

***Supervision as an Educational Activity in Clinical Psychology Training Programs:  
Conceptions on its Core Characteristics and Implementation***

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**Abstract**

During the first stage of an educational evaluation study, a qualitative exploration has been conducted on conceptions that clinical supervisors hold in regard to the characteristics of supervision as an educational activity in higher education programs. Hence, 10 clinical supervisors affiliated with a bachelor's program in psychology and a master's program in clinical psychology –both offered by a private university at Bogotá, Colombia- were enrolled as voluntary participants. Data were collected by means of a semi-structured interview and responses were analyzed using the NCT method (Friese, 2012). Software for qualitative analysis was also used in this study. Results include descriptors of supervision's basic characteristics, participants' roles and ideal scenarios of implementation. Additionally, this study reveals some critical issues related to: 1) the nature of supervision in the bachelor's program and its similarities and differences when compared to a mentoring process (Milne, 2009); and 2) the perceived emphases of supervision in skills training versus development of competencies. Conducting further research aimed to a contextualized and deep understanding of the pedagogical functioning of these educational programs is needed in order to methodologically triangulate and enrich the validity of the abovementioned findings.

Keywords: supervision, clinical psychology, education, conceptions, Colombia

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## Introduction

In Colombia, supervised clinical practicums are a common experience among every undergraduate program in psychology, as well among graduate programs with a professional emphasis. Specifically, practicums have been defined as learning periods where students are immersed in a professional setting in order to undertake professional responsibilities (Baird, 2011; Wolfgang, 1976). In addition, students perform their newly assigned duties under supervision of a faculty member or a senior clinician. All of this is founded on the assumption that quality supervision enriches professional development (Falender & Shafranske, 2004; Morris & Haas, 1984).

Additionally, the literature on this field provides one of the most comprehensive definitions of clinical supervision, proposed by Falender & Shafranske (2004):

*“Supervision is a distinct professional activity in which education and training aimed at developing science-informed practice are facilitated through a collaborative interpersonal process. It involves observation, evaluation, feedback, the facilitation of supervisee self-assessment, and the acquisition of knowledge and skills by instruction, modeling, and mutual problem solving. In addition, by building on the recognition of the strengths and talents of the supervisee, supervision encourages selfefficacy. Supervision ensures that clinical consultation is conducted in a competent manner in which ethical standards, legal prescriptions, and professional practices are used to promote and protect the welfare of the client, the profession, and society at large.” (p. 3)*

Based on this definition, it is possible to identify core characteristics and components of clinical supervision. In fact, understanding supervision and its components makes evident that supervisors are, on one hand, responsible for the welfare of the clients that are been assisted by the supervisees and, on the other hand, for their appropriate development of the professional competencies required for an autonomous, responsible and effective practice (Malloy, Dobbins, Ducheny & Winfrey, 2010) or for a successful transition towards graduate school. However, in the Colombian context, 60% of holders of an undergraduate diploma in psychology, do not enroll in further graduate studies (Ocampo, Suárez, Fonseca & Aguirre, 2012). This is due, in part, to a current legislation that only requires the completion of a 4 or 5-year undergraduate program in psychology before being fully licensed to practice autonomously in any psychological specialty. In spite of this, graduate programs in clinical psychology are progressively growing in number, in response to a demand of psychological services of higher qualifications, but coverage and access are still limited.

It is also important to note that –for a majority of psychologists in Colombia– supervised practicums are the only training experiences in a real setting before entering the profession as completely independent and autonomous practitioners. Therefore, clinical supervision and supervised practicums are crucial elements in the professional development of every psychologist (Russell & Petrie, 1994; ASPPB, 1998; Lizzio, Wilson & Que, 2009). At the same time, acknowledging the role of supervision carries an evaluation imperative towards the identification of the

contributions that supervised clinical practicums make in favor of attaining the necessary educational goals that warrant the awarding of a professional diploma.

Nonetheless, an evaluation study can only be implemented after developing a deep and systematic understanding of the pedagogical actions that clinical supervisors are deploying as part of their supervision sessions. Moreover, it is hypothesized that design, implementation and evaluation of pedagogical actions can be influenced by the perspectives, beliefs or conceptions that clinical supervisors hold in regard to the educational nature of their very own enterprise. Consequently, this paper reports an exploratory study useful to acknowledge the role of conceptions in the supervisory endeavor, as well as to identify important improvement needs.

## **Methods**

This paper reports an exploration of conceptions that is embedded in a broader evaluation study of the supervised clinical practicums at a bachelor's program in psychology and a master's program in clinical and health psychology. Both programs are offered by a private university –recipient of a high quality accreditation awarded by the National Ministry of Education- located in Bogotá, Colombia. Hence, during the analysis stage, it will be necessary to identify elements of the supervisors' conceptions that could be indicative of evaluation foci to be examined in further studies.

Additionally, we have assumed a qualitative approach due to our interest in getting to know the day-to-day reality of the selected programs –not only as interpreters- but, also, as interlocutors of the stakeholders involved (Stake, 2010). Therefore, we began by contacting the Director General and the Director of Professional Development at the department of psychology of the participant institution in order to obtain the corresponding permissions for this study. Then, during the second half of 2013, we emailed an invitation to every clinical supervisor affiliated with the master's program (six, in total) and to those affiliated with the bachelor's program (eight, in total). Of the pool of potential participants, 13 supervisors agreed to be part of this study and one of them did not reply the contact request. Out of 13 consenting participants, 10 agreed to schedule an appointment while three supervisors had conflicting schedules. Every participant signed a consent form after being thoroughly informed of the voluntary nature of the study, the characteristics of the instruments, analysis and final report, as well as the acceptance of an audio recording.

Afterwards, participants filled in a brief form that included basic biographical data as well as information about their educational level, experience as clinical supervisors and specific supervisory training. Then, they answered to a semi-structured interview with open questions about their own ideas about clinical supervision as an educational activity, the actors involved, their corresponding roles, and scenarios of implementation. The data reported on the biographical forms reveals that participants are 45.7 years old and have been conducting supervision for 9.5 years –on average-. In regard to their educational level, two of them hold a PhD degree, seven have been awarded a master's degree diploma and one of them was pursuing their master's degree, at that moment. Finally, in regard to their specific training as clinical supervisors, seven of them declare not to have been trained as supervisors, two of

them had access to supervisory training during their PhD studies, and 1 of them went through supervisory training during their master's studies.

After conducting the interviews, the recording files were transcribed and the resulting documents were incorporated to a hermeneutic unit on the Atlas.ti 7 software. This software was used to facilitate the process of identification of code frequencies, text segments, relations and repetitions (Friese, 2012). Then, we used the NCT approach described by Seidel (1998, cit. por Friese, 2012) as our analytic strategy. This approach makes reference to three basic processes: noticing things, collecting things and thinking about things. Specifically, the first step was carried out by means of a thorough review of all the data in order to note –mostly descriptively- (Friese, 2012) those findings or relevant data that could be preliminary related to our research questions. In second place, collecting things corresponded to a broader extent to what has been described in the literature as coding (Auerbach & Silverstein, 2003) or categorical aggregation (Stake, 1998). As its name implies, we grouped conceptually similar elements -or elements that make evident a data pattern- that were useful to identify thematic units with a broader level of abstraction (Auerbach & Silverstein, 2003; Friese, 2012). Finally, findings were integrated into a comprehensive narrative in order to answer the research questions.

On par with the NCT approach, we also employed the strategy of triangulation by theory as well as member checking (Stake, 1998, 2006, 2010). In conducting member checking (Stake, 2010), we look to confirm that quotations and data registers related to respondents' testimonies were precise and considerate. Meanwhile, in triangulating by theory, we identified and included complementary theoretical perspectives that supported the findings of this study.

## **Findings and Discussion**

After analyzing the answers provided by every participant, we identified a set of categories and their content is developed throughout the narrative presented below. Additionally, in order to preserve confidentiality of the participants' identities, we are going to use the characters A, B, C and D to allude to the supervisors affiliated with the master's program, while the numbers 1, 2, 3, 4, 5 and 6 correspond to the supervisors affiliated with the bachelor's program. Finally, since the interviews were carried in Spanish, every quotation will be presented in an adapted translation that might omit some nuances or particularities of the language.

To begin with, the supervisors of the master's program share a view in which clinical supervision is defined as an environment designed for skill and competency development. In this sense, it is acknowledged that supervision is based on a formative interaction where a professional under ongoing training is willing to develop certain competencies and, for that purpose, they interact with a professional with a higher level of competence (Supervisor D). In detail, one participant mentions:

*“Supervision is the most appropriate setting to promote skills development. I also think that you can acquire some knowledge in supervision, as well as collect information useful for other academic activities. However, I think that supervision is the most appropriate setting to develop and consolidate clinical skills” – Supervisor B*

This definition is further complemented with a distinction that supervisors make among other types of learning -theoretical, conceptual or information assimilation- that might also occur during a supervision process. Nevertheless, those types of learning are not conceived to be a primary goal of clinical supervision (Supervisor D).

*“During a supervision session, one can transmit theoretical information and knowledge. But, I think that supervision has a privileged focus on skills training” – Supervisor A*

At this moment, it is important to further explore the ideas that supervisors hold in regard to skill or competency development. In particular, competency is described in the literature as a much broader construct that includes a series of skills –or abilities- which, in turn, are required for performing a complex task in a specific professional context (Falender & Shafranske, 2004). In the case of the supervisors affiliated with the master’s program, we identify a privileged association of supervision with skill development. In contrast, only one of the participants expressed a divergent view by mentioning that a skill is, in fact, a sub-category of competency, because it is a technical task that do not necessarily requires a substantial knowledge of their theoretical underpinnings, the evidence supporting it or its most appropriate use with a real client (Supervisor D). Moreover, skills can be viewed as fixed and determined, while competencies are dynamics because they vary in response to the context of implementation or performance (Falender & Shafranske, 2004). This implies that one particular skill could be part of a competency in some instances, and not in others and that variability of usage could possibly demand from the supervisors different pedagogical strategies in order to facilitate their acquisition. Therefore, an evaluation study will require direct observation of supervision sessions in order to gather evidence regarding the type of learning that is being promoted, be it a skill or a competency.

In turn, the supervisors affiliated with the bachelor’s program acknowledge that supervision is also an interaction setting focused on accompanying supervisees and facilitating theoretical and applied learnings (Supervisor 2). This process is also deployed during a transitional stage –faced by the supervisees- from a purely academic context towards a new, dynamic and demanding professional environment. This is described by one participant as it follows:

*“In my view, supervision should be named ‘companionship’. Supervision is not a lecture, it’s a bridge, a link between the theoretical knowledge that students have been gathering, and its real, concrete application. So, supervision means providing companionship in that process, that transition from theory towards application” – Supervisor 5*

That differential emphases reported by each group of supervisors could be explained by the peculiarities in the implementation of every program they are affiliated with. However, the process of providing ‘companionship’ to the supervisees could be better conceptualized as mentoring (Milne, 2009), as it is described in the literature, because such practice stresses to accompany students during vulnerable transitional stages, in order to promote their wellness and personal growth.

In addition, the interaction during a supervision session occurs between the supervisor and the supervisees. Nonetheless, it is worth highlighting that some of the supervisors also view the supervisees' clients as implicit actors.

*“A third actor in a supervision session –besides the supervisor and the supervisee- is implicit... the client is also an actor because thanks to them the supervisor would be able to model skills and the supervisee will also be able to practice those same skills” – Supervisor B*

This conception of a triadic system is well described in the literature. In fact, it is considered that some other individuals that are in contact with the client's life also have the potential to impact the supervisory system. However, the triadic system is the widest and makes evident that the supervisee is the center of the process making it always necessary to reconcile the client's clinical needs with the formative interventions of the supervisor (Bernard & Goodyear, 2004).

Furthermore, the participants mention that supervision does not only have a formative function. It also has a protective function because the supervisee faces –with some frequency- a variety of situations that are emotionally challenging. In those situations, the supervisor has the appropriate training to provide emotional support (Supervisor 2). To a lesser extent, some other participants also describe that supervision could exert a quality control of the practice, always in compliance with ethical and professional standards (Supervisor 4). In particular, the participants say:

*“There are other functions of supervision. One of those has to do with creating a space where we can discuss about how the supervisee is personally affected by their job... at an emotional level. Therefore, we have to provide that kind of space to protect, to emotionally protect the supervisee, because the tasks they do can be highly toxic. I mean, it could have a personal and negative impact on them... that's why we create that space of emotional support” – Supervisor D*

*“Supervision facilitates that every therapeutic process implemented by the supervisees gets better and develops progressively until it complies with the standards that every therapeutic intervention is supposed to fulfill” – Supervisor C*

The literature on clinical supervision supports the assertions of the participants. In particular, supervision has –in addition to its formative function- a normative function. Such normative function makes reference to an appropriate caseload management (Milne, 2009; Bernard & Goodyear, 2004), monitoring of quality of psychological services provided (Milne, 2009; Watkins, 1997), and compliance with ethical standards and current legislation (Falender & Shafranske, 2004). In sum, these normative elements warrant protection of the client's welfare (Milne, 2009; Bernard & Goodyear, 2004; Falender & Shafranske, 2004; Watkins, 1997). On the other hand, the emotional support is described in the literature as a restorative function of supervision (Milne, 2009) which is directed towards facilitation of expression and processing of emotional states experienced by the supervisees.

Other important aspect of the functioning and implementation of supervision is related to the roles performed by every participant in the supervisory system. In particular, the supervisors affiliated with the bachelor's program, as well as the master's program, share a common conception in which the supervisor performs a role of orientation and organization of the learning experience (Supervisor C, Supervisor 4). Likewise, the supervisor also performs a role of evaluation and contention of the supervisee. Complementary, the participants also mentioned that the supervisor is not a source of information, nor a person who commands every action that should be executed.

*“The supervisor is a learning facilitator. They are not a person who imparts wisdom. They do not teach knowledge. The supervisor facilitates, designs an appropriate environment so the person undergoing training maximizes their learning. In being a designer of a learning environment, the supervisor has to facilitate learning by modeling different ways of doing things. That’s the added value of supervision in contrast with a purely theoretical activity” – Supervisor D*

This constructivist view of clinical supervision is also consistently reported in the literature. In this sense, the supervisor provides resources and support to the supervisees in order for them to solve the problems and challenges they face (Milne, 2009). This implies that the supervisee has a previous knowledge that is a foundation for ulterior learnings, making it necessary for the supervisor to implement a diverse array of strategies like guided learning, direct instruction, questioning, role-playing, modeling, among others (Milne, 2009; Davies, 2000; Padesky, 1996).

Now that the supervisor's role is conceived primarily as a constructivist role, it is easier to understand why the participants mention that the supervisor is not a source of knowledge, nor a person who commands each and every action executed by the supervisee. Consequently, the supervisee's role is seen as the most crucial role in a supervisory system. The supervisee is the primary actor of supervision and has very specific learning needs (Supervisor C), as well as many responsibilities including –but not limited to- performing their clinical skills, collecting and analyzing clinical data, self-managing their learning process, recognition of previous learnings, and identification of knowledge gaps, all of that in order to perform competently in a professional environment (Supervisor B). This active role is also evidenced in the degree of involvement the supervisee exhibits in activities requiring search, analysis and discussion of academic resources as well as a strong initiative in designing their own projects to solve and intervene in clinical problems identified in their practice setting (Supervisor 1). More details are provided by one participant as it follows:

*“The supervisee’s role implies gathering raw clinical data, in videos, reports, session notes. They also have to be able to collect enough clinical data to be used in the supervision session. But, the supervisee also has to bring knowledge by means of reviewing relevant literature, empirical evidence and, at an appropriate time, clinical protocols, among other things... they also have to be able to share some personal information, about the emotional impact they face, and so on” – Supervisor B*

This characterization of the supervisee's role is also shared by some authors (Milne, 2009; Falender & Shafranske, 2004; Driscoll, 1999). In fact, it is stated that a successful supervision depends, primarily, on the willingness and commitment of the supervisees with their own engagement and learning (Milne, 2009; Driscoll, 1999). In consequence, the supervisee is expected to perform certain tasks, like preparing a session plan, or an agenda for the supervision sessions, provide information and structured updates in relation to their caseload, request specific feedback and look for peer support (Milne, 2009). Likewise, some other authors also mention that the supervisee has to actively learn by means of reviewing, assimilating and implementing the most relevant literature and, at the same time, they are expected to integrate the supervision process with the clinical actions performed with the client (Milne, 2009; Falender & Shafranske, 2004). Moreover, the supervisee is also intended to develop their own reflective capacity for assessing the quality of supervision, and the personal and professional impact their practice has on them (Milne, 2009; Falender & Shafranske, 2004).

After having defined clinical supervision, identified its functions, and characterized its actors –and their corresponding roles–, the interviewees described their conceived ideal and inappropriate scenarios of supervision. In first place, the supervisors of the master's program identify a second level of supervision as an element that will substantially enrich their supervision implementation. This means that, in an ideal scenario, supervisors' supervision sessions should be supervised in order to collect feedback with evaluation and improvement purposes (Supervisor A, Supervisor C). One of the participants says:

*“If my supervision sessions could be videotaped and reviewed by another supervisor... and discuss about them, and have that time for supervising the supervision... that would be great. The supervisor would receive feedback on their own work. It would be a second level of supervision that will allow me to refine all of those skills” – Supervisor C*

In this regard, supervision of supervision has been acknowledged in the literature as an infrequent practice. In fact, quality of supervision is usually estimated based on opinions or evaluations answered by the supervisees (Rodenhauser, 1997) and only until recently there has been an emergence of supervised training options for supervisors (Bernard & Goodyear, 2004). Moreover, this type of training is significantly scarce but it could be a resource with the highest potential to compensate for the lack of previous training for many of the participants.

Now, in contrast, an inappropriate supervision scenario would include a supervisor focused on providing commands and strict directions on what the supervisee should and should not do (Supervisor B). This type of supervision would not promote the supervisee's autonomy especially because the mere following of indications is poorly efficacious, especially when it is taken into consideration that a competent clinical psychologist requires not only an assimilation of the knowledge of the discipline but, also, a well-developed skill to make decisions, solve problems and generate new knowledge (Supervisor B). One of the participants, further elaborates on this scenario and states that supervision could be even more inappropriate if based only on a verbal retrospective self-report provided by the supervisee (Supervisor D). This assertion is founded on the fact that the quality of the evidence on supervisees' learning gathered

through self-report is very low, in contrast with the evidence gathered by means of using recordings of therapy sessions conducted by them. Therefore, one of the most important resources to be used in supervision sessions should be audio or video recordings. In their own words, supervisor D explains:

*“Supervision can’t be based on a hierarchical interaction, where one person provides commands and the other follows them. And that’s what I’ve observed here in Colombia. The old tradition of ‘you have to do this and that’ and at the next session ‘hey, what did you do? Why did you not do what I told you?’. A supervisor like that will conduct a very inappropriate supervision because they will only be teaching how to follow instructions, instead of teaching how to solve things, or to generate knowledge. So, any unstructured supervision, or any supervision that does not promote the active involvement of the supervisee, and the self-correction during the learning process, is insufficient. Additionally, audio and video recordings are crucial. If we don’t have recordings then we will not have a good supervision because we will be making reference to a self-report, and the self-report is what the supervisee can recall, plus what they extracted, plus what they added... and that’s different from listening to a recording. The so-called ‘verbal’ retroactive supervision –for me- is only a vague memory, or maybe some commentaries about biased remembrances that a person has and its value is very limited” – Supervisor D*

The literature reports converge on the idea that reviewing cases based primarily on the retrospective self-report provided by the supervisee is the most common strategy employed during supervision sessions (Bernard & Goodyear, 2004; Goodyear & Nelson, 1997) due to its convenience and straightforward implementation, even in spite of it also being recognized as an activity of modest efficacy in contrast to analyzing audio and video recordings or conducting in-vivo observations. In an unfavorable scenario, the supervisee’s self-report could be a distorted narrative of their clinical actions and would make it very difficult for the supervisor to identify the clinical problems of the consulting client and to implement the appropriate strategies to design a responsive clinical intervention plan (Bernard & Goodyear, 2004). Complementary, a supervision process exclusively centered on the formulation of commands and instructions is incompatible with a constructivist view of learning, due to the fact that the supervisee will only be acting as a replacement of the supervisor – who would be performing as the ‘real’ therapist- and the supervision sessions would only focus exclusively on the client, ignoring the learning needs of the supervisee (Falender & Shafranske, 2004) and, consequently, denaturalizing the formative quality of supervision.

In turn, the supervisors of the bachelor’s program state –clearly and repeatedly- that an inappropriate supervision would be one that gravitates exclusively around its academic facet, omitting reflection and exploration of the emotional experiences the supervisee faces while transitioning to a professional environment (Supervisor 1). This also includes any form of interaction between supervisor and supervisee that could be invalidating, hypercritical, or personally aversive (Supervisor 1, Supervisor 2), which would have negative implications in terms of developing a professional vocation.

*“An inadequate supervision is one where the supervisee is judged and criticized, and seen as someone who lacks knowledge. That will make them afraid, insecure and will lead them to question their professional vocation because they will always think ‘nothing is good enough’. We do an unfortunate favor to the supervisee if we terrorize them, and our students will feel terrorized if they think they’re going to be judged” – Supervisor 2*

Being this the last aspect covered by this exploration, it is worth noting that the study of ineffective supervision indicates that many pervading elements in a supervisory process could belong to an organizational, professional or relational dimension (Falender & Shafranske, 2004). Therefore, a supervisor that omits important disciplinary topics, establishes a conflictive –or overprotective- interaction with their supervisees, or lacks professional competence, will have a significantly negative impact on the learning process of their students (Bernard & Goodyear, 2004; Falender & Shafranske, 2004).

## **Conclusions**

This study was designed to identify the conceptions held by clinical supervisors affiliated with a bachelor’s program in psychology and a master’s program in clinical psychology, in regard to clinical supervision as an educational activity. This exploration is also a context-responsive resource for designing and implementing –in the future- an educational evaluation study. In fact, the conceptions described by the participants make evident some ideas compatible with previous research reports on clinical supervision. Likewise, it was possible to identify tensions –or critical issues- within programs and between programs. These tensions, or divergent views, are significant indicators of evaluation foci to be addressed in future studies.

In detail, supervisors of both programs describe supervision as an interaction with formative, normative, and restorative functions (Milne, 2009) implemented in a dyadic or triadic system (Bernard & Goodyear, 2004). In this system, the supervisor performs a facilitating role while supervisees perform a very active role, since they are the primary actors of supervision (Milne, 2009).

Contrastingly, within the master’s program, there is a tension between the emphases of supervision on skill development versus competency development. This tension is relevant when we consider that ‘competency’ is a broader construct, in contrast with ‘skill’ (Falender & Shafranske, 2004). In fact, a skill possesses a technical quality whereas a competency requires integrating skills and knowledge, according to the functions demanded by the professional environment (Falender & Shafranske, 2004).

In reference to the functions of supervision, the master’s program has a clear emphasis on skill and competency development while the bachelor’s program has an emphasis on providing ‘companionship’ and emotional support to the supervisees, during a transitional stage from a purely academic setting towards a professional environment. This differential emphasis is worth noting because the latter form has been conceptualized in the literature as mentoring (Milne, 2009), even in spite of some of the characteristics it shares with clinical supervision.

In last place, these divergent views shed light on the research path to follow. Therefore, it is necessary to develop a deep understanding of the pedagogical functioning of these programs not only in terms of conceptions but, also, by contrasting the realities envisioned by every group of stakeholders, with the characteristics of their context, and the direct observation of the program implementation processes. In doing so, it will be possible to value the contribution that these programs are making, in consideration of the professional standards and the expected fulfillment of the supervisees' educational needs.

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