

Beyond the Dyad: Broadening the APA Supervision Guidelines to Include Group Supervision

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Group supervision is an extensively used format across many training agencies, yet it has been largely disregarded in theory and research within the supervision literature. In fact, the *Guidelines for Clinical Supervision in Health Service Psychology* (American Psychological Association, 2015a) mentions group supervision only one time, despite the fact that supervision within a group context includes competencies and considerations that are both unique and essential to the effective and ethical practice of group supervision. Because supervision conducted with multiple supervisees is multilayered and—as a result—more complex, group supervisors need to develop special skills that go beyond the supervision dyad. This article looks to the literature on supervision—both individual and group modalities—and on group psychotherapy to highlight the practices and processes that set group supervision apart. Building upon the seven supervision competencies outlined by the American Psychological Association (Supervisor Competence; Diversity; Supervisory Relationship; Professionalism; Assessment/Evaluation/Feedback; Professional Competence Problems; and Ethical, Legal and Regulatory Considerations), which currently concentrate exclusively on individual supervision, we extend each area to include distinct features of group supervision. We include recommendations for supervisor training and for the application of effective group supervision practices, as well as ideas on how best to approach the formal adoption of group supervision guidelines for psychotherapists. Our hope is that, either in a revision of the *Guidelines for Clinical Supervision in Health Service Psychology* or in a freestanding supplement to the *Guidelines*, guidance for group supervision will be more explicitly included.

Clinical Impact Statement

Question: How is clinical group supervision unique from clinical supervision conducted within a dyad?

Findings: Group supervision, widely practiced, has important differences with individual supervision that have implications for effective and ethical training and practice. **Meaning:** Supervisors should consider the multitude of important complexities and strengths that occur in group supervision that go beyond individual supervision such as group dynamics, the supervisor and member relationships, the purpose, feedback to and evaluations of group supervisees to name a few. **Next Steps:** Ongoing research is needed on effective practices of group supervision and an expansion of the supervision competencies, or a new set of guidelines crafted that center on group supervision.


Keywords: group supervision, ethical considerations, supervision competencies

Group supervision has been widely practiced in health service psychology agencies for decades. Currently, it is regularly provided as a supervision modality in graduate psychology training and doctoral internships (Hanetz Gamliel et al., 2020; Riva & Erickson Cornish, 2008) as well as in other settings and agencies across the mental health professions. Despite its widespread use, though,

writing and research on group supervision have lagged, and sometimes there seems to be an implicit assumption that supervisors who attend to the principles and practices of individual supervision will be sufficiently prepared to provide group supervision. In reality, this kind of assumption, at best, fails to capitalize on the unique attributes of group supervision and, at worst, risks harm to group supervisees and, potentially, the clients they serve. Given that multiple trainees are present in group supervision, all aspects of its processes—from relational dynamics to confidentiality issues to multicultural considerations—are geometrically more complicated than individual supervision.

A goal of the current article is to clearly delineate the characteristics and strengths of group supervision above and beyond those of the individual modality. In making the case for group supervision as a special format, we will compare and contrast it with individual supervision as well as pull from the group psychology and group psychotherapy literature, which offers insights into the

This article was published Online First March 28, 2024.

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The authors have no known conflicts of interest to disclose.

Maria T. Riva played a lead role in conceptualization. Randyl D. Smith played a supporting role in conceptualization and an equal role in writing—original draft, and writing—review and editing.

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interactive dynamics that make group modalities particularly potent and distinct (e.g., subgrouping and member conflict). Examples and vignettes will be used in this article to underscore the uniqueness of supervision provided in a group.

Group Supervision

More than 4 decades ago, Sansbury (1982) outlined four group supervision activities: teaching interventions, specific case-oriented information, focusing on affective responses of the supervisees, and processing the group's interactions. While the first three activities might be found across any type of supervision, the last of these—processing the group's interactions—is specific to group modalities. Similarly, the definition of group supervision provided by J. M. Bernard and Goodyear (2019), which has changed only slightly over the last 30 years in their *Fundamentals of Clinical Supervision* texts, includes

A meeting of a group of supervisees, (a) with a designated supervisor or supervisors; (b) to monitor the quality of their work, and (c) to further their understanding of themselves as clinicians, of the clients with whom they work, and of service delivery in general. These supervisees achieve these goals with the help of their supervisor(s) and *the feedback from and interactions with one another.* (italics added; pp. 190–191)

Similar to other discussions of group supervision (e.g., Chui et al., 2021; Lee & Thackeray, 2023; Riva & Erickson Cornish, 2008), Bernard and Goodyear's definition includes a group process component that has received little attention until quite recently.

In 1995 and again in 2008, Riva and Erickson Cornish provided survey data from group supervisors in doctoral internship programs showing group supervision moving from an almost strictly case presentation model to a framework with greater emphasis on interpersonal processes among members. In a recent article arguing that group supervision is a distinct supervisor competency, Grassby and Gonsalvez (2022) focused on the similarities and differences between individual supervision and group supervision. Their work yielded four competencies specific to the group modality: (a) group supervisor facilitated engagement and enhanced contributions of all members, (b) learning activities were planned and well-coordinated, (c) the supervisor was insightful of client–practitioner and group processes to enhance outcomes, and (d) the supervisor ensured a safe place for appropriate disclosure and professional growth. These four components of group supervision go beyond the individual supervision dyad; importantly, the first and third competencies articulate the significance of interactive, group-process dynamics.

This increasing emphasis on interpersonal dynamics in group supervision is reflected in recent studies which address phenomena such as ruptures and repairs (Eubanks et al., 2021; Urmanche et al., 2021), power differentials (Lee & Thackeray, 2023), and the influence of peer relationships on counselor self-efficacy (Chui et al., 2021). Processes and outcomes like these are unique to group formats, underscoring the connections group supervision has with group psychology and group psychotherapy. Merely applying guidance and structures from individual supervision to group supervision is not sufficient.

Guidelines for Supervision

In 2015, the American Psychological Association (APA) issued *Guidelines for Clinical Supervision in Health Service Psychology*

(hereinafter, *Guidelines*; APA, 2015a), whose purpose is “to delineate essential practices in the provision of clinical supervision” (p. 33) and reduce the potential for risk and harm to supervisees and hence their clients (Ellis et al., 2014). In creating these *Guidelines*, the authors and the APA recognize that the field has moved far from the view that experienced therapists will naturally be skillful and competent supervisors (J. M. Bernard & Goodyear, 2019). Supervision is now considered “a distinct professional practice with knowledge, skills, and attitudes” that supervisors are required to attain (APA, 2015a, p. 35). So far, the distinct professional practice view has not included group supervision.

The *Guidelines* describe seven domains of competency for supervisors: Supervisor Competence; Diversity; Supervisory Relationship; Professionalism/Assessment/Evaluation/Feedback; Professional Competence; and Ethical, Legal, and Regulatory Considerations (APA, 2015a). Using the *Guidelines* as a foundation, our article broadens the ethical and practical considerations in each of the seven domains to include group supervision. We provide theoretical and empirical rationales for these amendments, as well as specific applications and recommendations for practice within group supervision.

The publication of the *Guidelines* in 2015 marked a significant advance in defining competencies and clarifying performance expectations for clinical supervisors, whose work, prior to the guidelines, had no formally and consensually accepted practices. We believe that there is an opportunity to expand on this important contribution to the field by weaving group supervision more directly into the *Guidelines*, and/or by creating a unique new set of group supervision guidelines that can be used as a supplement to the 2015 *Guidelines*.

In our years of experience in clinical practice, psychologist education, and supervision/ethics research, we note both the widespread use of group supervision and the lack of guidance around its implementation (Smith et al., 2012). We hope that in new and/or expanded iterations of supervision guidelines, standards for the effective, ethical practice of group supervision will be more explicitly interwoven. Within the discussion of the seven competency guidelines, we explicitly outline how each can include group supervision directly.

Domain A: Supervisor Competence

According to Guideline 2 of the Supervisor Competence domain, supervisors “seek to attain and maintain competence in the practice of supervision,” “obtain requisite training in knowledge, skills, and attitudes of clinical supervision,” and “are skilled and knowledgeable in competency-based models, in developing and managing the supervisory relationship/alliance” (APA, 2015a, p. 36). These are important foundational charges, no doubt, but could be strengthened by the incorporation of supervision modalities with multiple members that require specialized skill and knowledge over individual supervision, and by the appreciation of managing the relationships that develop in group supervision, both between supervisor and supervisee and among and between supervisees. In a recent experimental investigation of supervision, Grassby and Gonsalvez (2022) concluded that group supervision is an independent supervisor competency, distinct from individual supervisory competencies. To be competent in group, supervision requires skills unique to this format, including facilitation of

engagement by all members, awareness of group processes, and creation of safety for supervisees' disclosures.

Attending to the interpersonal communications and dynamics of group supervisees is not just important logistically, as a means to keep the supervision moving forward; these intragroup exchanges are an integral and beneficial component of group supervision. In a review of 11 studies exploring supervisee perceptions of their group supervision, *Mastoras and Andrews (2011)* found that supervisees consistently valued feedback from their peers in group supervision, a reminder that group supervision is not merely individual supervision practiced en masse. In other words, group supervisors need to be competent not only in their own responses to supervisees, but also in facilitating a safe and effective community of feedback among supervisees. Unlike individual supervisors, group supervisors must take an active role in managing and facilitating the group dynamics that make the modality distinct, and they must address and normalize the anxiety that can deter group supervisees from actively participating (*Enyedy et al., 2003; Mastoras & Andrews, 2011*). Although the impact of anxiety in group supervision has not been studied, findings from the group psychotherapy literature (e.g., *H. Bernard et al., 2008; Billow, 2001*) suggest that group leaders must attend carefully to reducing member anxiety in the initial stages of the group. Reducing member anxiety may be especially important in supervision groups, as the individual supervision literature (e.g., *J. M. Bernard & Goodyear, 2019*) indicates that high levels of anxiety and low levels of supervisor alliance will evoke self-protective factors, behaviors geared toward managing negative impressions by group members, withholding information, or only presenting successful cases for review (*J. M. Bernard & Goodyear, 2019*).

The degree to which group supervisees benefit from the group dynamics is probably highly correlated to their understanding—and their supervisor's understanding—of the purpose of group supervision. Perhaps the most important area of demonstrated competence for a group supervisor is to comprehend and articulate clearly how group supervision is similar to and different from individual supervision. Decades ago, researchers and practitioners of group psychotherapy discovered how important it is to prepare clients for the group therapy process, noting how orientation increases positive expectations, facilitates desirable participation, and produces better outcomes (e.g., *Gauron & Rawlings, 1975; Yalom et al., 1967*). Psychology trainees may be better equipped than the average client to understand group processes, but there is still ample reason to believe that some time spent addressing the principles, purposes, and practices of group supervision would benefit all those involved. In a study that surveyed group supervisors and supervisees, *Smith et al. (2012)* asked whether the purpose of group supervision was outlined in the first meetings. Group supervisors often stated that they had facilitated this discussion, while supervisees reported that this discussion rarely occurred, a discrepancy suggesting that group supervisors should be doing more to convey, at the outset, the purpose and function of group supervision. We agree with *J. M. Bernard and Goodyear (2019)*, who stated that in the early sessions (the first session would be the most beneficial), group supervisors should convey the purpose of group supervision, describing what it is and what it is not. While we readily admit that group supervision, like individual supervision, can be practiced in a variety of ways, the supervisor will need to be clear about its purpose (e.g., does it include case presentations, discussion topics, professional development, etc.)

and the advantages that can be gleaned from multiple perspectives, from giving and receiving feedback, and from experiencing peer support (*Grassby & Gonsalvez, 2022*). Without a stated purpose, group supervision may be seen as unimportant or as an efficiency format rather than a uniquely effective one.

In addition to formative and ongoing dialog about the structure, format, and responsibilities of the trainees and the supervisor, it is best practice to use a contract or agreement that outlines the expectations of all parties. *Falender and Lee (2015)* stated that

An essential component of ... the guidelines is the supervision contract. The supervision contract is essentially an informed consent document that is a formalization of the supervisory relationship. During the process of collaboratively developing the contract, the supervisor engages the supervisee through discussion of supervisee and supervisor expectations, standards, roles and responsibilities, and setting-specific regulations. (p. 39)

Yet it is rare that group supervisors delineate roles and responsibilities with a contract. *Smith et al. (2012)* found that fewer than a quarter of supervisees and supervisors surveyed had used a written contract for supervision. The use of a group supervision contract like the one found in *Smith et al. (2014)* would likely increase perceptions of the supervisor's competence and reduce anxiety and concerns on the part of supervisees.

Another important area for facilitating a supervision group is for the supervisor to be competent in the use of technology (Guideline 5), an issue whose relevance has surely intensified because the COVID-19 pandemic sent many more therapy and supervision sessions into the virtual world. As supervision has moved to remote platforms, the complications for group supervision are substantial compared with individual supervision, especially around concerns with confidentiality of client information and privacy of personal material that group supervisees share. Findings from group psychotherapy literature suggest that online delivery may be as effective as in-person groups (e.g., *Marton & Kanas, 2016; Trenoska Basile et al., 2022*). However, we also know from the group therapy literature that facilitators of online groups have concerns about how videoconferencing limits access to nonverbal cues, potentially impedes the therapeutic alliance, is prone to disruptive technological challenges, and suffers from a lack of empirical support (*Simon et al., 2021*). These same concerns will likely jeopardize the efficacy of group supervision as well.

Attaining competency as a group supervisor may be challenging, as group supervision often receives short shrift in the supervision literature and research. There are entire books that focus on best practices, models, and research of supervision—but primarily individual supervision. For instance, the extensively used *Fundamentals of Clinical Supervision (J. M. Bernard & Goodyear, 2019)* as well as books like *Multiculturalism and Diversity in Clinical Supervision (Falender, Shafranske, & Falicov, 2014)* include a short section or a chapter on group supervision.

Formalized supervision education in doctoral programs, the promulgation by the APA of supervision competencies, and practical training opportunities all serve to set benchmarks and facilitate the development of supervisory skills. However, it is not at all clear from the literature how often psychologists receive explicit training in group supervision. Further, there is little to no research or guidance on how a group supervisor becomes competent or even what constitutes competent group supervision.

Some ideas on training group supervisors could be to address group supervision in greater depth in a required supervision course, to provide workshops at national conferences, and to assign readings on group supervision research during doctoral internship experiences. Training in group psychotherapy dynamics and facilitation is also critical. Another potential means of developing group supervision competencies is through the use of cogroup supervisors, an opportunity that may be awkward and even untenable in individual supervision but may work better in a group format. [Gazzola et al. \(2014\)](#) looked at first-time supervisors who were understandably anxious and concerned about their developing competence, and found that having a cosupervisor helped mitigate stress, enhanced learning, and offered multiple perspectives for both the group supervisor-in-training and the group supervisees. Unfortunately, each of these ideas is superseded by the need for additional research on effective methods of group supervision and of group supervision training.

Domain B: Diversity

By its very nature, group supervision is a multicultural experience (e.g., [Chin et al., 2014](#)). While it can be argued that *all* supervisory interactions are inherently multicultural (e.g., [Tohidian & Quek, 2017](#)), group processes—because of the range of identities of multiple members, each of whom is providing treatment for multiple clients who represent additional identities—offer and demand consideration of more facets of diversity than dyadic relationships.

According to the *Guidelines*, diversity competence is “an inseparable and essential component of supervision competence” ([APA, 2015a](#), p. 36). Group supervision has some unique concerns in this area. Just as client perceptions of their therapist’s multicultural competence are associated with stronger therapeutic alliance and better treatment outcomes ([Tao et al., 2015](#)), trainees’ perceptions of their group supervisor’s multicultural competence are associated with greater satisfaction ([Chin et al., 2014](#); [Moreno, 2010](#)). When group supervisors attend to multicultural issues, their trainees are more likely to report positive experiences. The reverse is also true: when supervisors ignore cultural issues, group supervisees are more likely to report negative supervision experiences ([Moreno, 2010](#)).

Unfortunately, trainees and their group supervisors may be misaligned in their awareness of and openness to discussing issues of diversity, equity, oppression, and privilege. Because of the increased focus of multicultural training in health service psychology graduate programs—not to mention broader generational shifts in attunement to microaggressions, antiracism, and so forth ([DeSante & Watts Smith, 2020](#); [Pillay, 2013](#))—it is not unusual for supervisees to demonstrate greater multicultural awareness, knowledge, or skill than their clinical supervisors ([Somerville et al., 2019](#)). “Regressive supervision” can occur when trainees have a more advanced understanding of diversity than their supervisors ([Cook, 1994](#); [Pillay, 2013](#)), and it can leave supervisees feeling frustrated, angry, and anxious. As with any supervision failure, not only is the trainees’ well-being at stake, but their clients may also feel the effects. When supervisees’ concerns are disregarded by culturally unresponsive supervisors, clients may not receive the best care ([Burkard et al., 2006](#)).

In a recent study of microaggressions in group supervision, [Kaufman and Riva \(2021\)](#) found that in a sample of 112 group supervisees, more than half of the microaggressions reported were generated by the group supervisor. Several of these events related to

misgendering or not using the pronouns that were requested by a supervisee, while others involved a supervisor calling on a trainee to be a representative for their culture. The damage comes from supervisors not listening to and being respectful of the group supervisees, or assuming that one student’s cultural experience can hold for all others. Unlike in individual supervision, this damage may affect many or all of the group members, leading to a broader negative impact. The same study suggested that these types of competence errors were made worse when the group supervisor did not address them directly or at all, or perhaps did not even know that they occurred. Group supervisees stated that most microaggressions remained unresolved.

Using group psychotherapy literature on microaggressions as a guide, we can assume that speaking up when microaggressions occur and reminding the trainees of mindful attention to the “identities, dynamics, and interactions” of one another ([Miles et al., 2021](#), p. 81) is far preferable to sweeping the incident aside. Group supervisors will need to consider carefully if and when a microaggression needs “calling out”—an uncomfortable but necessary action to prevent further harm—or when it can be met with “calling in,” which focuses on reflection rather than reaction, allowing the group to explore more deeply their different perspectives ([Tufts University, 2023](#)). Either way, genuine apologies can go far in mitigating ruptures like these ([Watkins et al., 2015](#)), and by opening up a dialog, the group supervisor demonstrates appreciation for the role of group process and the varying views of the group members.

Given the high stakes related to cultural competence in group supervision, Guideline 2 in the Diversity Domain is particularly important. It calls for supervisors to “establish a respectful supervisory relationship and to facilitate diversity competence of their supervisees” ([APA, 2015a](#), p. 37). Of course, in the group supervision context, it is not one but many respectful relationships that must be established. Group supervisors need to facilitate multifaceted discussions of diverse identities, biases, power, and privilege, and address microaggressions that occur within supervision.

When group supervisors nurture safety and respect for multicultural dialog, when they acknowledge their own biases and shortcomings with regard to diversity competence, and when they regularly model moving into—rather than avoiding—conversations that may be emotionally charged and difficult, they can create an environment that allows for considerable cross-trainee learning ([Lassiter et al., 2008](#)). Group supervisors who may lag behind their supervisees’ cultural competence should also continue to educate themselves separate from the group supervision.

The Multicultural Orientation framework (MCO; [Davis et al., 2018](#); [Watkins, Hook, et al., 2022](#)) applies here as well as it does in psychotherapy and individual supervision. In a recent article, [Watkins, Hook, et al. \(2022\)](#) stated that the “integration of MCO into group supervision of psychotherapy is a logical next step in advancing multicultural supervision practice” (p. 255). Components of the MCO model refer to cultural humility, curiosity, and comfort. These prongs will help address many difficult and uncomfortable interactions in group supervision, guiding group supervisors to appreciate the limits of their cultural knowledge and model respectful curiosity as a way to explore more deeply the identities of supervisees. Group supervision offers a broader mix of histories, identities, and reactions. Through intentional reflection and discussion, group supervision can bring to bear the many complexities in providing culturally competent treatment, thereby strengthening supervisees’ awareness, knowledge, and skill.

Recent studies provide information from supervisees on cultural experiences in clinical supervision when considering the MCO framework lens. Wilcox et al. (2022) asked 102 supervisees about helpful and unhelpful cultural experiences as well as their expectations with regard to their cultural experiences in clinical supervision. One important finding consistent with the MCO framework was that supervisees strongly emphasized the importance of cultural discussions. A second study (Wilcox et al., 2023) included 116 Black, Indigenous, and people of color supervisees whose supervisor was White. These researchers found that supervisors who were seen as being high on cultural humility and cultural comfort by their supervisees also reported higher satisfaction and stronger supervisory relationships. While both of these studies centered on participants' experiences in individual supervision, there is no reason to believe that the findings would be any less important—and, as already discussed here, cultural discussions, cultural humility, and cultural comfort may be *more* important—in group supervision.

Watkins, Toyama, et al. (2022) pointed to the curriculum on multicultural and social justice (MSJ) as a neglected area of focus in training programs. They believe that diversifying the clinical curriculum is needed to address the ever-diversifying clients and to advance multicultural competence among clinical trainees. These authors offer a clinical example of a MSJ plan that was developed by members of their group supervision. This plan includes essential components such as (a) being cognizant that culture extends throughout therapy and to consistently use a MSJ lens to conceptualize client material, (b) involving oneself in activities that increase personal self-awareness of culture and impact on others, (c) read and discuss articles that underscore the significance of culture in the work with clients, (d) watching videos that address the MSJ in the process of therapy, and (e) keeping the focus throughout on the specific cultural aspects that were identified as primary to meet the overall goals. By developing this plan to deeply infuse culture into clinical education and training, Watkins, Toyama, et al. (2022) hoped to generate “further discussion about integrating MSJ issues into the group supervisory experience” (p. 129).

Domain C: Supervisory Relationship

Consistently, research has made it clear that the supervisory relationship is vital in the supervision process (e.g., Hutman et al., 2023). There is little to no dispute that competent supervisors are an essential ingredient in the supervision process, and that supervisory relationships are at the heart of competent supervision. When looking at the multitude of interactions and relationships within group supervision, it is not surprising that a more complex roadmap needs to address supervisory relationships than in individual supervision. Chui et al. (2021) underscored this point in their study that found that peer relationships, along with supervisor working alliance, have unique contributions to group supervision. These authors suggest that group supervisors pay close attention to the quality of supervisee relationships as well as the supervisory relationship.

The group supervisor has the challenging role of traversing the relationships that occur between members, between members and supervisor, those that involve the group as a whole, and those between the group members and their clients. While most of the literature on supervisory relationships focuses on the alliance within individual supervision, there is a growing recognition that group

cohesion is an analogous and paramount construct in group supervision (Fleming et al., 2010; Urmanche et al., 2021). Because the experience of group supervision is dependent not just on an individual trainee's sense of alliance with the supervisor, but on the characteristics of the group as a whole, group supervisors must create a climate that feels safe, open, and collaborative. This, of course, does not mean avoidance of difficult topics and challenging feedback; rather, the creation of group cohesion is the very foundation upon which to engage in the sometimes uncomfortable discussions that promote growth.

Borrowing from group psychotherapy research, three relationship types were found that comprise therapy groups. Using the Group Questionnaire, Krogel et al. (2013) identified these three types of relationships as positive bonding (characterized by cohesion and engagement), positive working (characterized by agreement on the goals and tasks of therapy), and negative relationship (in which conflict and empathic failure are present). These relationships occurred for the multiple levels found in groups: member to member, member to leader, and member to group. Though the three factors are distinct, positive bonding and positive working are moderately correlated with each other and negatively correlated with negative relationship, suggesting how important it is for group leaders to build cohesion, model empathic attunement, and generate agreement on the work of the group. It is not a stretch to see how these same types of relationships occur in group supervision among members, members and supervisor, and members and the supervision group as a whole.

Within the Supervisory Relationship domain, Guideline 2 advises supervisors to “specify the responsibilities and expectations of *both parties* in the supervisory relationship” (emphasis added; APA, 2015a, p. 38). In group supervision, “both parties” becomes “all parties,” but it is not just an increase in number that demands group supervisors pay particular attention to this guideline. Without explication of the importance of interpersonal learning in a supervision group, the supervisees may lack understanding of the unique workings, challenges, and benefits of these relational dynamics, assuming instead that group supervision is merely a cost- and time-effective shortcut at busy training sites. Consequently, as mentioned in our discussion of Domain A, the group supervisor must set the stage by explaining the purpose and goals of group supervision. This includes providing information on group norms, modeling self-disclosure, discussing the form, and function of evaluations, and talking about how conflict and microaggressions will be addressed, just as starters. The idea of an orientation to group supervision may seem obvious, but research suggests that often group supervisors gloss over or bypass altogether an introduction to the group supervision process (Smith et al., 2012). For example, supervisors could easily skip over the development of trust in the early stage of their supervision group, thinking that because all trainees were in the same cohort or knew each other from classes that safety and trust had already been established. This of course is contradictory to all that is known from research and theory on group dynamics (Yalom & Leszcz, 2020).

Group supervisors can lay the foundation for healthy and productive relationships by demonstrating care, interest, and competence to all group supervisees. Proactive discussions of specific group-modality relational challenges might be warranted. For instance, dual relationships and favoritism (or perceived favoritism) can occur in group supervision when one or more

members have the group supervisor concurrently as an individual supervisor (Forester-Miller & Duncan, 1990). Similarly, power imbalances, privacy concerns, competition between members, and in-group conflicts are far more likely in group (vs. individual) supervision (Bogo et al., 2004; Collens & Van Hout, 2017), and group supervisees might benefit from hearing these challenges described at the beginning of the group experience (Smith et al., 2012). Group supervision guidelines should attend to these complex and nuanced aspects of supervisory relationships, and to the fact that vicarious learning is a fundamental benefit of group processes (Kaduvettoor et al., 2009; Shih, 2015).

Domain D: Professionalism

The *Guidelines* (APA, 2015a) state that “professionalism goes hand in hand with a profession’s social responsibility” (p. 38). Professionalism cuts across all supervisory behaviors and has as its paramount principle the welfare of the client. Grus and Kaslow (2014) argued that professionalism is behavior and conduct that represents the values and attitudes of psychology. The *Guidelines* (APA, 2015a) summarize these elements as: “(1) integrity–honesty, personal responsibility, and adherence to professional values; (2) deportment; (3) accountability; (4) concerns for the welfare of others; and (5) professional identity” (p. 38). Group supervision is an opportunity for supervisors not only to demonstrate behavior that models these five components, but also to teach group supervisees professional behavior that includes “knowledge, skills, and attitudes” (APA, 2015a, p. 38). Riva and Erickson Cornish (2008) found that many group supervisors stated that they regularly emphasize these topics in their supervision meetings.

Grus and Kaslow (2014) discussed how supervisors can epitomize and model additional elements of virtue, humanism, and honest communications with their supervisees. A further advantage of the group supervision modality, though, is that supervisees can model professionalism for one another. As the members develop experience and the group grows more cohesive, the sharing and modeling that occur within the supervision group can help to build self-confidence and independence in developing professionals (Starling & Baker, 2000).

Group supervision may offer a key advantage over—or at least an important complement to—the development of professional identity, in that trainees can learn from one another without feeling the same anxiety they might have in individual supervision. A frequently cited benefit of group supervision is the support and validation that supervisees gain from their peers, and how that reduces anxiety (Linton & Hedstrom, 2006; Mastoras & Andrews, 2011). While good group supervision entails peer-to-peer evaluative feedback (see Domain E), peers are not in the same evaluative role that the supervisor holds, and thus can establish bonds built on their shared developmental pathways and their common challenges. Further, professional identity is promoted by the fact that group supervisees are active participants, reflecting on one another’s work, providing—rather than just receiving—feedback (Mastoras & Andrews, 2011).

For group supervision, professionalism includes that group supervisors recognize the scaffolding that can occur between more knowledgeable and less knowledgeable trainees, enhance the opportunities for peer-to-peer modeling, and foster professionalism by facilitating conversations about professional identity development.

Domain E: Assessment/Evaluation/Feedback

Delivering accurate and timely feedback is vital for students during their training. Imparting positive feedback typically poses little challenge and is essential in reinforcing professional skills in early stages of development. Imparting honest *corrective* feedback is much trickier. Research has shown that even supervisors, including those with considerable experience, have difficulty providing needed corrective feedback (e.g., Burkard et al., 2014; Hoffman et al., 2005), especially when it concerns trainees’ personal characteristics rather than skill development. There is a well-documented tendency for people in evaluative roles to shy away from sharing negative judgments—sometimes called the MUM effect, for keeping Mum about Unpleasant Messages (Rosen & Tesser, 1970; Scarff et al., 2019).

The MUM effect may be especially activated in group supervision, for which each trainee may feel scrutinized not only by the supervisor, but also by the other group members as well. While the greater quantity and diversity of feedback opportunities is considered important advantages of group supervision over individual supervision (J. M. Bernard & Goodyear, 2019), those advantages come with additional complexities and considerations. Without specific guidance, group supervisees are likely to share superficial rather than constructive feedback with one another (Linton, 2003). Group supervisors must work to override the tendency for vague and banal feedback by modeling corrective feedback that is specific, concrete, behavioral and that includes relevant examples.

Per the *Guidelines*, “Ideally, assessment, evaluation, and feedback occur within a collaborative supervisory relationship. Supervisors promote openness and transparency” and “provide feedback that is direct, clear, and timely ... and mindful of the impact on the supervisory relationship” (APA, 2015a, p. 39). Group supervisors can model these ideals, but they cannot assure that supervisees follow suit in their provision of feedback to one another. In addition to being aware of how their own feedback could result in supervisee defensiveness, demoralization, or shame, group supervisors must keep in mind the effects of feedback between supervisees. It is a good idea for group supervisors to make themselves available for individual meetings, too, in case a member was offended or confused in the group context but was reluctant to speak out about it.

Beyond modeling good feedback, supervisors can mitigate the likelihood of an overzealous member providing feedback that is too pointed, critical, or effusive by clearly articulating the methods and the manner of feedback. Supervisees, who are likely accustomed to *receiving* feedback, may need specific guidance on how to *give* feedback. Rather than assuming that supervisees will figure out for themselves how to be effective team members, supervisors can convey to the group the importance of feedback that is specific, is behaviorally anchored, identifies strengths upon which to build, is framed in a developmental orientation, and invites reflection (Falender, Shafranske, & Ofek, 2014). This kind of didactic training on feedback skills and role plays in the early stages of group supervision (Wahesh et al., 2017) will minimize the likelihood of problematic comments and critiques among supervisees.

Shaping and facilitating the feedback that members give one another may entail educating the supervisees on the purpose and structure of both formative and summative feedback. It will be important for trainees to understand their role in contributing

formative feedback while also recognizing that they are not responsible for providing the formal, summative feedback that the group supervisor will formulate at the end of the training period. Once these distinctions have been made, the supervisor might help refine the trainees' corrective formative feedback with comments such as "Another option might be to say ..." or "Sometimes it is hard to hear feedback, but it sounds like the other group members have some valuable thoughts about what just happened." Because the most challenging aspect of peer-to-peer feedback may be related to personalized/relational components of the clinical work (e.g., feedback on potential blind spots or countertransference), group supervisors may need to pay particular attention to explicating and modeling that type of feedback (Coleman et al., 2009; Stinchfield et al., 2019). As an example, the group supervisor might directly point out material that has not been addressed (cultural implications, similarities between the group supervisees and their clients) as a way to start a conversation about blind spots. Another option is to notice a pattern of avoiding a specific topic (at the group or individual level) and address it by saying, "We keep veering off of talking about frustrations you are having with clients who do not seem to want to change."

Domain E also includes guidance on evaluating the overall efficacy of and satisfaction with the supervision experience. Guideline 5 advises that "Supervisors seek feedback from their supervisees and others about the quality of the supervision they offer and incorporate that feedback to improve their supervisory competence" (APA, 2015a, p. 39). We encourage group supervisors to elicit feedback throughout the cycle of the supervision group (perhaps as simply as asking What is working well? and What would you like to change?), allowing for midcourse corrections and modifications based on supervisees' needs. Borrowing from group psychotherapy research, several studies have found limited congruence between group member and group leader ratings on various variables (e.g., cohesion, alliance between group members and group leader), making eliciting feedback vitally important (Compare et al., 2016; Dolgin et al., 2020).

In addition to eliciting feedback from group supervisees, some measures used in group psychotherapy may provide additional understanding of the group supervision processes. For example, The Therapeutic Factors Inventory-19 (Joyce et al., 2011) has shown promise in "assessing group members' perceptions of four broad therapeutic factors: Instillation of Hope, Secure Emotional Expression, Awareness of Relational Impact, and Social Learning" in group psychotherapy (p. 211). These same factors also may operate in group supervision. The Therapeutic Factors Inventory-19 shows benefit in addressing growth over time in group psychotherapy, an area that has not currently been a focus of group supervision research. The Group Questionnaire (Krogel et al., 2013) also may show utility in group supervision, looking at the positive bond, positive working, and negative relationships. Having members complete these measures and then discussing them in group supervision could provide additional information for the supervisor to gain a better understanding of their group functioning.

We recognize, though, that receiving candid feedback from supervisees can be notoriously challenging (Mehr et al., 2010); because supervision is evaluative, trainees may fear the consequences of voicing real concerns. Group supervisors have a bit of an edge here, for two reasons. First, as noted by Salvendy (1993), trainees in a group setting have a collective power, making it easier for them to be assertive. Second, within the group context, unlike in

individual supervision, it is possible to use anonymous evaluation checklists, filled out by supervisees after their practicum or internship is completed and evaluations of their own performance have been submitted by the supervisor. Several scales in J. M. Bernard and Goodyear's (2019) *Fundamentals of Clinical Supervision* could provide essential feedback to group supervisors, such as the Supervisory Satisfaction Scale (Ladany et al., 1996) and the Group Supervision Scale (Ancinue, 2002). In addition, using the Multicultural Supervision Competencies Questionnaire (Wong & Wong, 2003) that includes questions about the supervisor's level of openness and respect for cultural difference could go a long way to help group supervisors assess how they are doing and how they might provide more support for diverse individuals. The ability to seek out and incorporate group supervisee feedback will relate directly to the supervisor's multicultural comfort (Davis et al., 2018), especially when supervisees raise areas for growth.

Domain F: Problems of Professional Competence

According to Domain F, "supervisors strive to address performance problems directly" (Guideline 1); "supervisors strive to identify potential performance problems promptly, communicate these to the supervisee, and take steps to address these in a timely manner allowing for opportunities to effect change" (Guideline 2); "supervisors are competent in developing and implementing plans to remediate performance problems" (Guideline 3); and "supervisors strive to closely monitor and document the progress of supervisees who are taking steps to address problems of competence" (Guideline 4; APA, 2015a, pp. 40-41). Although all these guidelines apply to group supervision, it is not clear how to deliver this type of feedback when conducting group supervision. Generalizing the method used in individual supervision (e.g., discussing the concerns with the supervisee in the context of supervision) is not necessarily recommended, especially for difficult feedback. This is where the *Guidelines'* Domain A (Supervisor Competence) and Domain F (Professional Competence Problems of the supervisee) interface, creating particular challenges for group supervisors. The conundrum here is that group supervision has been touted by many as a format that is prime to allow opportunities to practice giving and receiving feedback. Yet the flipside is that some feedback should only be given by the supervisor and, to reduce the chance of shaming the supervisee, it seems best to dispense some feedback individually.

For more than 20 years, Forrest and Elman (2014) have contributed much to an understanding of professional competence problems of trainees and how to address them. This rich research and best-practice literature focuses on the competency problems of one supervisee, but imagine the difficulty when competency problems are apparent for multiple supervisees. No research is available on how to respond to supervisee competence problems that surface in group supervision. This is a sticky situation as other supervisees are likely to observe the problem and look to the supervisor to solve it. Addressing the trainee outside of the group seems the most ethical, yet skill will be required in responding to the group dynamics as trainees may wonder whether and how the situation was addressed (Rosenberg et al., 2005). Trainees who witness a peer's incompetence without some assurance that steps have been taken to remediate the problem and/or protect the client(s) may lose faith in the supervisor, the training site, and perhaps even the profession.

The guidance that “supervisors . . . work in concert with relevant program and institutional participants when addressing potential performance issues” (APA, 2015a, p. 40) is particularly relevant for group supervisors. Typically, all the trainees in group supervision receive individual supervision as well, and some collaborative communication between the group and individual supervisors can be effective in reducing conflicting feedback that may be given to the supervisee, and in spotting and stemming serious performance problems that occur in different supervisory contexts.

Domain G: Ethical, Legal, and Regulatory Considerations

A critical component of psychology trainees’ development is their integration of and adaptation to the ethical norms and values in the field. In a seminal piece on this process, Handelsman et al. (2005) proposed the ethics acculturation model, which explains that contact and participation—that is, direct experiences with this new professional culture—help trainees synthesize the ideals of the profession with their own moral value traditions. In a subsequent article, Gottlieb et al. (2008) pointed to the power of group experiences to deepen ethical self-examination and to create space for the struggles and uncertainties that arise through the acculturation process. They propose that ethics education should not just be didactic, but should be social, process-oriented, and experiential. Similarly, the APA *Guidelines* (2015a) call for attention to ethical, legal, and regulatory considerations both in the substance (often client-focused) and in the structure (supervisee-focused) of supervision. In other words, the supervisor should model ethical values and behavior not only in the particulars of supervision content (e.g., applying ethical decision making to specific client cases), but also in defining its parameters and processes (e.g., outlining clear expectations for the supervisees) as well.

Applying this structural component to group supervision, Smith et al. (2014) highlighted how written contracts for group supervision can reduce trainees’ inaccurate assumptions, clarify the benefits and risks of self-disclosure, and facilitate better client treatment. Using a contract is best practice because it helps group supervisors meet the *Guidelines*’ directives to model ethical behavior and to provide clear information about the expectations for and parameters of supervision.

Addressing the more client-focused aspects of Domain G, the *Guidelines* make clear that the supervisor’s primary ethical and legal obligation is to the welfare of the people being treated by supervisees. The supervisor is charged with balancing the demands of protecting clients and promoting trainees’ professional growth. In group supervision, this balancing act can be precarious, as the supervisor’s responses affect not just one supervisee and their clients, but a whole group of developing clinicians, the sense of safety and comfort among and between them, and—of course—the care they provide to their respective clients.

Imagine, for instance, a situation in which a group supervisee was presenting a case report on one of their clients and forgot to deidentify the client’s name and other identifiable information. This report also included another client’s name who was a social support for the primary client. The supervisee did have permission from the primary client to present their case to the group (but not identifiable information), and the other client had no knowledge of their

inclusion in the case report. Prior to the presentation, this report was sent via email to all group supervisees, the group supervisor, and the individual supervisor. Ethical concerns relate to the primary client who expected their information to be deidentified and to the secondary client who gave no permission to be included. Depending on the jurisdiction and the particulars of the ethical breach, courses of action might involve that the trainee (or supervisor) disclose to the second client this unintended transmission of their confidential information and/or that the state licensing board be notified of the violation of confidentiality. This type of mistake can be enormously stressful and consequential for a seasoned psychologist, and perhaps even more excruciating for a trainee. But the astute, compassionate, and professional group supervisor can model honesty, integrity, responsibility, and healthy communication, thereby contributing to the ethical knowledge and development of the supervisee and the other group supervisees, and most importantly to the safety of clients who are discussed in group supervision.

While the trainee in the above scenario would likely have preferred a quiet fix to the bungled situation, group supervision provides an opportunity for openness and shared learning that can be critical not just to the trainees’ ethical acculturation, but to their perceptions of organizational integrity as well. When legal or ethical violations are not addressed within an organization, the results can include mistrust of leadership, confusion, doubts about the ethics and values of others within the system, and uncertainty about where to go for one’s own ethical questions or concerns (Burka et al., 2019). Certainly, addressing legal and ethical challenges in the context of group supervision can provoke its own set of anxious responses, as trainees may fear being judged as incompetent by their peers and/or the group supervisor. But by orienting the training group to growth and learning rather than to static judgments of “right” or “wrong” actions, group supervisors can mitigate the fears and risks that often prevent developing psychologists from participating fully in group supervision (Christensen & Kline, 2001; Fleming et al., 2010). Because supervision has been identified as one of the most important influences in guiding developing clinicians’ ethical decision making (Jansen, 2008), creating safety for self-disclosures by group supervisees is paramount.

Conclusions and Recommendations

In 2015, the APA issued guidance for the development of professional practice guidelines that are adopted and become APA policy (APA, 2015b). This document instructs developers to demonstrate a clear need and justification for new or expanded guidelines, whose purpose is to “guide psychologists in practice with regards to particular roles, populations, or settings and provide them with the current scholarly literature” (p. 823). We make it clear in our article that group supervision is comprised of structural elements, interpersonal processes, and experiential practices that are different from individual supervision, supporting the view that group supervisors need to acquire distinct and necessary competencies. We utilize the *APA Guidelines for Clinical Supervision in Health Service Psychology* (2015a), the foremost document on clinical supervision, as a foundation, broadening and building on the *Guidelines* to include group supervision, an essential and routinely practiced format for health service psychology training sites. Compared with individual supervision, group supervision has received relatively little attention in theory, research, or practice.

Our work provides information on the most important benefits and the most recurrent challenges encountered in group supervision, both of which set it apart from individual supervision.

Whether these considerations warrant an entirely new set of guidelines or merely an expansion of the existing *Guidelines for Clinical Supervision in Health Service Psychology* remains unclear. We concur with concerns about “the unnecessary proliferation of guidelines” but also believe there is a “clearly demonstrated and documented need” for explicit guidance on group supervision (APA, 2015b, p. 823). We suggest that a task group of professionals who regularly practice group supervision be convened, engage in a systematic and rigorous process that considers current literature and practices, and reach some consensus about the best path forward.

Meanwhile, we recommend that group supervisors supplement their understanding of the APA *Guidelines for Clinical Supervision in Health Service Psychology* by attending to the following group supervision-specific considerations.

- *The Purpose:* The purpose of group supervision may vary widely across settings and supervisors. Regardless, though, it is often misperceived as a format of convenience and efficiency rather than one of unique benefits. There are several aspects of group supervision that can be highlighted, such as providing avenues for learning how to give feedback to others, learning how to hear feedback nondefensively, learning from different perspectives, support from other group members, normalizing anxiety of group supervisees, and attending to client concerns beyond those that emerge from their direct experience. We recommend that group supervisors describe how group supervision is similar to and different from individual supervision.
- *The complexities of group supervision* require a comprehensive understanding of both group processes and clinical supervision along with the basic ethics code and how to put ethical considerations into practice. Group supervisors need to be cognizant of the unique features of providing supervision in a group and that many methods and information learned about individual supervision do not translate easily to group supervision. In any group, complex dynamics occur, and a group supervisor needs to be aware of them and intervene when appropriate for the safety of the group.
- *Confidentiality:* There are at least two aspects to consider above that of confidentiality in individual supervision. First is the confidentiality of multiple clients. Although it seems like a rare happening, it is possible that one or more group members may know the client being described in a case report as someone in their life rather than a client (e.g., a neighbor, friend, and family member). This concern could be reduced by having case presenters deidentify data that might disclose the client, by trainees conveying their discomfort and having the presenter discontinue, or possibly allowing a trainee to leave the meeting. The second area is the communication that occurs among group members. Too much or too little disclosure in group supervision could be seen as problematic, yet trainees need to decide what personal information they are willing to reveal and need to

understand the negative implications of talking about material discussed in the group to others outside of the group. This also goes for the group supervisor.

- *Dual and Multiple Relationships:* This is often inevitable in group supervision when members are in the same cohort or knew each other prior to starting the supervision group. Having a discussion with members individually prior to the start of the group could reduce potential multiple relationship problems, yet multiple relationships could also involve the group supervisor. Another relationship complication could happen if the trainee gets discrepant feedback about a client from their individual supervisor and from the group supervisor and the supervision group. This puts the supervisee in a difficult situation.
- *Multicultural events in group supervision:* Supervisors need to be comfortable addressing multicultural topics, microaggressions, and divergent viewpoints. In addition, it will be vital for group supervisors to demonstrate humility and curiosity around areas where they lack information about diversity and multiculturalism. Supervisors need to attend to group processes and address microaggressions, facilitate difficult conversations, and repair ruptures, knowing that—when addressed skillfully—these types of interactions can be opportunities for growth and models for future supervision conversations.
- *Evaluation of group supervisees and group supervisors:* Evaluations can be thorny in group supervision and, although this format is practiced in a multitude of ways, we recommend that several areas be considered and planned for as part of group supervision. For example, does the group supervisor take notes on the meetings and do these notes discuss the group as a whole or each individual member? If group notes are used and placed in trainee files, privacy of individual members needs to be protected. Group supervisees will want to know how the evaluations are used, such as if they will be incorporated into the individual evaluations. Will they have a chance to review the evaluation? Too often, students feel blindsided by summative evaluations which raise concerns that were never mentioned earlier so that students could remediate the problem. Trainees similarly need to be able to evaluate their group supervisor. Good supervisors will encourage feedback along the way, provide a safe environment to share and process the feedback, and remain curious, humble, and comfortable with self-reflection.
- *Termination:* An area notably missing from the literature on group supervision (and similarly from group psychotherapy) is termination of the group. Several authors have described components in group psychotherapy that are comparable to those that could be used in group supervision, particularly consolidating the group supervision sessions by reviewing the goals and successes gained across the group experience (e.g., Corey et al., 2018; Riva & Smith, 2018). Underscoring the learning that has taken place in the supervision group will reinforce the focus on competencies and highlight their new skills.

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Received July 25, 2023

Revision received February 5, 2024

Accepted February 7, 2024 ■