to narrative, positive psychology, and supervisory relationships theories.

In order to solve problems effectively, it is important to provide positive feedback before constructive criticism, acknowledge the process, transfer knowledge, and work with others. From the perspective of clinical psychology students, a great deal of research has been conducted on supervision. Moreover, supervisors should validate supervisees' feelings, offer a "safe space" for supervision (e.g. by arriving on time for supervision, answering supervisees' emails), and establish a trustworthy supervisory environment [31–36]. An exploration of the initial supervision experiences of clinical psychology students in Uganda was conducted in this study. Since this area hasn't been researched previously, a predetermined data framework wasn't used. It was our goal to provide a rich, comprehensive description of the students' experiences.

It may be helpful for students to receive clinical supervision while studying clinical psychology. There are clear gaps in the normative and restorative aspects of supervision in Uganda following the introduction of "Western" therapies and methods (e.g. [37]). Clinical psychology students from Western countries were expected to describe supervision's usefulness and usefulness differently. Because of British colonial rule, Uganda's health and education systems are based on British systems. "Dr. Next to God" in Uganda is a reflection of the ethnic divide and hierarchy imposed on Uganda at the time [13]. Consequently, Ugandan clinical psychology students are attracted to the power hierarchy, and a teacher may need to direct them. Seeing that supervision is a new concept,

trainees' answers may not be as detailed as expected, especially with regards to its less useful features.

## **METHOD**

### **Context**

Through a collaboration between Hull University and Makerere University in Uganda, Hull University organized a supervisor training workshop for Ugandan clinical psychologists. As a result of identifying this need, the university staff decided to address it. Supervision was discussed in depth at the Ugandan Clinical Psychology Conference. Nine clinical and counseling psychologists from Uganda will attend a training course next week. One supervisor spoke English and one spoke Spanish, with seven supervisors from Uganda. Clinical or counselling psychology master's degree was required for all supervisors. British Psychological Society guidelines for supervisor training were developed and approved during the 5-day course. Students in their second year of study were assigned to Butabika, one of the country's psychiatric hospitals. The first semester's six weeks of supervision was considered sufficient to provide students with experience in supervision. An end-of-December focus group was held at Makerere University in Uganda.

### **Participants**

Participants in the focus group were second-year clinical supervision students. The focus group included 12 students, four men and eight women. Six had other commitments and 12 participated. To study participants, a confidentiality agreement was explained, along with informed consent. While the study was being developed, one author kept a reflective commentary on emerging themes and ideas.

### **Qualitative analysis**

A focus group design was used in this study. Thematic analysis criteria were used to analyze the transcripts of focus groups [41]. Our analysis included all of the student data without any preconceived frameworks, to maintain an emphasis on their experiences. In lieu of attempting to understand the meanings of the data presented, transcripts of focus group discussions were transcribed and coded based on various semantic themes. According to a fundamentalist perspective, language and meaning have a unidirectional relationship. In order to ensure that all the data sets were treated equally, the first author generated initial codes for them all. An excerpt from data and coding is presented in additional file 1. Using these codes, a theme emerged through the collation and organization. Each theme and code took much revision and testing to make them feel unique and fit within each theme. The overall analysis indicated that all data sets were covered by the themes. Themes and codes were designed and updated in a continuous manner, rather than in a linear manner.

## RESULTS

Four themes and 11 subthemes are presented in Additional File 2, which summarizes the data analysis.

### Emotions

A section of the dialogue centered on participants' emotional responses to their training as clinical psychologists, while another discussed how supervision enhanced or undermined that training. Participants were adversely affected by the training process in terms of their emotional states during clinical psychology training. The patients reported feeling fearful or low after starting psychological therapy and receiving supervision.

### Ways in which supervision had helped manage these emotions

These negative emotions were largely handled by students through supervision. Supporting one another directly, promoting self-care, and having supervisory relationships were all found to have positive effects. Supervisors provided helpful emotional support to employees during discussions. It was viewed by students as helpful to provide encouragement, allow students to express their emotions, and provide practical tips for conducting therapy. Participants' feelings when meeting their clients were not addressed by supervision. In both cases, supervisors addressed the practical aspects of the dilemmas correctly, but never considered or validated their emotional aspects. The dilemma was both anxiety-provoking and depressing for the students.

### Learning

The supervision theme is divided into two subthemes: (2.1) how supervision impacts participant learning, and (2.2) how supervision may be taught. Providing students with supervision improved their academic success, according to a Towson University study. Additionally, it helped them become aware of their learning needs as well as develop their clinical psychology skills.

### During supervision, learning methods are used

Learning therapeutic skills can be accomplished by observing therapy, participating in co-therapy sessions, and being observed while practicing therapy. The supervisors provided instructions, discussed cases, and answered students' questions, and they learned a great deal from them. Students suggested parallel supervisory relationships as a model for building therapeutic relationships with clients. The relationship, however, was unhelpful to three students. It negatively affected their learning because their supervisors didn't have time for them, they said. As a result of supervision, therapy, and application of their skills in the Ugandan mental health system, the students acquired skills in clinical psychology (3.1), (3.2), and (3.3).

### Role as a clinical psychology student

Two of the main roles discussed during the discussion revolved around supervision and clinical psychology. They found it helpful to know what their supervisors expect from them when they see clients and what they expect from them when they are in supervision. Several students noted that their supervisors helped them to understand what their university expected from them as part of their clinical psychology course, such as keeping track of the number of hours spent speaking to clients and not recording every session. Clinical psychologists in Uganda learned mainly what Uganda's mental health system expects from them in this theme. There were several topics discussed, including client-therapist boundaries, scheduling appointments for clients, organizing therapy practically, contacting clients, and handling client files. In addition to handling client files, organizers shared tips on how to run a successful business.

### Developing therapeutic skills

In the training course, theoretical concepts are stressed rather than practical skills. It taught students how to develop therapeutic relationships, develop treatment plans, diagnose mental health disorders, and work with translators as part of their learning process. These techniques included cognitive behavior therapy, psychoeducation, outcome measurement, and homework assignments.

### Systems around supervision

One student reported receiving supervision twice a week ( $n = 3$ ), once every other week ( $n = 1$ ), at no particular time ( $n = 2$ ) or once in total ( $n = 5$ ). They recognized that Ugandan mental health systems were overburdened, resulting in a reduction in supervisor availability and, consequently, a reduction in supervision. When selecting supervisors, students said that week-by-week supervision should be taken into account, and only those who are capable of providing it should be chosen. The students also suggested supervisors not only be briefed on their responsibilities but they should also be provided with observational experience before taking on students.

There was acute mental illness among individuals admitted to the psychiatric hospital, Butabika. Most of the participants agreed that they had difficulty applying the University's CBT theories to these cases. For the students, the ideal solution would be to allow future students to do clinical placements with relevant clients in Butabika or to let clinical psychologists select appropriate clients from Butabika. In addition, future placements in clinical psychology should include multidisciplinary work. Clinical practice and the Masters programmes had a sub-theme about how to better match them. A more practical approach to training was requested. We provided NET training and CBT training over a two-week period. In the future, they would like to receive more practical training, due to the

simplicity and practicality of the teaching methods. Future supervision packages should include psychological therapy. Gratitude could be expressed to facilitators and to each other because the students agreed.

## DISCUSSION

Students' first experiences with clinical supervision in Uganda were analyzed using thematic analysis of qualitative focus groups. The students' research led them to make recommendations for clinical psychology supervision in the future based on what worked and what didn't. It was found helpful to maintain self-awareness, cultivate self-confidence, and introduce therapy strategies in addition to providing support and maintaining self-awareness. To gain a better understanding of the supervisory relationship, it is useful to observe and work with them. Supervisors did not provide students with enough time to observe or observe their emotional needs. Clinical collaboration, reassurance, and direct feedback have been found to be crucial in previous studies [36, 42]. A number of studies (34, 35) have concluded that supervisors who lack reliability are unhelpful. Assuring students have expectations (e.g. course expectations, emotional support), as well as providing formative and restorative supervision, can be beneficial. Unlike Western studies (e.g. [35, 36]), which showed that supervisors providing instructions was helpful, these findings contradict Western studies. In [27], Stoltenberg et al. suggest that students at an early stage of their career were more likely to be dependent on supervisors. Trainees were more likely to receive psychological counseling from supervisors rather than clients. Training as a client did not feel helpful to trainees, according to Hiron and Velleman. Due to Ugandan culture's lack of knowledge about psychological therapy, students' desire to experience it may have been influenced.

During their training as clinical psychologists, clinical psychology students reported feeling overwhelmed by negative emotions associated with supervision. In addition, supervisors gave them confidence in what they were doing by helping them manage their anxieties. These two aspects can be compared to burnout in terms of emotional exhaustion and decreased accomplishment/efficacy. Clinical psychology students may have experienced less burn out as a result of supervision, since it could assist them with managing these

domains of burn out. This needs to be confirmed by further research, however. In low-income countries, supervision has been shown to reduce burnout.

In line with the hypotheses, clinical psychology students found clinical supervision useful. The different ways Chinese and Western clinical psychology students describe supervision could also be due to cultural differences. Although the majority of both helpful and not so helpful aspects of the research originate from previous Western research, the second hypothesis is not supported by the results. Western "models" can be applied to supervision based on these preliminary findings, but further research is needed. It may be difficult for clinical psychology students to understand what is useful and what is not useful about supervision if they have only a limited number of supervision sessions under their belt. As all of the authors were involved in training and implementation of the supervision, students at Makerere University may have felt an implicit need to impress them. Additionally, bias may have been introduced into the data analysis as a result. Researchers in low income countries need to conduct more research on supervision for clinical psychology students and other mental health professionals. The role of supervision, burnout prevention, and how supervision works should be researched at different stages of training. It is crucial for clinical psychology supervisors to maintain student supervision as an integral part of clinical psychology. As students learn the practical elements of psychological therapy through role-playing, co-therapy, and observation, supervisors should provide regular supervision slots as well as role-playing, co-therapy, and observation. A supervisor's responsibilities should encompass normative, formative, and restorative aspects. Clinical psychology will grow as a profession in its own right as the mental health system makes it a priority, decreasing burnout levels. Clinical psychology students in Uganda can receive emotional support from their supervisors. In order for the Ugandan Clinical Psychology Association to be accredited, it is mandatory to create and evaluate regular clinical supervision structures. This high-stress environment must be managed securely and safely by Ugandan clinical psychologists. The development of clinical psychology in Uganda should be based on regular supervision of trainees and experienced psychologists.

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