Instituto Universitário de Ciências Psicológicas, Sociais e da Vida

DELIBERATE PRACTICE SUPERVISION: ANALYSIS OF SUPERVISOR'S PERCEPTIONS OF THE MODEL'S METHOD AND ITS ATTRIBUTES

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RESUMO

A prática deliberada é considerada um método promissor para aumentar a eficácia dos terapeutas. Ainda assim, é verificada uma carência de investigação no que toca à integração da mesma na supervisão clínica (Brand et al., 2025). O objetivo deste estudo é compreender melhor esta integração segundo a análise das perceções dos supervisores treinados em prática deliberada, considerando as suas experiências e as suas perceções das experiências dos seus supervisionados ao trabalhar com este modelo. Os supervisores (N=8) responderam a uma entrevista semi-estruturada e a um questionário sociodemográfico, e as entrevistas foram analisadas segundo a perspetiva construtivista (Charmaz, 2014) do método qualitativo da *Grounded Theory*. A análise às entrevistas gerou quatro domínios e 11 categorias relacionadas com a adaptação ao método de trabalho deste modelo e aos seus atributos: 1. A eficácia do modelo e as suas comparações geram interesse; 2. As exigências do modelo podem ser geridas com disciplina e colaboração; 3. A estrutura rígida do modelo pode originar dificuldades; 4. Os princípios do modelo promovem o desenvolvimento profissional. Os resultados indicam que, apesar das exigências do modelo e das dificuldades sentidas pelos profissionais da área da psicoterapia durante a formação ou quando trabalham com o mesmo, a supervisão de prática deliberada é eficaz e este método de trabalho promove o desenvolvimento de competências dos terapeutas e dos supervisores, corroborando a investigação.

Palavras-chave: psicoterapia, prática deliberada, supervisão, análise *grounded*

ABSTRACT

Deliberate practice is considered a promising method to increase the therapist's effectiveness. Nevertheless, it's verified a lack of research regarding its integration into clinical supervision (Brand et al., 2025). The goal of this study is to better comprehend this integration through the analysis of the perceptions of the supervisors trained in deliberate practice, considering their experiences and their perceptions of their supervisee's experiences when working with this model. The supervisors (N=8) answered one semi-structured interview and one sociodemographic questionnaire, and the interviews were analyzed according to the constructivist perspective (Charmaz, 2014) of the qualitative method Grounded Theory. The analysis of the interviews generated four domains and 11 categories related to the adaptation to the model's work method and its attributes: 1. The model's efficacy and its comparisons create interest; 2. The model's demands can be managed with discipline and collaboration; 3. The model's rigid framework can originate hardships; 4. The model's principles foster professional development. The results indicate that, despite the model's demands and the hardships experienced by the professionals in the psychotherapy field while training or working with it, deliberate practice supervision is effective and this work method promotes the development of skills of therapists and supervisors, corroborating research.

Key- words: psychotherapy, deliberate practice, supervision, grounded analysis

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INTRODUCTION

After many years of investigation, research continues to suggest that psychotherapy is effective (Lambert, 2013) and efficient in adults, children, adolescents, and in people with different diagnoses (Barata, M., 2020).

Literature also supports that common factors, like the therapeutic alliance, therapist empathy, positive regard, genuineness, and client expectations (Browne & Mueser, 2021) associates significantly more with therapeutic outcomes than specific treatment techniques (Messer & Wampold, 2002). According to Wampold & Brown (2005), the differences between therapists are not correlated with age, sex, therapeutic approach, clinical experience, training, or supervision of the therapist, nor with the degree of compliance to psychological intervention protocols. *The Contextual Model* (Wampold & Imel, 2015) defends that differences between therapists are linked to interpersonal skills known as The *Facilitative Interpersonal Skills* (FIS), a set of skills like verbal fluency, hope and positive expectations found to have an important impact on psychotherapy results (Anderson & Patterson, 2013). According to Wampold & Imel (2015), the therapists who are greater at those skills obtain better clinical outcomes. Research also shows that, even though 25% of therapists consider that they fall into the 10% of best therapists, most of them are overrating their efficacy (Walfish et al, 2012).

The pioneering research on expertise highlighted performance improvements resulting from experience in a particular domain, but in the 1980s, the definition of experience based on accumulated knowledge, extensive professional experience and peer nominations became criticized. Therefore, for clinical psychotherapists, more advanced training and longer professional experience were found to not be related to the quality

and efficiency of treatment outcomes (Ericsson, 2008). Goodyear et al. (2017) defended that expertise is the result of practice during a long time which leads to better performance and results. Despite therapist factors only explaining 5% of outcomes variance, which can be an obstacle to the evaluation of the therapist's performance through the clients' outcomes, Miller et al., (2006) suggested that feedback through the measure of client outcomes is necessary to improve their performance. Therefore, training that includes feedback can be an essential process to achieve expertise in psychotherapy (Hill et al, 2017). The investigation about expertise concluded that the most studied and common characteristic in experts was deliberate practice.

Deliberate practice is an activity designed for the improvement of the level of performance (Ericsson & Charness, 1994), but also the maintenance of previously acquired skills (Chow et al., 2015). Rousmaniere et al. (2017), stated that the four pillars of deliberate practice are: a clear definition of the tasks that are out the professional's comfort zone, regular training of the established tasks, constant monitoring of the professional's performance and of its improvement and developing and evaluating of the tasks with the support of an expert.

In relation to the psychotherapy field, the lack of training and practice is one of its contemporary challenges because of the heavy theoretical therapist's formation (Rousmaniere et al, 2017) that leads a lot of psychotherapists to stagnancy (Wampold, 2015) and because deliberate practice was found to facilitate development resulting in superior performance in many fields like music, chess, and medicine (Chow et al., 2015)**,** researchers would later consider it to be suitable to understand the key mediating factors involved in the development of top-level performers in psychotherapy. For instance, Miller et al. (2018), affirmed that deliberate practice would be a viable way to improve

psychotherapy by applying it to developing therapists and then examining their results. The *Taxonomy of Deliberate Practice Activities* (TDPA) was created with the intent to show the therapist's overall performance and highlighting the areas where deliberate practice could be applied, based on five principles: quality of the therapeutic relationship, creation of expectation of change, provision of plausible rationale and healing rituals, use of client strengths and resources and, lastly, therapist self-regulation, but the authors ultimately noted that it needed more conceptualization and validation (Jenkins, 2022). Furthermore, Young and Maack (2021), also explained with detail how deliberate practice could be applied to psychotherapy by using role-play exercises where the expert would pay attention to inflection points, meaning, very good moments or very bad moments from the sessions, and then give instructions to improve the subject's performance.

Researchers have explored ways in which they could further understand and apply deliberate practice in the psychotherapy field, however, they have found some limitations. Clements-Hickmen and Reese (2020) pointed out the factors out of the therapist's control that could be affecting the patient's progress and stated that deliberate practice's reductionist approach was limiting because it only focused on improving specific skills and that it would be difficult to identify the skills that need to be worked on without the help of the detailed observation and feedback from an expert. Another limitation is referred to by Young & Maack (2021), stating that deliberate practice assumes that its practitioners are given much time to improve their performances, lacking the awareness of time constraints. This makes it hard to create a specific learning program and schedule for the improvement of the skills, although it would be beneficial (Jenkins, 2022).

It's also important to note that psychotherapists' formation is based on continued education, dissemination of scientific evidence-based treatments, feedback systems of results and supervision (Rousmaniere et al, 2017), but according to research, the practices based on evidence only explain 4% of variance in therapeutic results (Wampold & Brown, 2005) and supervision only explains 1% of variance of psychotherapies outcomes (Rousmaniere et al., 2017). In respect to the continued education, researchers have highlighted that the *Theory-Practice Gap*, defined as the poor transfer of theoretical knowledge to clinical practice (Pilecki & McKay, 2013), seems to be prevalent in universities. Moreover, the courses in formal education are also based on research that's dated (Córdoba-Salgado, 2023), researchers also have been pointing out that newly educated psychologists identified the ability to work with real-life problems and solutions as their primary deficiency after graduation (Østergård et al, 2022) and that graduate psychology students mainly read academic texts and receive limited clinical training. Although the teaching of theoretical models of psychotherapy is fundamental, researchers emphasize that training procedures should resemble practice as much as possible (Østergård et al, 2022). Concerning the training programs and workshops directed at practitioners, authors claim they have little research supporting its efficacy and lack a theoretical model outlining their proposed mechanism of competence acquisition (Córdoba-Salgado, 2023).

With respect to supervision, as mentioned in the previous paragraph, it is considered one of the many important steps in a psychotherapist's formation. During graduate school, it's a part of the trainees clinical training where the students receive direct feedback to learn and improve their performance over time. Supervision provided during this period is meant to help them develop from novices to experts, therefore, supervisors have applied appropriate methods based on available evidence and theoretical

frameworks. (Southward & Pfeifer, 2020). To expose a clear example of this, Southward & Pfeifer (2020) mention three methods used by their own supervisors to structure their training, of which included: feedback on client progress and deliberate practice. Regarding the feedback on the client's progress, the supervisors chose to examine the client's sessions improvement through a graph, so they could understand which strategies were more appropriate to use. This method allowed them to connect their in-session behaviors with their client's symptom changes and allowed them to realize that not all client's progress is linear. Focusing specifically on deliberate practice, they utilized this method to teach cognitive restructuring for those studying cognitive therapy by presenting different stories, writing the automatic thoughts, and asking the students for alternative responses to the situation. The trainees claimed to feel more competent to create alternative responses to the automatic thoughts and anticipate the core beliefs each negative thought could indicate. In this matter, they were laying a foundation to integrate other components of the model to the training in a natural manner. This approach can assist trainees in managing unexpected therapeutic moments by following the models the supervisors explained.

Despite supervisors' efforts, like the ones described previously, supervision still presents some limitations, such as, the fact that only a few recent studies results supported a supervision-patient outcome link, hence, there's still not enough evidence to support that claim (Watkins, Budge & Callahan, 2015) and the fact that training in supervision remains very limited or unavailable in many programs (Falender & Shafranske, 2004), which leads many supervisors to rely on their own experiences of supervision during clinical training (Crook-Lyon et al, 2011). The training itself usually requires little formal training because of the same reason, promoting the assumption that experience as a clinician is sufficient to make one an effective supervisor (Rousmaniere et al, 2017).

Moreover, the efforts are insufficient to track supervisors' performance and the list of supervisor competencies lack a focus on client outcomes (Goodyear, 2015).

More recent studies have also highlighted that deliberate practice within psychotherapy supervision represents a transformative approach that bridges the gap between theoretical knowledge and practical skill application, and it addresses the shortcomings of traditional methods, incentivizing the development of effective therapists (Husby, 2025) and, consequently, has the potential to enhance both therapist competency and client outcomes (Rosén, 2025). Despite the importance of these findings, researchers mention that it's still necessary to do further investigation on the impact of deliberate practice on client outcomes and the adoption of its principles across training programs (Husby, 2025), as well as focusing on refining methods to evaluate the impact of deliberate practice in supervision groups and a comprehensive assessment of supervisee's skill acquisition (Rosén, 2025).

Relevance and Goal of The Study

When training deliberate practice, supervision is needed since it requires effective performance feedback (Ericsson, 2006) and, for this reason, researchers claim that the supervisors should highlight important components of deliberate practice like flexibility, responsiveness to feedback and interpersonal skills, as well as focus on skill acquisition and client outcomes. It is also recommended to develop new clinical supervision training programs and new methods to track their performance as supervisors, in addition to get feedback on their own supervision (Rousmaniere et al, 2017), as explained previously. While we're seeing efforts in this regard, there is still a lack of research, guidelines, and training on implementing deliberate practice in clinical supervision (Brand et al., 2025). Therefore, the present qualitative study intends to get a better understanding of the

integration of deliberate practice in clinical supervision by analyzing the perceptions about this topic of multiple supervisors trained in deliberate practice, considering their experiences and the perceptions of their supervisee's experiences, through a semi-structured interview. Specifically, how do supervisors perceive the deliberate practice supervision model's work method?

METHODOLOGY

Data Design and Analysis

The present study uses a qualitative approach, therefore, it produces verbal summaries of research findings with few statistical summaries or analysis (Shaughnessey, et al., 2012). The data collected by qualitative research is mostly obtained from interviews and observations that can be used to describe individuals, groups, and social movements (Shaughnessey et al., 2012) or to establish explanations that contribute to the enrichment of an existing theoretical body (Sousa, 2014). Furthermore, this study uses Grounded Theory which is a structured data design intended to produce or construct an explanatory theory that uncovers a process inherent to the substantive area of inquiry (Chun Tie et al., 2019), specifically, the constructive approach, where the development of a theory is an act of construction dependent on the researcher's triangulation with data and theory (Charmaz, 2014).

According to Charmaz (2014), the first step of this analysis process is the open or initial coding, by studying fragments of data like lines, words, and segments. The goal is to remain open to all possible theoretical directions indicated by the readings of the data by extracting early data for analytic ideas to pursue further data collection and analysis. During this step, comparison is established between the constructions of the researchers and their collected data. The second step is called focused coding, meaning, the

pinpointing and developing of the most salient categories in large datasets. It's a focused and selective phase that utilizes the most frequent or significant initial codes to organize and integrate vast amounts of data. Finally, the analysis ends with the saturation criteria, when gathering new data no longer creates new theoretical insights, nor does it reveal new properties of these core theoretical categories. The software used to analyze the data was *Taguette*, a qualitative research software that allows users to tag and highlight research materials and export the results (Scheetz, 2024) and the codes were later organized through *Excel*.

Following the steps of this structured analytical model, in the open coding phase, the criteria for the creation of the codes in the supervisor's interviews was the identification of the descriptions of their experiences, as well as of their considerations about this supervision model and their perspectives about their supervisee's journey (Appendix D). For instance, the identification of a supervisor's positive experience, like adapting easily to the model, or the identification of considerations, such as, that the model should be modified in some ways to promote an easier adaptation to the model. This way, all the sentences of the interviews were analyzed mainly in segments, and the codes were formulated and then compared. At the end of this phase, 281 codes were generated (Appendix E). In the second phase, the focused coding, the objective was to create the categories, specific enough to create a clear distinction between them, hence analyzing, and questioning what each code could represent and evoke. Similarities and connections between codes were sought to group or separate those codes, as well as to create early conceptions for the domains. Finally, the analysis reached the saturation criteria after no new connections between codes were found and no new categories had to created or changed.

Participants

To analyze its goal and reach conclusions, the present study uses a convenience sample. According to the American Psychological Association (2018), convenience sampling is defined as any process for selecting a sample of individuals or cases that is neither random nor systematic, but rather governed by chance or ready availability. MacNealy (1999) also defined a convenience sample as a technique that requires the researchers to go to the public locations and ask passersby to participate (Golzar et al., 2022). Therefore, the sample of this study consists of eight clinical supervisors that had deliberate practice supervision formation of a year in a counseling center from a North American university, whose contacts were provided for the participation of the study through the professor orienting the study and an individual associated with said counseling center. Regarding the sample characteristics, as showcased in Table 1, most of the interviewed participants were women, their mean of age is 47, their experience as supervisors is, in mean, ten years and, likewise, their formation in deliberate practice is two years.

Variable	*N*	*%*	*M*	*SD*
Age			47,25	11,80496264
≤ 39	2	25%		
40 - 49	3	37.5%		
50 >	3	37.5%		
Gender				
Women	6	75%		
Men	2	25%		
Theoretical Model				
Ecletic	2	25%		
Cognitive-Behavioral	2	25%		
Short Term Psychodynamic	1	12.5%		
Solution Focused	1	12.5%		
Family Systems	1	12.5%		
Emotion Focused	1	12.5%		
Experience As A Supervisor (Years)			10	6,969320524
1-10	5	62.5%		

13-20	3	37.5%		
Formation in Deliberate Practice (Years)			2,125	0,83452296
1	2	25%		
2 - 3	6	75%		

Table 1. Results of the supervisor's sociodemographic questionnaire

Procedure

Initially, to reach supervisors, it was necessary for the professor to engage with a person who worked with supervisors trained in deliberate practice in the counseling center of the university. Shortly after, forms of contact like e-mails were provided by said person to get in contact with the supervisors. Ten supervisors were contacted initially, but only eight of them responded. While waiting for the supervisor's agreement on the dates to schedule the interview and their signed informed consents, the formulation of the semi-structured interview was initiated and once it was approved by the professor, the focus turned to preparing for the interviews. The supervisors sent their signed informed consent forms (Appendix B) and the interviews were conducted in an online setting via the application *Google Meet.* In the beginning of the interviews, a brief introduction was made to explain the goal of the study, as well as to present the interviewer and give the supervisors the opportunity to clarify any questions about the interview or the study. The duration goal of the recorded interviews was established to 30-45 minutes. The mean of the duration of the interviews was 27 minutes. The shortest interview was of 18 minutes and 26 seconds, and the longest interview was of 45 minutes and 31 seconds. Afterwards, a short socio-demographic questionnaire was sent to the participants and the transcription of the interviews began. Subsequently, and as explained previously, the analysis of the interviews was done following the Grounded Theory method, using *Taguette* in its first phase of analysis and using mainly *Excel* during its second phase.

Instruments

The present study used a semi-structured interview with 15 questions about the supervisor's experiences and their opinions regarding the use of deliberate practice as a method in supervision (Appendix C).

Semi-structured interviews are used to gain a detailed picture of a respondent's beliefs, perceptions, or accounts about a particular topic. This type of interview gives the researcher and the respondent more flexibility than the more conventional interviews, questionnaires, or surveys due to being more structured. For example, the researcher can follow up interesting subjects that arise in the interview and the respondent is able to give a fuller picture of it (Smith, 1995). This type of interview is indicated if, for example, the researcher wants to ask open-ended questions on topics that the respondents might not be open about if sitting with peers in a focus group or if the researcher needs to conduct a formative program evaluation and wants a "one-on-one" with important figures like program managers, front-line service providers and staff. On the other hand, semi-structured interviews can be time consuming, labor intensive and require interviewer sophistication (Adams, 2015). The reflective nature of the researcher is also an important factor while using a semi-structured interview, as they note verbal and non-verbal signals from the participants and question if emerging issues contributed to existing categories and/or required further probing and exploration (Dearnley, 2005).

The sociodemographic questionnaire was also sent to the participants to describe the population of the respondents (Ziegenfuss et al., 2021). The questionnaire was composed of five questions: age, gender, theoretical model, experience as a supervisor and formation in deliberate practice and responded through *Google Forms*.

RESULTS

The present codification generated 11 categories and four domains (Table 2). Each of the categories refer to the deliberate practice supervision model's attributes and how they are managed, positively or negatively, through the perspective of supervisors while practicing or working with it, considering their own experiences with the model, as well as their views about their supervisee's journey. The different domains create a clear distinction between categories, grouping the ones that are more interconnected by its traits and or by how the professionals attend to it.

Domain 1 – The model's efficacy and its comparisons create interest
1.1. Research and the model's efficacy generates curiosity
1.2. Dissatisfaction with traditional supervision and personal preferences lead to interest in the model
1.3. Similarities to therapy models and practices can give a sense of proximity to the model
Domain 2 - The model's demands can be managed with discipline and collaboration
2.1. Stimulates a supportive and collaborative work dynamic
2.2. A disciplined and persistent approach creates a good adjustment to the model
Domain 3 – The model's rigid framework can originate hardships
3.1. Higher sensitivity and emotional turmoil can hinder the model's goals
3.2. Practical/technical difficulties can impede the work with the model
3.3. Conceptual/theoretical preferences create resistance with the model
Domain 4 - The model's principles foster professional development
4.1. Contributes to the betterment of the therapy field
4.2. Provides beneficial and useful lessons to the professionals
4.3. Working with the model results in good outcomes and improvement

Table 2. Results of the grounded theory analysis of the supervisor's interviews

Domain 1 – The model's efficacy and its comparisons create interest

This domain contains three categories, breaking down what attracts professionals to learn and work with this model of supervision. After careful analysis of the supervisor's explanation of their interest in the model, it's concluded that it is essentially seen as a good alternative to other models of supervision due to positive research conclusions about it and for those who are unsatisfied with or find similarities with other models. Thus, this domain contains three categories, breaking down what attracts professionals to learn and work with this model of supervision.

1.1. Research and the model's efficacy generates curiosity

The model incites interest due to its appealing research and results, specifically its efficacy in professionals of the therapy field. The supervisors mentioned hearing about the model in conferences or discovering it after doing their individual research and consequently being captivated by its work method and success.

P8*: "Yeah, I... my state MFT association had a conference in few years ago now where (redacted) did a presentation just on deliberate practice for skill building and I, at the time, was at teaching graduate MFT full time, including clinical skills and the deliberate practice, you know, style of approaching skill building just seemed so immediately useful and applicable that I wanted to learn everything that I could and in fact I read several of the books and I looked at the free resources online and immediately started building some deliberate practice into a couple of electives that I talked, particularly one about working with difficult dialogues in therapy, so talking about race, talking about body size, talking about gender with trans and non-binary clients things like that, clinicians are often very uncomfortable, especially if they're kind of from a majority group or a privileged group, so I built some deliberate practice into that (...)"*

P4*: "I was doing the solo deliberate practice exercises based on those videos that (redacted) had made. This was quite some years back…we would watch him and record our stuff and then also following Scott Miller and Daryl Chow's work and so I was interested in that and building my own skills and as a therapist…"*

1.2. Dissatisfaction with traditional supervision and personal preferences lead to interest in the model

Another factor that influenced the supervisors to engage with deliberate practice supervision was their dissatisfaction with other types of supervision or poor experiences associated with it, particularly more traditional ones, or their personal preferences when it comes to training. For instance, some considered their previous supervision experiences as "poor" and insufficient, while others mentioned their personal tendencies to practice rather than focusing too much on theory in supervision.

P3*: "I wanted to get better and I read about it sounded very appealing, it sounded… I had really poor supervision as an intern and when I was learning as an associate, people would say "Oh, you're doing great see you later and that'll be $150.00" (laughs), so I really wanted to… just, I love learning, so it's a way to keep learning."*

P7*: "Because that is how I… just learn everything in life. I am one of those people that needs to actually do things, I mean I can learn theoretically, but in order to be able to actually do it, I have to do it, so I so…."*

Moreover, some even expressed, as a personal preference, their necessity to integrate deliberate practice supervision into their more traditional supervision and, in another example, explain their preference in this model due to countertransference not being a reoccurring worry, something they dislike experiencing in other models of supervision.

P4*: "And then with supervision… I mean I still have to do traditional clinical supervision at times for some of my staff because not everyone signed up for this, we don't record,*

our sessions are happening in person and then stuff that's not being recorded on a regular basis nor is outcome data being collected, which also drives me a little bit… I don't know, it's frustrating because using the (redacted) model I can quickly tell by looking at the outcome data which clients we need to check in about, if there's any safety concerns, who's making progress and who's at risk for deterioration… like I can know that in 30 seconds by looking at the OU data and I love that. I don't have that, when I'm doing supervision outside of here and then I also don't have the video recording of what actually happened in session so… I love that and I I've been you know advocating to bring this into my clinic here and yeah (…)"

P1: *"Also another advantage is that I went to a psychodynamic program like I mentioned which means that we spent a lot of time discussing countertransference. My supervisors, when I was getting licensed, they know a significant amount of information about my family of origin, about my relationships, about my history of mental health and… there was a lot of disclosure and I didn't always feel comfortable making those disclosures, but psychodynamics… so it's got to be discussed, but in deliberate practice the rehearsal itself flushes out countertransference (...)"*

1.3. Similarities to therapy models and practices can give a sense of proximity to the model

The perceived similarities in other supervision models or practices were one of the reasons that captivated the supervisors to this model, mentioning the steps or the structure of the method that they were already accustomed to previously as a steppingstone for a good adaptation to this new model, giving them a sense of proximity to it. For instance, mentions of similar training for intensive short term dynamic psychotherapy or the direct feedback on recordings.

P6: *"So, I did ISTDP for my internship and that's all like one of the practices that I do, that's intensive short term dynamic psychotherapy, and that has like a kind of similar model where you're using a lot of videotape, you're practicing a lot of skills, so when I saw like (redacted) e-mail about that, I thought like "That sounds perfect" because I really enjoyed getting that kind of supervision."*

P8: *"You know, and started doing our supervision sessions, it was really great to get that feedback on supervision because it had been… I mean, I got supervision of supervision 20 plus years ago when I was in grad school getting my MFT approved supervisor designation during and after grad school with that, but like the last time that I had really gotten direct feedback on recordings of supervision, you know, was 20 plus years ago and so it was really great."*

Domain 2 – The model's demands can be managed with discipline and collaboration

This second domain is centered around a positive adaptation to the model, exploring the attitudes and work dynamics that encourage a good adjustment and performance while training, as described by the interviewed supervisors. Therefore, this domain contains two categories deconstructing this topic, focusing on the work applied with the supervisees, their dynamics and as well as their work ethic.

2.1. Stimulates a supportive and collaborative work dynamic

The analysis concluded that the model can be used in different types of supervision, being that the most common types of supervision used with the trainees, according to the supervisors, were triadic and individual.

P4: *"Ok, yeah. I've only done it in individual and triadic supervision." "so that's been nice and… I've done it a couple different ways with the triadic supervision, so one is we focus on one therapist skill deficit, they'll bring the video or really work on building that skill and so we've done that with one supervisee being the observer, while we're focusing*

on this and then, most recently, and really hearing from my colleague and my trainee… my supervisees sharing as it will then practice the skill with the other therapist too, so it might not match exactly with whatever they're working on, but we'll do… like trainee A will do… they'll bring the video we'll identify it, we'll prep, do the skill practice and then we'll jump over to the other trainee and have them practice the same skill, so that's been that's been exciting and I like that more than just having them observe because… I think there's also this cool synthesis that happens where one therapist will see another therapist do that and be like "Ohh, I like that" or then they'll try it and build it change on it so, yeah, that's been really cool."

It was also briefly mentioned by a supervisor the attempts to do group supervision while working with this model, but ultimately the individual and the triadic supervision were seen as a better fit for this model.

P8: *"I don't know how I would do this, I mean I've occasionally done it with my group that I supervise in my business and I've done it in a classroom, you know, skills… clinical skills classroom, so those are grouped type settings."*

Furthermore, while analyzing the supervisor's interviews, it was noted a description of a very supportive and collaborative work dynamic with their supervisees, emphasizing a guiding and supportive posture while helping the supervisees follow the model's steps and their skills and also allowing autonomy on the supervisee's part to choose what they prefer to focus and work on regarding the client's case.

P3: *"They have a format in (name of the center) where what they do for me is, before we meet, they've identified the where they're feeling challenged, "I don't know what to do when she starts yelling at him" and then they identify the client challenge "I can't seem to get the man to open his mouth", so we've identified where they're feeling stuck and we've identified where they think they're couples feeling stuck and then they show*

videotape of those spots and then we work with them, so it's pretty collaborative. We're both agreeing to work on what they feel is a deficit."

P4: *"(…) like, I had a trainee who was struggling with risk assessment, the client said they were having thoughts of suicide they were… she didn't do a great job of assessing it so we spent several weeks actually really practicing skills so I gave her a list of risk assessment questions, we watched the video of the client making a statement that indicated we needed to do a risk assessment and we broke it down into pieces and we're able to practice "Are you having thoughts of killing yourself?" like, let's bring it back we're not going to say "Thoughts of harming yourself?" we're going to need to be very explicit "Do you have a method? Do you have a plan?" like we practice this very concretely I asked her to record her individual practice."*

The supervisors mentioned that this type of dynamic allowed a good adjustment to the model and a sense of ethos, where both supervisors and supervisees strive to develop as professionals.

P2: *"(…) without a structure that just kind of holds everybody accountable to working together in this way and in a kind of… ethos, I think that's right… we're an ethos of we're all getting, we're all going to become better by doing this. Not everybody wants to get better all the time even, I mean it's hard to get a group of people together to do that together and they (name of the center) has done it, has done an awesome job with that they have. A great structure like you mentioned so…"*

2.2. A disciplined and persistent approach creates a good adjustment to the model

A disciplined and persistent attitude while working with the model leads to a good adaptation. During the analysis of the results, the recounts of motivation and determination to learn and adapt, despite the difficulties, were highlighted by the supervisors regarding their own efforts, but also about their supervisee's position. Though

there might be reports of some reluctance and difficulty, especially in the beginning of the learning process, perseverance is the key for a good adjustment to the model. Additionally, there are also descriptions of experiences characterized as positive and instances of enjoyment as a consequence of this.

P2: *"(...) and I think the other just really positive part about it it's been fun, I've just you know… I mean I would feel a little burned out after COVID and you know just like…you know, just especially around video working over video so much and it was just big shift during COVID and this has given me a real way of working this is made video feel like much better and I've just had fun learning with this group of people and working with these with my fellow supervisors and with my supervisees as well so that's better this is the most upside of everything (...)"*

P3: *"It has been a really great experience, especially, just recognizing everybody's learning, there's been people that say "Ohh, I would never say that, that sounds fake", you know, if it's stable "Ohh, can you lean in and. Ohh, my gosh tell me more" "Ohh, I would never do that" it's like: "Ok, well, let's model it anyway, let's role play it anyway. You would never do that, let's do it anyway" and just over and over and over and then, next thing I know, I'm hearing "Wow, it's going really well" so it was kind of learning… just stick with that one. Stick with one skill."*

Domain 3 - Rigid framework of the model can originate hardships

The model's structure is considered rigid, and, beyond that, there are different factors that can contribute to a more difficult adaptation while working with this model or to even be able to work with the model outside of the counseling center where the supervisors learned and trained with the model. This domain is composed by three categories that intend to explore the personal and more technical aspects that could cause blockages.

3.1. Higher sensitivity and emotional turmoil can hinder the model's goals

In this category, the focus is on the emotional difficulties that could be experienced during the training or while working with this supervision model and how it can affect their performances and adaptation to the model. The supervisors mentioned shame, nervousness, and awkwardness and feelings of frustration and boredom experienced by them or their supervisees at some point due to, for instance, feeling exposed while reviewing their own recorded sessions with the clients, making some even characterize their experiences as “humbling”.

P8*: “And I think another drawback is that for folks that are that have a tendency to shame you know to be a little tender in that area, I think it can be a bit hard for supervisees at the same time… I think that those folks need… I mean, I include myself in this right because I really struggled through feedback as a young therapist, I think that we… when you're in that place that is a liability that you have, I honestly think that you need something that's going to make you work on that stuff, get some therapy about that stuff, toughen up a bit, heal whatever the wounds are, because the folks who can't continue to look at their own work and take feedback about where they could improve… like I worry about those people actually in the field, It's a con, but it's also a pro in a way… it is it really yeah.”*

P1*: “During the session itself, I think the primary thing that we're fighting against is boredom, that people can get bored in the middle of the rehearsal process, they can get frustrated it and this is also like… this is not a straight space model this is a deficit-based model. I am sitting with someone here i am sitting in supervision of supervision myself identifying what the deficits are, what you aren’t doing well. There's praise in there, like they're absolutely “this is what I really love about what you're doing, this is what's working, I really like turn a phrase here”, but that's not what we spend the bulk of our*

time on the bulk of the time is "here's what I want you to do differently, let's do it again" "here's what I want you differently, let's do it again and just because I say "that part went well" it does not mean… like it could be an ego hit."

Furthermore, for that reasoning, they also mention the necessity of establishing safety to foster the vulnerability since, for example, it's important to make the supervisees feel comfortable enough to discuss their analyses and critiquing their performances, mistakes and clarifying their doubts while reviewing their own recorded work without making them feel unprofessional or inadequate as therapists.

P7*: "It takes… there's more foundational safety building than that needs to happen than in traditional supervision, because in traditional supervision you don't really know what's going on. You know what you're being told about, what's happening, and we talk about clients instead of seeing the clients themselves and basically hearing the clients speak directly about what the challenges are in the therapy. In the way that they present in session, we can see what the challenges in therapy are." "Yeah so… it takes a great deal of vulnerability to admit and to show the moments in session that you have… where things were going well in session and you said something or did something that threw it off track. And many trainees are afraid of doing that, especially at the beginning and so they have to know that… you were there to help them, but you're not there to shame them or embarrass them and you're not going to push them to do something that is so hard that they just can't do it. So… allowing them time and space to feel safe with you enough to bring you the real tapes, to bring you the real problems that they're having in session."*

3.2. Practical/technical difficulties can impede the work with the model

Another salient aspect in the analysis of the interviews was the practical/technical difficulties experienced by the supervisors and the supervisees that can complicate the work with the model outside of the establishment, the counseling center, where it was

learned. For instance, time consumption and the heavy workload of the model, since a lot of review and practice is required while still finding time to conciliate the work with other professional responsibilities or matters.

P8*: "(...) you know, and I struggle to think about how we would both keep an eye on the bigger picture of the caseload and talk about things like professional development and marketing to get clients in and, you know, different specific topics that come up when you I mean you could have you know 10 different presenting issues you know completely differentially in a caseload of that size or more and so I think that it like it is one reason that in my individual and group supervision over in my business, I sometimes do some deliberate practice with folks, but we certainly don't do it every week or even most weeks because there is so much to the job of supervisor. It's almost like I would need to break out you know skills rehearsal supervision from all of the other administrative and professional development and kinds of stuff. So, I think that that outside of a very multi- ... you know well staffed and kind of small caseload setting like (name of the center), I struggle to imagine how it would work on a regular basis, basically. I mean and I have done some consulting deliberate practice person, you know, for folks who are already licensed, who want to work on a skill and in that case, I don't have the responsibility for their cases and so I don't have to worry about the, you know, "Are they doing their paperwork rights? And how are they handling the bigger treatment team if there is one?" and blah blah blah, but all the other things that handle supervision, there's just not a lot of room for that in in deliberate practice."*

P1*: "The biggest challenge with the model in general are that it asks a lot from them. They have homework in between supervision sessions, they have to review tape, they have to be recorded there's a skills lab at (name of the center) that they go to for two hours a week so they are getting… they are spending significantly more time getting supervision*

and doing training than folks do with other organizations and they're doing this while being in grad school and apparently also having a life, friends, family, hobbies… so, asking for an additional few hours a week may not sound like much, but it's significant. It's a lot."

Moreover, they also mentioned the technical factors they believe that represent obstacles to execute the work outside of the counseling center where the model was initially learned, stating the monetary implications necessary to acquire equipment like the recording systems, aspects like confidentiality and a perceived inability to apply the model in other clinical contexts due to other responsibilities associated with their jobs.

P1*: "In individual supervision in my private practice so… where I'm making a lot more compromises because I don't have counseling center money. They've got like a whole recording system that automatically deletes things they've got all of this, they got the outcome questionnaire that… they have all the fancy stuff and I have a like a one person shop with three employees so not only two employees now one of them got license." "The other concern with deliberate practice is that it requires a significant amount of technical overhead. So, sessions have to be recorded which means that for telehealth, that's very straightforward, right? You hit the record button in zoom but then… where does that recording go? How long do you keep it? It is it automatically deleted? How do you store it securely? And if you're doing in person work, do you have video cameras all through your office? Are they pointed at the client and the therapist or are you just using audio recording? So, the technical components of deliberate practice are essential to the model, are core, and they're also a huge con in terms of… being able to spread this to more places. I am getting deliberate practice set up pretty fully in my private practice and it's expensive. It is expensive to securely store client tape. It is expensive to automatically record sessions… and for my in person work I actually have no idea how I'll do it so I*

haven't like… And (name of the center) right now is exclusively online so they haven't had to solve that problem either."

P4: "Sure, I think the biggest con for somebody who is working at a like a clinic like I am like a government clinic where the supervisor has clinical tasks and non clinical tasks, the model is really focused on just doing the clinical tasks, but, you know, I also need to remind people they got to do their time cards, they got to fill out their mileage reimbursement, they're late turning in their treatment plans there's… or like vacation request, like there's like all these other duties of supervision, like at least at my clinic that are that are required to do and they're not strictly clinical, I don't think the model accounts for that. I think best practice would actually be to have like a supervisor like an administrative supervisor and a clinical supervisor, but in government clinics and most of the nonprofits and places I work, the clinical supervisor holds a dual role so I think that's the biggest one."

3.3. Conceptual/theoretical preferences create resistance with the model

The conceptual/theoretical preferences of the supervisors or the supervisees were also brought up in the interviews, for example, how the methods or steps used in other models of supervision can challenge the work or training with this model. One factor that was heavily referenced was case conceptualization since, in traditional supervision, it is very common to focus and spend more time understanding theoretically the client's issue and most supervisors are accustomed to that, while deliberate practice focuses heavily on the therapist's deficit and skill practice. Additionally, because of it, some suggest that the model might need modifications to add case conceptualization and a treatment plan.

P4*: "I think there's a strong pull to get into conceptualizing a case or talking about things in the abstract or theory or any of that… and to really come back and ground it in practice and behavior rehearsal, I think that's for me that's the hardest part, I think. Especially if*

you have a trainee who wants to know like case conceptualization and talk about all these things…"

P1*: "(...) but I do think that there's that one of the opportunities we have in deliberate practice is to create a treatment planning model if you were to do like "what is assessment and treatment planning with a case conceptualization?" what would that look like in the deliberate practice format and then how would that inform rehearsal differently? Where I'm not just using the 5 minutes of tape that they bring in, but I also have a treatment plan and a diagnosis and an assessment that tells me "this is where we're going the long term with this person."*

This category also refers to the difficulties they experienced about the model's structure, specifically, steps like identifying the deficits after periods of improvement and good performance in sessions or struggling while doing rehearsals or not doing them enough.

P4*: "I think… there's maybe a couple. One thing that I noticed that happened towards the end of my first year and then with more skilled therapist is sometimes they'll bring a video in and I don't actually see the skill deficit, they've identified a video clip where it was a tough session and they responded appropriately and so then it takes a minute for us to find the their clinical challenge, which we're able to do it just takes a little bit, but yeah, I think that might be the hardest…"*

P5*: "For me, definitely doing… like enough rehearsals, like making sure I get to rehearsal and then like sticking with it is something that I that I struggle with and also, like I said before, just like defining each element that… up to the goal. Those are the challenges of this."*

Domain 4 - The model's principles fosters professional development

Even before the analysis process, it was clear that the model was based on principles, mentioned previously, crucial to incentivize development and progress. During the analysis of the interviews, it was possible to corroborate that perspective due to the supervisor's acknowledgement of their own progress, as well as their supervisee's perceived performance development. Therefore, the principle of rehearsal and persistence during difficult periods of training lead to the betterment of the professional's skills and capabilities, specifically therapists.

4.1. Contributes to the betterment of the therapy field

It's important to note the contributions the model has given to therapy field, according to those interviewed. The analysis shows a positive perspective of the model, seen as an important steppingstone for therapists and to the therapy field due to how much therapists can learn and develop in a short span of time and therefore help their clients more effectively.

P2*: "I have to say I'm so impressed with the amount of learning that has happened over this period of time how… I mean, I feel like I wish I could go… I mean I wouldn't do it, but I wish I could go back and start graduate school all over again because this is just… it's such a fast way to don't become… you don't become like…. a like, you still need a lot of clinical experience to be a good therapist, but to get these skills understood at the beginning um… really is a huge way to… a huge stride forward in terms of just being a solid good therapist for somebody who comes in when you don't have that much clinical experience yet."*

P7*: "Yeah, and they would have been pushed out of the field because it… one comment was completely inappropriate and then (…) These are two people we would have lost in the field, both of them were persons of color… so underrepresented in the in the field and*

we would have lost both of them if they had gone to… had a different kind of supervision, because the school would have wanted to know that they were… "These are not people that should be in the field", but I am confident that now these are people that are contributing to the field in a wonderful way. They just needed a little bit more directive… what behaviors, what tone… simple things like… you nodding your head, you know, simple things like that really made a big difference for them to be able to develop rapport and maintain that rapport with their clients."

The results are positively surprising to the point that some supervisors also suggest that every model of therapy should be taught this way or that certain aspects of the model should be implemented to models of therapy.

P7*: "I actually think that this is the way we should be teaching every model of therapy… and more and more evidence-based kinds of interventions are requiring, in addition to like the initial foundational training, they're requiring ongoing consultation… but I think they need to be having someone either role play or do video where they can actually… you could see where someone gets stuck in a particular… implementing affirmative certain aspect of an intervention, giving them direct feedback, so that they can be… maintained greater fidelity to the model."*

4.2. Provides beneficial and useful lessons to the professionals

The model also provides beneficial and useful lessons or tools integral to the structure of the model. Although they can be mentioned as difficult by some, they are also recognized as beneficial to supervisors and supervisee's professional development and paths. Such lessons or tools are the work focused on the deficits to understand what should be done differently to properly and successfully prioritize the client's needs and the tracking of outcomes to follow and guide the therapist's work.

P1*: "Yeah… the biggest pro is that it centers the client and what the client needs. Everything is about this deficit."*

P4*: "I think the biggest pro is that you can track your trainee's outcomes, you know, you can see how many of their clients are getting better, how many are getting worse how many are staying the same. I also think that reviewing the outcome data and watching videotapes, it also can help you, if you're a supervisor, do you need to reassign this case, if it's not a good clinical match are there are there other things going on… I think that's been the uh pretty helpful."*

Other aspects mentioned were the feedback and the repetitions and rehearsal step. The latter being frequently mentioned and praised for its weight in the model's structure, being seen as the most important step to effectively obtain and develop skills.

P5*: "I think that the intentional practice piece, I think it's something that I always talk about it all the time in our group supervision, like… I want so badly to avoid it because it's hard for the trainee and it's hard for me to give the feedback and it's just easier to talk about the case than to do the skill practice and, so that's the hardest part. It's just really being accountable and making sure that we get to some practice."*

P3*: "I didn't realize, I think the most powerful supervision session we had was when (redacted) showed a video of me, once working with somebody and he said: "So you just mentioned one skill, two skill. There's a third skill, there's a fourth skill, there's a fifth skill, there's a sixth skill" and deliberate practice is taking one skill over and over and over, until the associate learns, like I had no idea, I had no idea."*

4.3. Working with the model results in good outcomes and improvement

The model distinctly produces good outcomes and promotes improvement and that is highlighted throughout the analysis of the interviews. Also being referenced as advantageous, there are different mentions of experiences or perceptions of improvement

from the supervisees, as well as from the supervisors themselves, showcasing that the model is effective and fulfills its purpose.

P4*: "I was able to watch that and then I was able to see her implement these skills in her next session right, the next session called for a risk assessment I could see her do it… it got a little better we did some more fine tuning around it then you know… I've seen this trainee for over a year now they recently showed me a risk assessment that they did an amazing job, like they knew it was an uncomfortable topic for them like to talk about and to ask these direct questions about suicide or thoughts of killing yourself and like how to how to ask those type of questions we did a ton of practice around it and then I got to see the results which is really cool."*

P6*: "(...) and so when I see my supervisees like watching the tape, seeing this and then to explain something to them in a new way and you see them… kind of, when we do the skill building, and you see them like really capturing it and then, I think when I see it over the week later, and they're able to say "I did this, I was able to do it, we made progress" it's so… it's such like a positive reinforcement, right? And they're like "I practiced the skill, I learned the thing, I did the thing and I saw the outcome", right? And it's really cool from my end just seeing like it's really working."*

DISCUSSION

As defended by research, deliberate practice could contribute to the understanding of the development of clinical expertise and in revising traditional training and supervision methods (Vaz et al., 2025). For this reasoning, this study intended to comprehend the deliberate practice supervision model through the perspectives and experiences of supervisors, as well as their perspectives about their supervisee's performances, after training and working with the model. Through the analysis of the

supervisor's interviews, it was possible to formulate four domains that refer to how they managed the model's work method and their perception of its attributes.

The first domain explores how the model's efficacy, and its comparisons create interest to professionals like the supervisors and therapists. During the interviews, the supervisors explained what drew them to learn and work with the model. Therefore, it was possible to understand how they characterized this supervision model, mentioning its research and efficacy, and through comparisons to other models of supervision and even academic experiences related to supervision, referencing dissatisfaction and personal preferences, as well as perceived similarities to therapy models and other practices. Notably, the deliberate practice supervision model is an efficacy focused model and Brand et al. (2025), even argue a gaining consensus in the academic field of deliberate practice supervision model as a promising method to increase the therapist's effectiveness. As previously stated, the supervisors also expressed their dissatisfaction with other models and their personal preferences as reasons for their interest in this particular model, due to poor previous experiences with supervision and preferences like the focus on practicing, rather than focus on theory and case conceptualization, Brand et al. (2025), corroborate this feeling by stating that traditional supervision misses opportunities to practice specific clinical skills due to an overemphasis on conceptual teaching and the expectation of a therapist reliably translating said conceptual understanding into clinical skills. Furthermore, despite the differences or similarities found in other models of supervision or therapy described by the supervisors, studies suggest that deliberate practice can be more effective than more traditional didactic methods (Rosén, 2025) and that it can outperform standard supervision and training and traditional learning models of psychotherapy (Sacks, 2025), validating the supervisor's

dissatisfaction and negative experiences with other models in comparison with the present model.

The second domain concerns with how the model's demands can be managed with discipline and collaboration, according to the supervisor's description of their experiences as well as what they noticed regarding their supervisee's feedback and performances. Specifically, how the model incentivizes a collaborative approach and a disciplined attituded to establish a good adaptation to the model. The results denoted a very collaborative work dynamic with the supervisees while still allowing space for the supervisee to choose what to focus on specifically on the client's case, i.e., autonomy. Additionally, it was also possible to verify that following the model's steps and maintaining persistence and discipline, as the model's structure requires, will lead to a positive adjustment and experience while training or working with the model. According to recent studies about deliberate practice supervision, the collaborative work between the supervisors and supervisees strengthens the supervisory alliance, due to facilitating greater agreement on practice goals (Sacks, 2025). Moreover, Credé & Phillips (2011) concluded that perseverance can improve an individual's academic performance through, among other things, deliberate practice. This way, corroborating this perspective of perseverance against difficulties and challenges, considering the supervisor's descriptions and experiences.

How the rigid framework can originate hardships was also theorized as a domain due to the different type of challenges faced by supervisors and supervisees. According to the interviewed supervisors, professionals who work with deliberate practice could go through different types of difficulties, specifically, emotional, practical, and theoretical. The emotional difficulties are described as feelings of frustration, boredom, shame, and awkwardness, and even nervousness, which is mostly felt by supervisees in the beginning

of their training with the model and how it can hinder the model's purpose if an environment of safety to promote vulnerability is not established. These results support Wirz et al. (2018) claims that high emotional arousal limits the therapist's capacity to learn new skills and that the feedback on the supervisee's performances can trigger self-criticism and shame. Because of this, Sacks (2025) defends that it is important to promote a supervisory that is accepting and warm to facilitate a sense of control and mastery in learning. With respect to the practical or technical difficulties, like the monetary and confidentiality difficulties associated to the acquirement of the recording systems utilized to record the therapist's sessions and the perceived impracticality to apply the deliberate practice supervision model into other clinical contexts, it's noted that such aspects are very specific challenges associated with the center's very recent model and have yet to be reflected upon and resolved, although investigators reinforce that therapy recordings are essential to provide performance feedback and micro-skills training, as well as a better picture of the supervisee's performance than their self-reporting (Brand et al., 2025). Concerning the dissatisfaction about the time consumption, researchers reassure that while the approach seems slow, it ultimately leads to a more effective learning (Krueger & Dayan, 2009). Regarding the conceptual or theoretical preferences, such as a bigger focus on conceptualization or an addition of a treatment plan, authors explain that the model heavily focuses on procedural learning to tackle traditional supervision's limitations, therefore, the focus will always be on learning by doing rather than learning by reflecting (Brand et al., 2025). Nevertheless, researchers also consider that therapists blending procedural, declarative, and conditional knowledge can better adapt their techniques to the specific need of clients and thus enhancing the therapeutic process (Husby, 2025; Vaz & Rousmaniere, 2022).

Finally, how the model's principles foster professional development was the last domain theorized for this study. This domain focuses on the supervisor's opinions regarding the model's beneficial aspects and its positive impact experienced by themselves or their perception of such on their supervisee's performances. Authors consider that, among other things, deliberate practice aligns with professional development that involves objective assessment of weaknesses and goals for growth (Jin & Wang, 2024; Taylor & Neimeyer, 2022). The supervisors stated that the model contributed to the betterment of the therapy field due to, for instance, the rapid development of the therapists in a relatively short time, in their perspectives. This is also defended by the authors of this deliberate practice model by affirming that, in another case that illustrated the deliberate practice model, it showcased the supervisee's development and how the client also benefitted from his therapy because of it (Brand et al., 2025). The idea of providing beneficial and useful lessons to professionals is connected to its different work method, as previously stated, purposefully different from what it's done traditionally and is considered the norm in supervision. The supervisors mentioned specifically some of the steps of the model's structure and even the tools they provide. For instance, the skill rehearsals or the tracking of outcomes were mentioned as aspects that benefited the supervisors and the therapists in their professions or that had positively impacted their professional development. Brand et al., (2025) consider that leading the supervisees through behavioral rehearsals makes the process more efficient because there is an establishment of a target and bullseye. This specific deliberate practice model also provides outcome measures to allow the therapists to obtain feedback from their clients and, consequently, be able to catch client deterioration and tackle it (Brand et al., 2025). Lastly, the different affirmations from the supervisors about how the work with the model results in good outcomes and improvement, can also be supported by

research because it has been concluded that the development of, not only the therapists, but also the clients and the supervisors, can create more successful therapy and supervision outcomes (Brand et al., 2025).

CONCLUSIONS

This study intended to reach a better understanding of deliberate practice supervision through the perspective and description of experiences of supervisors who were trained for deliberate practice supervision in a counseling center of a university for a year, as well as their perspectives about their supervisee's experiences.

After careful analysis of the interviews conducted with the supervisors, it was possible to reach conclusions about the deliberate practice supervision model's attributes and how they can be managed. Namely: (1) The model's efficacy and its comparisons create interest; (2) The model's demands can be managed with discipline and collaboration; (3) The model's rigid framework can originate hardships; (4) The model's principles foster professional development. These domains created were composed of different categories that encompassed different affirmations and explanations about their experiences and their views about the model, making it possible to understand the supervisors and the supervisee's positive experiences, their perceptions of improvement as professionals and the challenges they faced throughout their training and their work process with this type of supervision.

These results reinforce the idea that deliberate practice supervision provides new principles that improve outcomes in therapist effectiveness and, consequently, creating more successful therapy and supervision outcomes (Brand et al., 2025), while also contributing to the research of such a recent subject in the psychotherapy field.

LIMITATIONS AND FUTURE STUDIES

Firstly, one of the limitations of this study is its short sample. Only eight supervisors were able to get interviewed while, initially, the goal was to interview 10 supervisors trained in deliberate practice. Secondly, only supervisors were contacted and, therefore, their perceptions and descriptions of their supervisee's experiences and improvement can be biased. There could be a tendency to describe them in a positive way or, even if the supervisees gave them feedback, they could also showcase a positive bias. Besides, no outcome measures were provided to serve as confirmation of their client's progress, as reported by them.

Regarding the future studies concerning this topic, it would be important to also explore the therapist's perspectives and experiences while being supervised with the deliberate practice model and perhaps look for a more in-depth analysis on the model's impact on client outcomes.

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APPENDICES

APPENDIX A. Literature Review: Deliberate Practice Supervision in Psychotherapy

Psychotherapy's Efficacy

Psychotherapy is meant to help individuals experiencing mental health conditions and emotional challenges have a better emotional well-being and healing (American Psychiatric Association, 2019).

In the 50s, Eysenck published an article defending the inefficacy of psychotherapy and arguing that it could be harmful to neurotic patients (Eysenck, 1952). This article ignited a debate surrounding psychotherapy and initiated investigation about psychotherapy's efficacy. Despite Eysenck's (1952) claims, after years of investigation, research continues to suggest that psychotherapy is effective (Lambert, 2013). According to Miller, S. D. et al, (2013), the results of psychological interventions are consistently superior in relieving psychological suffering when compared to a placebo condition or a no treatment condition. Moreover, 65% to 80% of people receiving psychotherapy treatment have higher levels of mental health when compared to the no treatment sample. (Wampold, 2013).

Researchers also concluded that psychotherapy was equally as effective as medication and its therapeutic gains generally lasted longer than the latter. Psychological treatments have lesser dropout rates than psychopharmaceuticals, less relapses in the follow-up evaluation, having a relapsing rate two times higher for the patients in the psychopharmaceutical treatment (De Maat et al, 2006). Psychotherapy is efficient in adults, children, adolescents, and in people with different diagnoses (Barata, M., 2020).

The main psychotherapy approaches were found to be effective, namely psychodynamic (Shedler, 2010), humanist (Angus et al, 2015), cognitive-behavioral (Hofmann et al, 2012), existential (Vos et al, 2015) and systemic (Heatherington et al, 2015). Said approaches were found to effective in a broad group of psychological disorders, anxiety (Cuijpers et al, 2014), depression (Cuijpers et al, 2008), personality disorders (Leichsenring, & Leibing, 2003) and post-traumatic stress disorder (Benish et al, 2008) and it was not found any crucial differences between the different approaches, in general (Lambert et al, 1994) and for specific disorders, like in cognitive-behavioral psychotherapies (Wampold et al, 2017).

As claimed by Wampold (2013), various factors influence psychotherapy outcomes. Lambert & Barley (2001) suggested four factors that predict outcomes in psychotherapy, such as, extra-therapeutic factors, specific treatment techniques, patient expectations and common factors. Extra-therapeutic factors explain 40% of intervention outcome variance, while common factors explain in all therapies 30% and patient expectations explain 15%.

The biggest predictor of psychotherapeutic outcomes is the client and its variables, but when it comes to psychotherapy variables, common factors correlate significantly more with therapeutic outcomes than the specific treatment techniques (Messer & Wampold, 2002). The most well-studied common factors include the therapeutic alliance, therapist empathy, positive regard, genuineness, and client expectations (Browne & Mueser, 2021), many of these aspects are related to the therapist, a central factor in psychotherapy outcomes (Barata, M., 2020).

The Therapist

Regarding the therapist, an important component to the psychotherapy results, it concluded that the differences between therapists are not correlated with age, sex, therapeutic approach, clinical experience, training, or supervision of the therapist nor with the degree of adherence to psychological intervention protocols (Wampold & Brown, 2005). Additionally, investigation showed their experience doesn't guarantee improvement regarding their efficacy, in fact, it can result in the deterioration of outcomes (Goldberg et al, 2016).

The Contextual Model (Wampold & Imel, 2015) explains that differences between therapists, even the ones with the same theoretical approach, are associated with interpersonal skills. Such interpersonal skills are also known as The *Facilitative Interpersonal Skills* (FIS). FIS consists of a set of skills found to have an important impact on psychotherapy results, such as verbal fluency, hope and positive expectations, persuasiveness, emotional expression, warmth, acceptance and understanding, empathy, alliance-bond capacity, and alliance rupture-repair responsiveness (Anderson & Patterson, 2013). According to Wampold & Imel (2015), the therapists who are greater at said skills, obtain better clinical outcomes. Despite these conclusions, research demonstrates that 25% of therapists consider that they fall into the 10% of best therapists, showing that most of them overrate their efficacy (Walfish et al, 2012). This group of therapists experience difficulty signaling that their clients are deteriorating during therapy (Hatfield et al, 2010).

It's also important to note that research has demonstrated repeatedly that the variance of outcomes attributable to therapists (5%–9%) is larger than the variability among treatments (0%–1%) (Miller et al, 2013), exhibiting that the individual

psychotherapist is more important for the outcome of psychotherapy than the therapeutic approach, also demonstrating the need for more investigation and investment in psychotherapist's training and formation for the betterment of the psychotherapy effect.

The Science of Expertise

Expertise is characterized as a domain specific knowledge, experience and problem solving in the form of repeated demonstrated actions that are ideally efficient in their execution and effective in their results (Swanson & Holton, 2001). For an individual to be considered an expert, they must be among the top ten percent of people in a specific professional domain (Ericsson, 1996). An important aspect of expertise is engagement, through the definition of professional standards and performance criteria (Mieg, 2008), for example, writing textbooks or founding professional associations, as well as motivation for developing excellence (Boštjančič et al, 2014). In the pursuit of expertise, intelligence is a set of different abilities that develop based on the field of expertise (Sternberg, 1999). According to Sternberg and Frensch (1992), there's two aspects to expertise, a cognitive and attributional one. Regarding the first one, it is referred because experts can perform difficult things almost automatically and the second one is named because expertise is regarded as attributed by others (Boštjančič et al, 2014).

The science of expertise is a body of research that analyzes the methods professionals use to attain expertise. It identifies how professionals from various fields, e.g., musicians, chess players, athletes, and surgeons, go from average to superior performance (Rousmaniere et al, 2017). The pioneering research on expertise highlighted performance improvements resulting from experience in a particular domain. It was common to look for experts by using peer-nomination processes among highly experienced professionals in studies with doctors and nurses (Ericsson, 2008). In the

1980s, the definition of experience based on accumulated knowledge, extensive professional experience and peer nominations became criticized. For instance, early studies were unable to confirm superior accuracy of the peer-nominated best general physicians, when compared to a group of undistinguished physicians. Similar conclusions were drawn for clinical psychotherapists, being that more advanced training and longer professional experience were found to not be related to the quality and efficiency of treatment outcomes (Ericsson, 2008).

Because of this, Ericsson & Smith (1991) proposed the change of the research focus towards the study of consistently superior performance in a given field. To dive into this new line of investigation, it was necessary to create a measure that could compare people's performances and select the ones who had an expert performance (Ericsson & Smith, 1991). For example, De Groot (1946) pulled critical situations in chess games and then set up a controlled laboratory scenario where the players were sequentially presented with the associated positions (Ericsson, 2008). The same was done to compare doctor's performances by the creation of a diagnosis for patients that could confirm or negate their precision (Barata, 2020) and with musicians by making the artists repeat song excerpts that they should repeat (Ericsson & Lehmann, 1996).

The lack of operationalization of expertise in psychotherapy is still an obstacle to its study (Hill et al, 2017). Hill et al. (2017), argued that to have access to expertise, performance, cognitive processing, and client outcomes should be considered primarily and secondarily, their experience, personal and interpersonal qualities, qualifications, reputation, and self-evaluation, while Goodyear et al. (2017) defended that expertise is the result of practice during a long time which leads to better performance and results. Regardless of therapist factors only explaining 5% of outcomes variance, which can be

an obstacle to the evaluation of the therapist's performance through the clients outcomes, Miller et al, (2006) proposed that feedback through the measure of client outcomes is required to improve their performance. Therefore, training that includes feedback can be an essential process to achieve expertise in psychotherapy (Hill et al, 2017).

Deliberate Practice

Deliberate practice is defined as individualized training activities designed to improve performance through goal setting, dividing learning objectives into smaller units, repeated practice, feedback, and successive refinement of practice. (Østergård et al, 2022)

The investigation about expertise concluded that the most studied and common characteristic in experts was deliberate practice. Experts spend their time identifying the areas that needed to be worked on to achieve a better performance, getting help from other professionals, reflecting on the feedback they received, as well as executing and evaluating plans meant to improve their personal development and monitoring their progress (Ericsson & Charness, 1994). In line with this logic, Ericsson & Lehmann (1996) proposed that deliberate practice demands four conditions: individualized goals, continued feedback about their performance, an experienced coach involved in the task and improvement through repetition conducted by themselves.

Deliberate practice is an activity designed for the improvement of the level of performance (Ericsson, 1993), but also the maintenance of previously acquired skills (Chow et al., 2015) More recently, Rousmaniere et al. (2017), state that the four pillars of deliberate practice are: a clear definition of the tasks that are out the professional's comfort zone, regular training of the established tasks, constant monitoring of the

professional's performance and of its improvement and developing and evaluating of the tasks with the support of an expert.

Ericsson et al. (1993) suggested that a top performance is not only caused by innate qualities (Galton, 1969), but also due to the number of hours and deliberate effort in the practice of the activity in question (Barata, 2020). Ericsson K. A., (2006) also explained that the difference between "good", "professionals" and "experts" is the number of hours spent on deliberate practice, showing that the last group mentioned would spend 10,000 hours on it. This conclusion would later be the evidence that supported the 10,000 rule, developed by Gladwell (2008), that suggested that 10,000 hours were necessary to achieve success in any professional field. Despite these conclusions, recent research affirms that the number of hours of practice varies significantly depending on the field (Ericsson, 2006) and that the proof of its success lies in the evaluation and verification of superior results over time, not on the knowledge or the amount of time spent on those tasks (Goodyear et al, 2017).

Another conclusion of Ericsson et al. (1993) that was also refuted, was that age was a predictor of success in deliberate practice, assuming that "the younger the better". Recent studies demonstrated that age was not associated with hours of deliberate practice or the success of the performance (Macnamara et al, 2016).

Deliberate practice demands a far superior mental focus, effort and personal and professional investment when compared to what we view as "experience" (Tracey et al, 2014). This means that there are some constraints associated with it, for example, it requires more time for practice, it requires monetary costs to get access to a coach and patience, because it does not create immediate rewards, nor is it a particularly pleasing activity. Because of this, it can be hard for a trainee or a student to remind themselves of

the goal of deliberate practice: long term improvement of performance (Ericsson et al, 1993).

It's also important to be mindful of a total recovery after the training so that the individual can maintain a level of constant practice, due to the necessary short periods of great effort and attention (Clements-Hickman & Reese, 2020), meaning, it requires trainees to find balance between effort and recovery (Ericsson & Pool, 2016). A higher level of practice that makes the recovery process more difficult, can lead to mental exhaustion. (Barata, 2020)

In defiance of Ericsson's et al. (1993) claim that deliberate practice explains a good part of top performance, study that refutes it appears. Macnamara et al. (2014), published a study that suggested that the relationship between performance and deliberate practice varied according to what is being studied or trained, between games, music, sports, education, and professions. The study concluded that this variance was very low in areas like education (4%) and professions (<1%) and that the effect of deliberate practice is way higher in predictable activities than in unpredictable ones and that the individual deliberate practice isn't a better indicator of the individual's performance than the group deliberate practice.

Years later, Macnamara et al. (2016), also concluded that deliberate practice's effect varies with the level of performance, for example, 19% of variance is found in sub-elite athlete's performance while the variance in elite athletes' performance was only 1%. In 2018, different researchers claimed that the first authors mentioned in their meta-analysis studies that contained deliberate practice and traditional practice and that their results were skewed because of it. Instead, they should've excluded them because the ones who were referring to deliberate practice demonstrated a significantly higher

correlation between hours of deliberate practice and performance than the correlation between hours of practice and performance (Miller et al, 2018).

Deliberate Practice in Psychotherapy

As mentioned before, the lack of training and practice in the psychotherapy field is one of its contemporary challenges because of the heavy theoretical therapist's formation (Rousmaniere et al, 2017) that leads a lot of psychotherapists to stagnancy (Wampold, 2015).

Because deliberate practice was found to facilitate development resulting in superior performance in many fields like music, chess, and medicine (Chow et al, 2015), researchers would later consider that it would also be a good model to understand the key mediating factors involved in the development of top-level performers in psychotherapy. Chow et al. (2015), decided to evaluate the relationship between the clinical results of a therapist sample with professional and personal variables. The results indicated that the more efficient therapists spent twice as much time on deliberate practice than the less efficient therapists and, because of that, they experienced more cognitive exhaustion when viewing their own sessions. Additionally, while sex, age and professional experience didn't correlate significantly with the clinical results of the professionals, the amount of time that those professionals spent doing deliberate practice activities, did correlate. The authors, pioneers in the investigation of this subject, concluded that it was a significant predictor of the final clinical results. Hence, they suggested that deliberate practice was indeed a valuable tool for the improvement of therapists, as well as for the supervision in psychotherapy.

Goldberg et al. (2016), also researched the topic of deliberate practice in psychotherapy. The study consisted in an investigation about the impact of the

monitorization of the clinical results and deliberate practice in the general efficacy in a sample of therapists. Unlike other studies, this one showed that the professionals were improving consistently with time. Regardless of being a recent line of investigation, these findings were important to further believe in the importance of deliberate practice as a mediator of the clinical results in this profession.

According to Rousmaniere et al. (2017), deliberate practice in psychotherapy is ruled by five principles, namely, observation of the present work and performance, reception of individual performance feedback, creation of learning goals, rehearsal with focus on the identified goals and lastly, evaluation of the performance over time. The author also notes that the trainee needs a secure environment because, if they feel safe to make mistakes and ask questions, they will successfully improve their performance.

A year later, Miller et al. (2018), affirmed that deliberate practice would be a good way to improve psychotherapy by applying deliberate practice to developing therapists and then examining their results through specific training exercises. For this effect, they created the *Taxonomy of Deliberate Practice Activities* (TDPA) based on five principles: quality of the therapeutic relationship, creation of expectation of change, provision of plausible rationale and healing rituals, use of client strengths and resources and, lastly, therapist self-regulation. The TDPA intended to present the therapist's overall performance and highlighted the areas where deliberate practice could be applied but the authors ultimately noted that it needed more conceptualization and validation. Still, the researchers also mentioned that ROM (routine outcome monitoring) would be logical to establish baselines in the individual's performance before applying deliberate practice which would then be helpful to track the changes over time (Jenkins, 2022).

Young and Maack (2021), also explain with detail how deliberate practice could be applied to psychotherapy by using role-play exercises where the expert would pay

attention to inflection points, meaning, very good moments or very bad moments from the sessions, and then give instructions to improve the subject's performance.

As stated previously, researchers have tested and studied many ways in which they could further understand and apply deliberate practice in this field, as mentioned in the studies previously, however, and naturally, there are still limitations regarding this topic. Clements-Hickman and Reese (2020) pointed out the factors that are out of the therapist's control and that could be affecting the patient's progress. They also stated that deliberate practice's reductionist approach was limiting because it only focused on improving specific skills, making it difficult to identify the skills that need to be worked on without the help of the detailed observation and feedback from an expert. Lastly, another limitation is referred to by Young & Maack (2021), they explain that deliberate practice assumes that its practitioners are given much time to improve their performances, not acknowledging time constraints. Because time is a critical point here, it's hard to create a specific learning program and schedule for the improvement of the skills, although it would be beneficial (Jenkins, 2022).

Formation of Psychotherapists

Nowadays, psychotherapist's formation is based on continued education, dissemination of scientific evidence-based treatments, feedback systems of results and supervision (Rousmaniere et al, 2017). According to research, the practices based on evidence only explain 4% of variance in therapeutic results (Wampold, 2005) and supervision only explains 1% of variance of psychotherapies outcomes (Rousmaniere, 2014).

In respect to the continued education, researchers have highlighted that the *Theory-Practice Gap*, defined as the poor transfer of theoretical knowledge to clinical

practice (Pilecki & McKay, 2013), seems to be prevalent in universities. Not only that, but the courses in formal education are also based on research that's dated (Córdoba-Salgado, 2023). Researchers also have been pointing out that newly educated psychologists identified an 'ability to work with real-life problems and solutions' as their primary deficiency after graduation (Østergård et al, 2022) and that graduate psychology students mainly read academic texts and receive limited clinical training. Although the teaching of theoretical models of psychotherapy is crucial, researchers emphasize that training procedures should resemble practice as much as possible (Østergård et al, 2022). Concerning the training programs and workshops directed at practitioners, authors claim they have only a few research supporting its efficacy and lack a theoretical model outlining their proposed mechanism of competence acquisition (Córdoba-Salgado, 2023). Supervision also has its limitations, as we'll see in the next topic.

Supervision

Supervision, as mentioned previously, is one of the many important steps in a psychotherapist's formation. During graduate school, supervision is a part of the trainees clinical training where the students receive direct feedback to learn and improve their performance over time. Supervision provided during this period is meant to help them develop from novices to experts, therefore, supervisors have implemented appropriate methods based on available evidence and theoretical frameworks. (Southward & Pfeifer, 2020).

To expose a clear example of this, Southward & Pfeifer (2020) mention three methods used by their own supervisors to structure their training, of which included: feedback on client progress and deliberate practice. Regarding the feedback on the client's progress, the supervisors chose to examine the client's sessions progress through a graph,

so they could understand which strategies were more appropriate to use. This method allowed them to connect their in-session behaviors with their clients' symptom changes and allowed them to realize that not all client's progress is linear. Focusing specifically on deliberate practice, they utilized this method to teach cognitive restructuring for those studying cognitive therapy by presenting different stories, writing the automatic thoughts, and asking the students for alternative responses to the situation. The trainees claimed to feel more able to generate alternative responses to the automatic thoughts and anticipate the core beliefs each negative thought could indicate. This way, they were laying a foundation to integrate other components of the model to the training in a natural manner. This approach can help trainees navigate unexpected therapeutic moments by following the models the supervisors explained.

Additionally, more recent studies have highlighted that deliberate practice within psychotherapy supervision represents a transformative approach that bridges the gap between theoretical knowledge and practical skill application, and it addresses the shortcomings of traditional methods, incentivizing the development of effective therapists (Husby, 2025) and consequently having the potential to enhance both therapist competency and client outcomes (Rosén, 2025). Husby (2025) considers that the case study analyzed in his study demonstrates that trained supervisors can influence both therapist behavior and understanding, potentially improving client outcomes. Another case study, a group case study, also illustrated the ways in which a DP-informed group supervision can be adapted to meet the learning necessities of the supervisees. The researcher emphasizes that the group improved in collaboratively formulating skill criteria and assessing and adjusting training difficulty (Rosén, 2025).

Despite supervisors' efforts like the ones mentioned above, supervision presents some limitations worth mentioning. According to Watkins, Budge & Callahan (2015), although a few recent studies results supported a supervision-patient outcome link, it's considered still only the beginning of the research on this topic. More recently, supervision was not found to be an important contributor to client outcomes while examining the impact of supervision on outcomes using hierarchical linear modeling in a longitudinal study (Rousmaniere et al, 2017).

Furthermore, training in supervision remains limited or unavailable in many programs (Falender & Shafranske, 2004) which leads to many supervisors to relying on their own experiences of supervision during clinical training (Crook-Lyon et al, 2011). Not only that, but the training usually requires little formal training because of the same reason, promoting the assumption that the experience as a clinician is sufficient to make one an effective supervisor (Rousmaniere et al, 2017). Moreover, the efforts are insufficient to track supervisors' performance and the list of supervisor competencies lack a focus on client outcomes (Goodyear, 2015).

As aforementioned, when training deliberate practice, supervision is needed since it requires effective performance feedback (Ericsson, 2006). For this reason, for a long time the researchers claimed that the supervisors should highlight important components of deliberate practice like flexibility, responsiveness to feedback and interpersonal skills and focus on skill acquisition and client outcome. It was also recommended to develop new clinical supervision training programs and new methods to track their performance as supervisors, as well as to get feedback on their own supervision (Rousmaniere et al, 2017). More recently, deliberate practice supervision training programs were created and while the benefits were mentioned previously, it's necessary to highlight its limitations

or what's necessary to develop in the future regarding this subject. For example, it's important to do further investigation into the impact of deliberate practice on client outcomes and adoption of its principles across training programs (Husby, 2025) as well as focusing on refining methods to evaluate the impact of deliberate practice in supervision groups and a comprehensive assessment of supervisee's skill acquisition (Rosén, 2025).

The Dissertation

Supervision is needed when training deliberate practice since it requires effective performance feedback (Ericsson, 2006) and, for this reason, researchers claim that the supervisors should highlight important components of deliberate practice like flexibility, responsiveness to feedback and interpersonal skills, as well as focus on skill acquisition and client outcomes. Regarding deliberate practice supervision specifically, it's recommended to develop new clinical supervision training programs and new methods to track their performance as supervisors, and to get feedback on their own supervision (Rousmaniere et al, 2017) and while we're seeing efforts in this regard, there is still a lack of research, guidelines, and training on implementing deliberate practice in clinical supervision (Brand et al., 2025). In this matter, the present qualitative study intends to get a better understanding of the integration of deliberate practice in clinical supervision by analyzing the perceptions about this subject of multiple supervisors trained in deliberate practice, considering their experiences and the perceptions of their supervisee's experiences, through a semi-structured interview. Specifically, how do supervisors perceive the deliberate practice supervision model's work method?

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APPENDIX B. Informed Consent for the Interviews

INFORMED CONSENT

The present study appears within the scope of deliberate practice, in particular, about its integration in a model of clinical supervision.

By signing this informed consent, you would agree to participate in an interview (30min-45min) regarding your experience as a supervisor who integrated deliberate practice in their model of supervision and to the recording of said interview in an online setting (Zoom or Google Meet).

Your participation in this study is of great importance, being that you would be contributing to the advancement of knowledge in this very recent area of research. You can withdraw at any time and your identity will never be revealed in any report or publication, or to any person not directly related to this study. No direct or indirect benefit is agreed upon for your collaboration.

The study will be a part of the dissertation for the Clinical Psychology master degree's course in ISPA - Instituto Universitário and is being conducted by Inês Morgado (student at ISPA - Instituto Universitário) and oriented by Daniel Sousa (professor at ISPA - Instituto Universitário).To clarify any questions about the study, you're able to contact the researcher/student [redacted] or the professor directly (daniel@ispa.pt).

I accept to participate in the study, and I declare I understood the its goal and that I have been given the opportunity to ask questions and obtain clarifications about it.

Signature_____

Date ____/_____/_____

APPENDIX C. Semi-Structured Interview

Qualitative Interview
(Semi-structured)

- Before integrating deliberate practice, did you use other models of supervision? / If so, why did you decide to change your supervision model?
- How was it like to learn this supervision model?
- What was more beneficial/useful to learn with this model of supervision?
- How is it like to now work using this model of supervision?
- When working with the supervisee, do they have the autonomy to choose what they want to work on regarding the client's case or are those things decided solely by the supervisor? How is the collaborative work?
- Have you used this model in different types of supervision, like individual and group supervision? If so, what was that like for you?
- What are your biggest challenges as a supervisor while using this model?
- What would you consider to be the supervisees biggest challenges while training, using this model of supervision?
- Do you believe this model of supervision has been advantageous to your supervisees? / Have you seen progress in your supervisees and how do you feel about it?
- In general, what's the supervisees feedback about their own performance since they've started training with this type of supervision?
- What would you consider to be the biggest pros and cons of this supervision model?

APPENDIX D. Open Codification of the Interviews

P1 Interview

I - Ok, so my first question would be: have you completed the deliberate practice supervision training or are you still finishing it?

P1 - I'm still finishing it. So, I am part of (name of the center)'s deliberate practice supervisor residency with (redacted). I started in September, and I'll go through August of this year.

I - Ok, so before deliberate practice supervision were you using other models of supervision and why did you decide to learn deliberate practice?

P1 - Yes, I was using a relational supervision model, so I've been supervising since 2014 so I had nine years of experience doing relational supervision and I switched over to deliberate practice because in March 2023 (redacted) came out to the school where I teach and did a six hour training on deliberate practice and they looked for volunteers to model the model and I am the kind of participate in trainings that volunteers and so I received deliberate practice supervision as part of this training I brought in the client case, I filled out the prep form and I had an ongoing challenge with one of my own clients that we resolved in under 20 minutes. *[Verification of significant improvements on their own client]* The next time I saw the client, the exact same issue came up I did the thing that I had practiced. It completely changed how the course of that case went and I was like "alright, I'm in", so when the residency came up I signed up and that was how I landed and deliberate practice and so now I also was doing relational supervision in my own practice and I have switched that over to a deliberate practice model. *[Changes in approach after experiencing improvement]*

I - OK wow, that's great. So my question would be how was it like to learn this new model of supervision how was the experience?

P1 - I've really enjoyed it. I'm the kind of person who likes when you give me a set of steps one through 10, one through 20 and I know exactly what I'm supposed to do and what's expected of me. *[Enjoyment due to the organization of the deliberate practice form]* There are places where I definitely chafe against the edges of the model. I have always been… I'm a professor at heart and so I've always loved case conceptualization, it's one of my favorite things in the world and the deliberate practice model doesn't have a ton of time devoted to conceptualization and so I missed that and one of the pieces of feedback I'll get on my own tape as a supervisor is "alright, bring it back to the rehearsal, (P1) and bring it back to the rehearsal, you're getting lost in the conceptualization" the "reps" are what are going to help . *[Accustomation due to an element of their previous approach]*, but on the whole my experience has been so excellent. The quality of clinical intervention that I'm seeing from trainees… people who have been seeing clients for under a year is on par with what I'm accustomed to seeing from associates who have over a year or two of experience and in many cases even licensed professionals. The ability to identify here was a moment in the tape where things didn't go well, the ability to try on a new skill and practice it for 20 minutes nonstop just… try to still get feedback, try to still get feedback and then to implement that with clients it's just so useful I really loved it and that. *[Recognition of the benefits of the model's steps]*

I - And that was going to be my my next question is what was the most useful thing or beneficial thing that you've learned with this model as a supervisor?

P1 - The most useful thing is that the repetitions work. *[Recognition of the effectiveness of repetitions]* That if… that… I think that there's a part of me that came in to this field thinking "Ohh if I understand what the problem is, if I have a good case conceptualization that will naturally lead to good outcomes because I understand the problem" it's… this is in part because I went to a psychodynamic Graduate School program, where the idea is "insight is where things get better" but it turns out that knowing how to do something is not the same as being able to do it so the number of folks I've worked with who can say I know exactly what's supposed to happen here who then don't do it, deliberate practice has really created a world in which the person can then do the thing that they know needs to happen so I found that is really helpful for getting someone to apply their case conceptualization when they have it. *[Adaptation to the deliberate practice supervision model without case conceptualization]*

I - That's great and how was it like to work with the supervisees using this model? What was the experience like?

P1 – It's been very different for my two supervisees. For one supervisee, the model she took to it like a duck to water, she really enjoys the containment of it. She shows up prepared and we go through the steps in the deliberate the (name of the center) Supervision Model, we go through them in order every time. Very little variation. *[Explanation of a supervisee's positive experience with the model]*My other trainee gets bored, to be perfectly frank, and so if I try to do rehearsal with her for 20 minutes at a run midway through she's phoning it in and she is tired, she is bored and so with her we've done we've started to implement a thing that we're calling "the pallet cleanser" where midway through rehearsal will pause we'll talk for 5 or 6 minutes about something unrelated and then we'll go back to rehearsal, so I would say with one of my

supervisor days it's been very natural and with the other supervisee, we're both making tweaks to the model to keep her engaged. *[Explanation of a supervisee's difficulties with the model]*

I – Because deliberate practice can be a little bit hard especially in the beginning t requires… it requires you to be humble almost you know… so I understand that, I understand that, so when working… now that we're talking about the work with the supervisors, I would like to know a little bit more about how is how is the collaborative work? So do they have the autonomy to choose what they want to work on with their clients or is it solely decided by the supervisor. How is the collaborative work?

P1 - It's definitely collaborative. So (name of the center) uses the outcome questionnaire for each client and so each time that I'm meeting with the supervisor I opened the meeting by pulling up all of the outcome data for their clients and that will tell both of us whether any of their clients are at risk for deterioration. So if there's a client that's not improving in therapy, they are meant to be the focus of supervision. That if most of your clients are doing well, but one person's in the red we want to focus on the person and the right to get them out of the red and so there that's a place where our choice gets constrained. Sometimes a client will be in the red and I'll say "OK are we talking about so and so" and the supervisor will say "that client is in finals week right now that's why their score jumped" and I'll say "OK, nothing to talk about there" then… it's dealers choice for the whoever and their caseload the supervisor he wants to talk about is up to them they're the ones who are painting the tape I am not reviewing their tape beforehand I don't look at all of their client sessions, they're picking a moment that they think and this was very challenging for me or what I did didn't work and then they're bringing that piece of tape in as a result. So then the two of us will watch, they'll bookmark sections of the tape, we'll go through we'll watch those bookmarks together and this is the place

where it's sometimes will become less collaborative, this is the place where I start to steer, because oftentimes because I've got more experience than they do I might see something in the tape that the supervisee doesn't see and so… that's when we get into the "alright, here's the client challenge, this is what they said or did that was difficult" then next it's like "OK and here's the intervention that you used, how did it work how didn't work" and then I come in and say "here's why that might be keeping you stuck and here's what we might do instead" and oftentimes I am dictating what they're going to try instead. *[Exposition of the collaborative work between supervisors and supervisees]* I might… the longer I've been working with my trainees, the more of a menu of options I give them when they were very early… when I started with my supervisor who had been there for two weeks I was absolutely saying "here's the skill we are working on" I don't expect her to be able to identify what she should have done instead, I wouldn't need to be here if she knew what to have done and do instead, so… but now it's been eight or nine months they have a lot more experience and I can say "so there's two ways we can go with this do either of those sound more like your clinical style?" or "if it were me I would do this" but knowing… but I know I know them better I know their clinical style better and I'm like "this is what I would do but knowing you I don't think you would do that, so what about we tried this skill?" so there's… there is a buy in process but there I haven't had the experience yet of a supervisor coming in and saying "here's the skill" watching practice they're usually looking to me to help identify what's useful. *[Emphasis on the adjustments done for the supervises according to their clinical style]*

I - You're like their guide per se.

P1 – Yeah.

I - And if I'm not mistaken throughout the session where you're getting supervision you're showing the supervisee the deliberate practice form, isn't that right if I'm understanding...?

P1 - You don't have to have it up on screen share the entire time, but early on when I was still really trying to grasp the model I had it. I was screen sharing for most of the session, I'd be like highlighting the line "this is where we are this is what I'm doing". *[Further clarification of the collaborative work]*

I - It's helpful.

P1 – Yeah and now a little more organic than… I'm in it more, but I pull it up every week I have it even if I'm not sharing it with the trainee at the time *[Further clarification of the collaborative work]*.

I - OK and I don't know if that's the case but that's why I'm going to ask have you used this model in different types of supervision like group supervision for example. How was it like?

P1 - I haven't used it in group supervision. The places where I gave this model have been in individual supervision at (name of the center). *[Clarification of the type of deliberate practice done in their supervision, particularly, individually]* In individual supervision in my private practice so… where I'm making a lot more compromises because I don't have counseling center money. They've got like a whole recording system that automatically deletes things they've got all of this, they got the outcome questionnaire that… they have all the fancy stuff and I have a like a one person shop with three employees so not only two employees now one of them got license *[Identification of the limitations to practice deliberate practice supervision at its full*

capacity] So… much smaller and so my economy of scale isn't as good and then I'm also a Graduate School professor so I went through all of my coursework and went through my in class exercises and I modified about 85% of them to no longer be back and forth role plays and instead be delivered practice drills, so… the way I teach has very much changed based on deliberate practice. *[Modifications in their teachings for a deliberate practice approach]*

I - That's very interesting, so now that you've learned this type of supervision model what would you consider to be, as a supervisor the biggest challenges… while using it?

P1 - The biggest challenge is case conceptualization. That… when I think about how I work with clients, as a psychotherapist, part of what I do is I spend time with the client understanding where their problems originated, how they understand them and then through my own different theoretical lenses, how I understand their problems and then I use that case conceptualization to select interventions to guide the treatment, so if I think that someone's problem is they don't have enough emotional regulation skills, then our… my interventions are going to be "let's learn emotional regulation skills and see if that fixes the problem", but within the deliberate practice supervision model we don't create a comprehensive case conceptualization for the client. I don't have that same guiding star to tell me this is what this client's overarching goal is, I have these these snippets, I have two to five minutes of videotape from a session maybe it could be completely out of context, maybe I don't know anything… it's about that client, what I'm seeing in those 5 minutes and I'm saying "well in these 5 minutes here's what I think we could do differently", but it that may or may not fit into a larger conceptualization for that client and that supports where I know that the deliberate practice folks are trying to figure out: what do we do for case conceptualization? Because my experience in relational supervision is that we waste a lot of time on conceptualization, we waste a lot

of time trying to figure out "why might the client be doing this to be doing this?" "why might this have turned out this way?" and it's what (redacted) will say like "you're just projecting, you're sitting in class just projecting trying to figure out what is going on" *[Exposition of case conceptualization being a continuous blockage for this supervisor due to their theoretic background]* but I do think that there's that one of the opportunities we have in deliberate practice is to create a treatment planning model if you were to do like "what is assessment and treatment planning with a case conceptualization?" what would that look like in the deliberate practice format and then how would that inform rehearsal differently? Where I'm not just using the 5 minutes of tape that they bring in, but I also have a treatment plan and a diagnosis and an assessment that tells me "this is where we're going the long term with this person". *[Suggestion of an adaptation of a treatment plan into the deliberate practice supervision model]*

I – OK, it's still it's… still this integration is still very recent so you still need to fix some things have some changes so…

P1 – Yeah. *[Agreement with the sentiment that the model might need modifications]*

I - And now I was going to ask you what do you think are the supervisee's biggest challenges while in supervision? ... In sessions while using these models? What do you think are their biggest challenges?

P1 - The biggest challenge with the model in general are that it asks a lot from them. They have homework in between supervision sessions, they have to review tape, they have to be recorded there's a skills lab at (name of the center) that they go to for two hours a week so they are getting… they are spending significantly more time getting supervision and doing training than folks do with other organizations and they're doing

this while being in grad school and apparently also having a life, friends, family, hobbies… so, asking for an additional few hours a week may not sound like much, but it's significant. It's a lot. *[Identification of time consumption as one of the supervisee's challenges]* During the session itself, I think the primary thing that we're fighting against is boredom, that people can get bored in the middle of the rehearsal process, they can get frustrated it and this is also like… this is not a straight space model this is a deficit-based model. I am sitting with someone here i am sitting in supervision of supervision myself identifying what the deficits are, what you aren't doing well. There's praise in there, like they're absolutely "this is what I really love about what you're doing, this is what's working, I really like turn a phrase here", but that's not what we spend the bulk of our time on the bulk of the time is "here's what I want you to do differently, let's do it again" "here's what I want you differently, let's do it again and just because I say "that part went well" it does not mean… like it could be an ego hit. *[Recognition of boredom and frustration as a challenge for the supervisees]* I've sat there with my tape and felt defensive while (redacted) are like "well, you could have done this, you could have done that and here's what you should practice" and I'm like "I did great, leave me alone (laughs)", but I didn't do great and there… and so there is a certain amount of ego strength that trainees need to go through this process and if they aren't able to hear constructive feedback week, after week hour, after hour this will be a very fatiguing model for them. *[Identification of defensiveness and fatigue as a challenge for the supervisees]*

I - And that's what we hear about deliberate practice other areas too, which is people get very frustrated, it's time consuming so.. yeah. I guess it reflects very well in psychotherapy do too.

P1 – Yeah, we are not special (laughs). *[Recognition of the struggles experienced during deliberate practice training implied by the interviewer]*

I - Ok, do you think… and do you do you believe that this model of supervision has been advantageous to your supervisors have you seen clear progress? You've kind of responded that…

P1 - Absolutely. Without question. Clear progress. I've supervised 35 or 40 people, as a clinical supervisor, my two supervisors who are learning through deliberate practice are by far my most skillful. *[Reinforcement of the model's results on the trainees]*

I - That's great, and because of that, I was also going to ask you… what is their feedback? Have they talked to you about… you know how they feel about their performance now? What did they say? What did they think?

P1 - So again… this is a place where my two trainees are very different. The trainee who, and we go through the model from front to back, she's about to finish her internship and she's like "I don't I don't know what I'm going to do not just with the extra time but also I don't know what I'm going to do without this level of training" and so she's definitely she's going to miss it I think she's really going to yearn for deliberate practice once she's done. *[Exposition of a supervisee's comfortability with the model]* My other training I think we'll look back on this era and say "well, that was very useful. I learned a lot", but I think she'll and I think she will almost certainly find her relational supervisor going forward because she wants to do more exploratory conversational… she likes to riff a lot more let's just talk about like ohh "I read an article or there's a handout I checked out or what would you do?" She likes those conversations and so I'm… I'm not convinced that that she'll remain in the deliberate practice space. I think that for her she gets bored too easily which is… that's her language like she's like "I

have ADHD and I get really bored" um… she gets bored too easily and I also think that she really struggles with getting feedback when she's doing it 85% right. Her ego strength is a little bit weaker… *[Exposition of a supervisee's uncomfortability with the model]*

I - And I guess that… we have different models of psychotherapy and not everyone is going to like or prefer the same thing and so… I guess that's the same is going to happen here with supervision so…

P1 – Yup.

I - So the final question would be what do you consider to be the biggest pros and cons of this supervision model?

P1 – Yeah… the biggest Pro is that it centers the client and what the client needs. Everything is about this deficit. *[Recognition of deficit work as the model's biggest pro]* The deficit doesn't exist in a vacuum, if a person can't ask open-ended questions that actually doesn't matter unless the client needs to be asked an open-ended question and so there's a way in which I am looking at what does this client need from this clinician and then saying "OK clinician, let's give it to them let's find the thing that they need" so I think that they're the clients get a higher level of care from a less experienced clinician which is very impressive (name of the center) goes as low as $35 a session which is credibly inexpensive. To give you a contrast meeting with me is over $200 a session, so the idea that a person could meet with someone for $35 a session and get a lot more for their money it's really fantastic. It's incredible. *[Recognition of the high quality work and affordability that center offers with this model as a pro]* Another pro is that people actually practice the skills of being therapists they don't read about them in a book and then try and fail to do it in front of the client… they are trying a new like… for my

entire career if I've learned a new skill I've role played it for 20 minutes and some holiday training and then I show up with my clients and I'm like “alright, I'm going to experiment on you now and who knows how sucky it will be?” so I've been doing my deliberate practice on real clients and so there's a real advantage to doing that practice on video tape. *[Perception that practice with access to video is an advantage rather than just having theoretical knowledge]* Also another advantage is that I went to a psychodynamic program like I mentioned which means that we spent a lot of time discussing countertransference. My supervisors, when I was getting licensed, they know a significant amount of information about my family of origin, about my relationships, about my history of mental health and… there was a lot of disclosure and I didn't always feel comfortable making those disclosures, but psychodynamics… so it's got to be discussed, but in deliberate practice the rehearsal itself flushes out countertransference without the person ever having to say “this is what happened with my parents when I was a kid that makes this so hard for me”, they don't ever have to tell me the story I can just say “let's do it again” and then whatever countertransference they're having they can address internally they might say “yeah I'm having a counter transference response to this” and I'll be like “Ok, let's see what we can do with the intervention to work through that”, but it's not dependent on my case conceptualization it's a supervisor of the trainee’s personal life so there's a lot less blurring of the supervisory relationship into the therapeutic relationship, that was always something struggled with as a relational supervisor was “was I this person supervisor or am I their therapist?” but not in terms of… *[Consideration that countertransference isn’t a reoccurring worry due to the structure of the model]*

I - That's very interesting.

P1 – Yeah, I've really… as the second dynamic therapist it has been very interesting seeing that, like "ohh we still get at it". We do not escape… we are not avoiding the countertransference, it's just that we don't have to discuss person… there doesn't have to be as much self-disclosure to make it happen. *[Explanation that self-disclosure isn't necessary to experience countertransference for this particular model]* On the con side, for me, the biggest con is case conceptualization. *[Consideration of the lack of case conceptualization as the model's biggest con]* Sometimes I worry that we're working in a vacuum with a client and… I will admit at the training level, at the kind of counseling center (name of the center) is, I don't think we're missing much… but if the case significantly more complex we'd start to miss things. The case conceptuali-… the more complex the case is, the more necessary conceptualization is from my perspective and so someone comes in and they're like "I'm sad" I'm like "great I don't really need the case conceptualization about why they're sad, we can… there's skills we can use, we're good to go", but when a person's tried an intervention and it doesn't work… and then you're lost in it it's like… we need something to guide us with that. *[Consideration of case conceptualization as beneficial to the model due to case's complexity]* The other concern with deliberate practice is that it requires a significant amount of technical overhead. So, sessions have to be recorded which means that for telehealth, that's very straightforward, right? You hit the record button in zoom but then… where does that recording go? How long do you keep it? It is it automatically deleted? How do you store it securely? And if you're doing in person work, do you have video cameras all through your office? Are they pointed at the client and the therapist or are you just using audio recording? So, the technical components of deliberate practice are essential to the model, are core, and they're also a huge con in terms of… being able to spread this to more places. I am getting deliberate practice set up pretty fully in my private practice and it's expensive. It is

expensive to securely store client tape. It is expensive to automatically record sessions… and for my in person work I actually have no idea how I'll do it so I haven't like… And (name of the center) right now is exclusively online so they haven't had to solve that problem either.

[Explanation of the technical difficulties representing an obstacle to execute the work outside of the center]

I – OK, that's the disadvantage…

P1 – But we'll get there. *[Agreement with the previous affirmation regarding the disadvantages that the technical demands represent]*

I - Slowly but surely, we will (laughs). Well so… Thank you so much (name of the participant). Thank you so much for your participation.

P1 – Yeah. I think the interview went really well so it's great. The questions were great. I appreciated the opportunity to share and I really look forward to seeing your finished work.

I - Thank you so much. Thank you so much.

P1 - OK good luck with your interviews!

I - Thank you, bye!

P1 – Bye!

P2 Interview

I - So my first question would be: have you finished the deliberate practice supervision training or are you still doing it no I have not finished yet?

P2 – I… let's see, we… I started in September. It's a year-long supervision residency program, so you know… I've got three or more months left.

I - Before deliberate practice supervision what model of supervision were you using?

P2 - I actually decided that I was going to pursue supervision… this is the first real model that I'm using, so I had I didn't have a previous model.

I - OK so how was it like to learn the supervision model how has it been it has been?

P2 - A wonderful experience. I've just really enjoyed the entire experience. *[Emphasis on the enjoyment of working with this model]* It has not been easy, I mean one… you know I didn't come with much supervision experience. *[Consideration of inexperience in supervision being a challenge]* Two, I… you know it's… it's a rigorous model to learn for a bunch of different reasons and the support that I've received and the actual method for learning and I really believe deeply in it and have gotten a ton out of it. *[Belief in the model and reported experience of good outcomes]*

I - Why do you say it hasn't been easy?

P2 - It hasn't been easy because um… I mean: one just doing supervision is not easy you know, I mean, just knowing how to position yourself around a trainee… these are very, you know, trainees who are very new to the to the field and so then that part of it is just, you know, the challenge, but then there's also a very… you're expected to fit a lot in, there's a lot that is a lot of kind of goals that you're trying to reach for each

supervision session and the goals themselves are hard to reach, you know, I mean and I can… and so I'm talking specifically about the (name of the center) that they've put together and each step of the way poses its own challenge and it all kinds of things. It all kind of fits together and so you kind of… you need to kind of do well in the beginning and then in order for other things to on the place so it's just it's not easy to learn. *[Consideration of the deliberate practice model as rigorous and hard]*

I – And so… what do you consider to to be the most useful or beneficial thing that you have learned with this model of supervision?

P2 - I would say two things, which are kind of you… know right up front of… well, three things. I mean the first is just naming the clinical challenge and really just focus on what is the… what is the client or patient bringing into therapy and being able to put that succinctly and just putting that upfront and naming it. Very helpful. *[Reference of naming the clinical problem as a beneficial part of the deliberate practice model]* Second helpful part is the… what is the therapist doing as a response to the clinical challenge? and being able to articulate and think about that. Very, very helpful *[Reference of the analysis of the therapist's work as a beneficial part of the deliberate practice model]* and then once you have those two pieces in part I'd say the third most… the third helpful thing is that then you and then you know… learning to pick a skill to really focus on there that too is very, very helpful. *[Consideration of focus on a skill as a beneficial part of the deliberate practice model]*

I - Great! So, how has it been to work with the supervisees with this model of supervision? How has it been… the experience?

P2 - It was. It was great… it was I think, for me, it was a smart way to learn supervision because while it's been challenging, it also does provide a structure and so I have found

it a really nice way to build rapport with my supervisees because we all we're all kind of working… kind of following the script and it's not like just… my own invention of what I think therapy is or even you know, like, trying to… there's the model that I follow outside of deliberate practice or that where I tend to think the most, but having this kind of shared structure scaffolding I think made it for getting to know them well. *[Consideration that having a clear structure and following the model provides a sense of security]* I would say that, as I've gotten to know them better, all of the hard stuff that comes up when you learn where somebody's challenges are, and you kind of have to figure out ways to help them with those challenges… That still happens, and I'm in particular with one of my trainees right now, I'm trying to figure out how to help them and the model's been helpful for building a really nice report, but we still come up with, you know, this developmental challenge that my supervisees face. *[Explanation that despite of the help from the program's structure, trainees still experience difficulties and the supervisors have to find ways to help them overcome it]*

I - So you would consider the work collaborative?

P2 – Yes. Very much so. I mean you know just uh… you know, so there's the model that we're following or the steps and sometimes I'll just open my share my screen because this is all on video and I'll say "here are the questions that I'm asking" that I'm "this is what I'm trying to formulate" and if I get stuck somewhere, I'll just say "I'm getting a little bit of stuck on this idea of what do you think the clinical challenge that your client is bringing in and I don't feel like we can really move forward until we name that together" and so that's just an example of how collaborative it feels. *[Exposition of the collaborative work between supervisors and supervisees]* There's no magic, that just kind of show what I'm doing and we're all kind of learning together. This is the

approach that I'm taking. *[Emphasis on learning by working in collaboration with the supervisees]*

I - And as far as I know could you share with the supervises the deliberate practice form?

P2 – Correct.

I - And like you like you stated you record they record the sessions and then bring it to bring it to the supervision session… I also wanted to know if they have like the autonomy to choose what they want to work regarding the clients cases or is it solely decided by the supervisor?

P2 – Uh… both I mean the… sometimes so… Trainee comes in and they say "I'm really stuck with this client, here's my idea" and then you write down the supervision form that they fill out and then they've also highlighted areas on the video where they're seeing the challenge that they… that they bring in so even in that, the supervisee is having an opportunity to think with the supervisor about what they're bringing in and that and… so there's that opportunity sometimes. There will be a alignment in terms of "yes, I think what you're you think you're struggling with is what I see struggling with" and in that case we go with… with where we are in alignment. Sometimes, the trainee will bring in something and they'll say "you know… I think I needed to work on empathy here" and I'll say "no I think you need…" you know? I'll watch it and I'll say "no, I actually think you needed to work on interrupting here… you know and interrupting the process that the client was you know… sort of engaged" and then I'll explain my thinking, you know, about why I think we should go in that direction and I've had so… that has… I think again, going back like showing the collaborative approach to it, where there's disagreement trainees, generally has been my experience,

they go “ohh ok, that makes sense” and they don't have big trouble kind of changing to what the supervisor, what I have clarified as where I think the clinical challenge that they're facing is… *[Further clarification of the collaborative work]*

I - So also, have you used this type of supervision model in other types of supervision as in like group supervision and if so, how was that like?

P2 – Uh, no I haven't. I'm curious too. I mean, the only… I mean sometimes, so I have one of my trainees, one of my supervision sessions has two people in it. *[Clarification of the type of deliberate practice done in their supervision, particularly, individually]*

I – Ok.

P2 - One is observing and one who is bringing cases want me to look at the only experience I have with this is. I will occasionally turn to the person, the observer, who's also a trainee and say “well you know what are you thinking about what's going on here?” and including them in the process a little bit, but not never as anything more than that. *[Engagement with the other trainee observing the work during training]*

I – And as a supervisor what are your biggest challenges while using this model of supervision?

P2 – Well, I think part of it is getting through everything that's on the list. We were just talking today in the supervisor meeting about homework and how hard it is to get to the homework because there's so many other things that need to be done along the way... *[Perception of the model's steps as laborious]*

I – So many other steps...

P2 – So many other steps. Exactly! I think that, but I think the biggest… well there's… I mean, there's a lot of challenges to it um… one challenge is putting the um… I'd say conceptualizing. What's happening is one challenge and putting that succinctly that's a challenge *[Consideration of conceptualization as a challenge to a supervisor]* and then if you can clear that challenge the next challenge is putting together a behavioral rehearsal which you know… is coherent enough has steps within it and probably… and that's probably where um that piece I think it is where I have the most work to do in terms of my development as a supervisor is being able to… really you know, pick out the challenge and then pick the criteria for what they're going to practice and really sort of go step by step with the video, I think that's… that's really hard to do well. *[Perception that following the model's steps correctly as a supervisor is difficult]*

I - And I was going to ask what do you think are the supervisee's biggest challenges?

P2 - The rehearsal. Rehearsal. For example… Yeah, I think I think the rehearsal. *[Consideration of rehearsal as the biggest challenge for the supervisees]* I mean, a well-designed rehearsal doesn't feel, I mean, this is sort of gets into the you know stuff about proximity, you know zone of proximal, proximal development… you know, if you've designed something that really is good then it shouldn't… then your trainee has trouble, but not too much trouble, you know what I mean? They struggle, you watch the video, and you watch them kind of work their way through it. *[Consideration of the supervisee's development happening by following the model's steps and having the help of the supervisor]* I'm trying to think where, I mean my supervisee is at this point… they're a little bit better trained… they, at this point… I think the hardest thing for them at this point it's less about… they're good at doing the behavioral rehearsals at this point, they've now been sent to you almost a year so they're good at doing the behavioral rehearsals when they're set up, they're still not as good about coming in with a coherent

clinical challenge and seeing their clients clearly. I think that later in the… in the year I think doing… you know being able to see themselves and what's happening with therapy with their client is probably the hardest part. *[Coming up with a clinical challenge is still a struggle for their supervisees]*

I - I just had another interview and the supervisor also mentioned, for example, frustration at times and even boredom… I don't know if your supervisees have ever experienced that or ever said that to you.

P2 - So what was the so… it's boredom and what was… the frustration? *[Clarification of a question]*

I - Yeah.

P2 - I think I'm just getting a little bit of that now in terms of the… well, both boredom and frustration that in the beginning there wasn't. It was, it was because they were following more discrete skills like you know practice empathy at this place on the tape and they would say it and you would kind of go "yeah, it's not quite warm enough, try this again" right? And that felt like there's less boredom and less frustration because they were like jumping through hoops. *[Perception of boredom and frustration at the end of the training rather than in the beginning]* and now the boredom and frustration is that they've got really difficult clients that they're working with and… to, and they want to fix it, they want to help, they want to get to quick solutions and they get a little bored doing the kind of work that is required to be a therapist day in, day out and it's frustrating and that people don't change when we just say "ok, time to change" so I feel some boredom and frustration, but I think it's more just clinically, it's just challenging to to help people and with, that makes sense? *[Consideration of the work required for their*

skills being less frustrating and boring than the work required for their client's cases in the supervisee's perspectives]

I – Yes, it did. And especially deliberate practice in the beginning can be very challenging requires you to be very humble to make mistake and do it again, repeat, do it do it again, so I understand that. And now, the positive. The positive part, have you seen this model of supervision… Do you think it is it has been advantageous to your supervisors? Have you seen change?

P2 - I have to say I'm so impressed with the amount of learning that has happened over this period of time how… I mean, I feel like I wish I could go… I mean I wouldn't do it, but I wish I could go back and start graduate school all over again because this is just… it's such a fast way to don't become… you don't become like…. a like, you still need a lot of clinical experience to be a good therapist, but to get these skills understood at the beginning um… really is a huge way to… a huge stride forward in terms of just being a solid good therapist for somebody who comes in when you don't have that much clinical experience yet. *[Consideration of the model as an important step to develop as a therapist]*

I – Absolutely**,** and after you've seen progress in your supervisor's performance?

P2 – Ohh. Completely, completely. I mean, they um… they have gone from looking like people who you know you… go, you know… like that's kind of not fair, but you just go and you watch their tapes and in the beginning it was like "whoa this person has a lot of work to do to" just kind of… just kind of be in the room with her client or patient in a way that's just supportive and asks hard questions and now you just see them they know… how to support, they know how to inquire, they know much better… when to sit back, they know kind of they… just they have, you can see their minds

clicking as therapists in ways that they were not clicking when they first started. *[Perception of their supervisee's clear progress after training with the model]*

I - That's great. And have they have they shared what they thought about their or their own performance with you? What's their feedback about this process? How it how has it been for them?

P2 - I think… you know I think it's hard… it's hard, it's challenging you know they uh I… think that they… I see them um been very excited that, because they know they're getting good learning and they know… they can feel themselves learning so I feel the excitement there. *[Reported excitement from the supervisees over the model]* I felt them feeling burnt out because it's demanding and now at the end watching some of these guys finish I've seen them… um… kind of being ready to not have to follow such a strict model all the time because it's intensive. *[Perception of the model as demanding and intensive]*

I – And time-consuming also, I believe.

P2 - Yes, exactly. *[Agreement with the statement that the model is also time consuming]*

I - From what I've been told (laughs). Ok and final question: what would you consider to be the biggest pros and cons of the supervision model for you as a supervisor and the supervisee as well…?

P2 – Um… biggest pros are that… I think it's very hard to know how to validate somebody's progress as a therapist. How to say "you're doing good or not so good" and it's touchy territory because, you know… you're not doing therapy with these people,

you know, you're providing, you're teaching them to be better therapists. So the biggest pro for me has been that you have a very wonderful structure for saying "you did really good right there, do more of that" and then when you have to save people "you know that didn't work", you have the video, you have the structure all in front of you so it's not like… you're not hurting somebody's feelings you're helping them to learn a skill and practice a skill, you know, in the same way that like… you know, if you're playing the piano and somebody you know you hit a sour note you got a good teacher and they say to you "nope that didn't sound right, go back and do it again" right? It's not personal, it might be frustrating, it might be hard work, but it's not personal and that's what I think that's the biggest upside for both for me as a supervisor and learning this model has been that I know that I'm teaching and instructing in good ways and *[Perception of the model's structure as its biggest pro because it leads to objectivity and less personalization]*that I'm not getting into this territory and hurting people's feelings and getting their countertransference all involved and all that kind of stuff... *[Explanation that the model's structure makes countertransference less of a worry]* The con is that, well, there's a couple cons is that reproducing this outside of a really comprehensive model like (name of the center) has built. I still don't understand how you do that and so this is this is valuable to me in terms of… I've learned a lot within the steps, but I don't see how I'm ever going to be able to do it to this level in another setting with supervisees and I don't know how my supervisees will ever get this kind of level of detailed attention without an overarching model like (name of the center) has to support their development umm… *[Perception of the difficulties to work with the model outside of the center's capacity as its biggest con]* and I think the other just really positive part about it it's been fun, I've just you know… I mean I would feel a little burned out after COVID and you know just like…you know, just especially around

video working over video so much and it was just big shift during COVID and this has given me a real way of working this is made video feel like much better and I've just had fun learning with this group of people and working with these with my fellow supervisors and with my supervisees as well so that's better this is the most upside of everything. *[Emphasis on the enjoyment and learning acquired through practicing the model even during difficult times]*

I – Ok, just to go back a little bit you were saying that it's kind of hard to do what (name of the center) is doing outside of that sphere I guess could you… could you get a little bit into detail about it…

P2 - Yeah, I mean so everything, so the all of the sessions between the clients and the trainees are recorded which is unusual you know, I think for a lot of training places um… Supervision sessions with your supervisee are recorded (laughs), we watch our supervision sessions with our supervisee of their clients with a group and we review it, here's outcome measures that are all part of this as well which we can talk about today, you know, clients fill out so there's just all these layers of um… of ways that you're able to not only kind of watched clinically what's happening, but also learn, but also teach and learn using deliberate practice so all of these things kind of set up a really nice structure for learning to be a better therapist learning, to be better supervisor and learning deliberate practice… *[Explanation of the technical difficulties representing an obstacle to execute the work outside of the center]*

I - This was something that they mentioned in the other interview monetarily like (name of the center) is actually doing like, they can do all of this in the very… would say… I wouldn't say cheap, but like… very fair price. I could say that yeah.

P2 – Exactly.

I - Outside of (name of the center) we don't see values like that, and just like with other therapies, like…it would have to be a little bit more expensive so yeah. We also talked about that, yeah.

P2 - And honestly, you know, I mean this is a lot of work to watch all the videos from the trainees, to mark their videos and um… *[Recognition of the model's workload]* without a structure that just kind of holds everybody accountable to working together in this way and in a kind of… ethos, I think that's right… we're an ethos of we're all getting, we're all going to become better by doing this. Not everybody wants to get better all the time even, I mean it's hard to get a group of people together to do that together and they (name of the center) has done it, has done an awesome job with that they have. A great structure like you mentioned so… *[Perception of a sense of ethos between supervisors and supervisees in this particular center]*

I – Ok, I think that was the end of our interview. Thank you so much (name) for your participation.

P2 - You're very welcome. I hope your paper goes well and thank you for the interview.

I - Thank you.

P3 Interview

I - Have you completed the deliberate practice supervision training in (name of the center)?

P3 **–** No. I'm halfway through the one-year residency.

I – OK, before we get to that experience. Before deliberate practice supervision, were you using any other models of supervision?

P3 - I was using video watching therapist videos and… kind of zooming in on where we could help them go back next time and role play a little bit, but deliberate practice it wasn't a specific skill it was more "Ohh, look at all these places we can help you with…" *[Demonstration of interest in deliberate practice due to the development of skills as a whole]*

I - Ok and what made you interested to learn deliberate practice supervision?

P3 - I wanted to get better and I read about it sounded very appealing, it sounded… I had really poor supervision as an intern and when I was learning as an associate, people would say "Oh, you're doing great see you later and that'll be $150.00" (laughs), so I really wanted to… just, I love learning, so it's a way to keep learning. *[Reported interest in deliberate practice supervision because it sounded appealing and due to poor supervision experience]*

I – Great! So how has it been? How has it been to learn this new supervision model?

P3 - It's been really eye opening and wonderful and… learning a new language. *[Reported positive experience of learning this supervision model]* I didn't realize, I think the most powerful supervision session we had was when (redacted) showed a video of

me, once working with somebody and he said: “So you just mentioned one skill, two skill. There's a third skill, there's a fourth skill, there's a fifth skill there's a sixth skill” and deliberate practice is taking one skill over and over and over, until the associate learns, like I had no idea, I had no idea. *[Emphasis on the rehearsal as an important part of the model]* I was… you know and we leave grad school with a handful of knowledge and capacity to conceptualize, but that doesn't help the brand new therapist in the room.

I - That's why you say it’s eye opening.

P8 – Correct, it's very eye opening. *[Re-affirmation of the learning experience with the model as eye-opening]*

I - So now…working with the supervisors, how has it been to use this model of supervision with them?

P3 - It has been a really great experience, especially, just recognizing everybody's learning, there's been people that say “Ohh, I would never say that, that sounds fake”, you know, if it’s stable “Ohh, can you lean in and. Ohh, my gosh tell me more” “Ohh, I would never do that” it's like: “Ok, well, let's model it anyway, let's role play it anyway. You would never do that, let's do it anyway” and just over and over and over and then, next thing I know, I'm hearing “Wow, it's going really well” so it was kind of learning… just stick with that one. Stick with one skill. *[Consideration that despite reluctance, the trainees rehearse and receive good outcomes of it]* And I'm a couple’s therapist, so I'm working with students couples that's all I pretty much do. I think new therapists are a little bit terrified of couples, it triggers their own feelings about their own relationships and so… what's been really helpful with deliberate practice is, no matter what comes up, just staying with the one skill over and over and over. One

therapist says “I can't believe he cheated on her”, right? “Now, let's come back to the skill” where I think without deliberate practice it would be talking about how people cheat and “What's your experience of being cheated on?” and “Ohh my gosh and when did that happen” and they're not going to learn how to work with their couple. *[Consideration that, even in couple's therapy, with deliberate practice the trainees can redirect their focus to helping their clients]*

I – Ok, great. So how is it like to work with the supervisees? Do you consider the work to be collaborative?

P3 - Ohh, yes. They're like eager puppies. They really want to learn and once they get the sense that they can do it, they're even more motivated to learn. At first there's a little bit of an “I don't know if I could do that. That's not really me” and… but once they practice, practice, practice, suddenly, they're like “I'm gonna learn this” *[Perception of motivation, despite initial reluctance, to learn from the trainees]*

I - Why do you think they say that in the beginning?

P3 - I think it's a little bit of fear… “You sound so confident, you sound like you know what you're doing and I'm terrified of meeting with this couple. the wife is really pissed off at the husband and I'm not sure what to do and I don't want them to quit. Yikes” so slowly they start seeing “Ohh, they're coming back, they're coming back to see me. Ohh even maybe I'm not so terrible after all” and then they start to get like “Now, I really want to learn” *[Perception that the trainee's reluctance has to do with fear, but after practice with the model, they become more confident]*

I – They get excited.

P3 – Yeah.

I - And when working with the supervisors, do they choose? Do they have the autonomy to choose exactly what they want to work on regarding the client's case or is it decided by the supervisor?

P3 - They have a format in (name of the center) where what they do for me is, before we meet, they've identified the where they're feeling challenged, "I don't know what to do when she starts yelling at him" and then they identify the client challenge "I can't seem to get the man to open his mouth", so we've identified where they're feeling stuck and we've identified where they think they're couples feeling stuck and then they show videotape of those spots and then we work with them, so it's pretty collaborative. We're both agreeing to work on what they feel is a deficit. *[Exposition of the collaborative work between supervisors and supervisees]*

I – And how would you describe the sessions? As you mentioned they are collaborative and they have the deliberate practice form, correct?

P3 – Correct, yeah, I think that I think the sessions tend to be… they're very straightforward like… show up with your prep form: "Where's the deficit? Where's…where are you feeling challenged and what's the learning goal? What do we want to get out of this?" I want you to practice this one skill that you're going to do the next time you see this and then, for about 20, 25 minutes, we roled played over and over and over and we all say "Great, can you do that again?", "Oh, good. Let's do that again this time smile. Smile when you're talking to your couple even though you're terrified of it" "Let's try it again and you lean in a little bit", "Try it again" and after about 25 minutes of that, they know exactly what to do the next time they see their couple. *[Further clarification of the collaborative work]*

I - And have you used this supervision model in different types of supervision? I'm assuming you mainly do individual supervision. Have you tried group supervision, for example?

P3 – No, just well… I have two, I have two groups of two people for (name of the center)- I work with two therapists at the same time. *[Clarification of the type of deliberate practice supervision practiced]*

I – Ok, would you be interested?

***P3* -** In doing a larger group?

I – Yes.

P3 - Not necessarily, because I've been in larger groups and I don't get that much out of them as a an intern. I didn't get as much out of a larger group. It was cheaper, I saved money because the fee was… but I didn't walk away with this much. *[Reported disinterest in doing group supervision]*

I – As a supervisor, what are your biggest challenges while using this model?

P3 - The biggest challenges are for me to step out of that caretaker, I mean, most therapists are care, you know, caretakers wanting to help. I have to step out, I have to take my hat off and put it over there and just focus on "We're going to practice one skill" because a part of me is like "Oh, but I want you to know all about anxious attachment. Ohh, wait a minute. You should know about the enneagram, that's going to really help you. "Oh, I want you to know about trauma history" it's like "No, no. Just take the hat off, put it over there. One skill, one skill"… you know, one skill over and over. *[Reported need to explain and give information to the supervises as their biggest*

*challenge]*That's my biggest challenge, but I'm getting better at it. I, now, find myself in session and saying "Oh, I'm talking too much. Let's get back to the practice." *[Explanation of getting accustomed to shifting the focus to practice rather than explaining information]*

I – Ok, and… while working with the supervisees, what do you consider to be their biggest challenges while using the supervision model?

P3 - I would say… shame. They feel like they should be getting it perfectly there's lots of "Oh, I forgot. Darn, I forgot. Oh, I knew to do that" it's like "Yeah, we're learning. It's OK. You're learning I'm learning. It's ok." So probably shame. *[Affirmation of shame as the supervisee's biggest challenges]*

I – Is it something…

P3 - Which we don't speak about, it's not always named, but it's in the room. *[Affirmation of shame as the supervisee's biggest challenges]*

I – Ohh. I was going to ask, is it something that they mention, or you can just tell by how they're acting…?

P3 - No. Typically they don't say "Oh, I'm now identified with shame. Typically, it's more "Oh, I can't believe I forgot that. Ohh, I knew I should have said that. Ohh I got stuck. I got stuck and I didn't know what to do", so it's just kind of sending the message. And just normalize it, without going too deep into it. *[Clarification for the perception of shame as the supervisee's biggest challenges]*

I – Great. And have you seen progress in your supervisees now that you've started using this supervision model?

P3 – Yes, yes. I had this this one gentleman, a young therapist that just last week he emailed me and he said "Oh, (redacted), I just had the best session ever with my couple, they were both vulnerable and he was crying and it just felt wonderful", so it's really cool when they start to see that if they just stick with one skill over and over at first, they're going to make progress. *[Description of progress reported by their supervisee]*

I - That's right. For example, with that supervisee, did he have like a specific… or was he lacking in a specific skill and now you've seen that has he has been doing much better in it?

P3 – Yes. He was beautifully tuned, he would lean in and "Ohh, right" and then he didn't know what to do after that. And now what he's doing is "How does it make you feel when you say that?" and then he's doing "Can you tell her that it makes you feel sad when she's upset?" like now he knows how to put it all together. *Exposition of an example of a supervisee's skill progress]*

I - Ok, and you're not only working with him, correct? You have another supervisee, as you mentioned. Have you seen the same happening with them?

P3 – Yes. What I'm seeing, say with another person, is they watched the video and now they tell me what they missed. At first, they didn't have a clue what was wrong with their video session, like "I thought I did it. Here it is, it looks pretty good to me" and then I could point out "Oh, let's deepen those feelings. Well let's slow them down. Let's help you be a little bit more attuned" *[Exposition of an example of a supervisee's skill progress]* and now they can pull up the video, I have one that says "Here's what I did and this is what I missed and this is what I should have said and this is how I should have done it" and I'm like "Yeah, look at you! You're a couple's therapist!" *[Exposition of a supervisee's learning process through this model of supervision]*

I - So by what you just said, would you agree that it has been advantageous to them?

P3 - Oh my God, yes. *[Affirmation of belief that the model is advantageous to the supervisees]*

I – Great! So regarding the supervisees, once again, do they give you feedback about how, I mean you mentioned one of the supervisees did have feedback and what else do they say about it? What's their feedback about their… this new supervision model? How do they feel about working and training with it?

P3 - I always ask at the end of the session "How was today on a scale of one to 10? Was it too easy, was it just right, was it too hard?" and that helps me know that I'm at I'm not giving them too much, I'm not giving them too little and they consistently say it's right around 5,6,7, it's like good "I'm learning, not too easy, not too hard. I like it, I like where it is" Yes, I consistently here "Oh, this was helpful. I didn't know that, I didn't know that". *[Description of the feedback process from the supervisees]*

I - That's great, and once again as a supervisor, what would you consider to be the biggest pros and cons of the supervision model? The advantages and disadvantages?

P3 - I think the biggest pros is, as a new young therapist who's a little intimidated or overly confident, some therapists are very overly confident, it helps them go back to the very next session knowing exactly what to do. *[Consideration of being informed and prepared as the model's biggest pros]* With the more general supervision, they show up the next week and their supervisor might have said "See if you can help the guy share more feelings", but no skill as to how to go about doing it. You're trying to help that guy share more feelings, well you're not going to help a guy share more feelings without a skill, you know, because if you asked the first time "What are you feeling?" and he says

"I don't know", he's going to say that the second time and the third time and the fourth time. There has to be something to help them. I think more generalized supervision doesn't always helps. *[Explanation of how traditional supervision lacks]*

I – And… what about the disadvantages?

P3 - The disadvantages… it's harder, much harder because you have to learn that skill. I think of it as an analogy. I can read all about skateboarding and talk about skateboarding, but I can't get on a skateboard and skateboard. We can sit eloquently talk about skateboarding because I read this great article and I watched this great video, but I can't skateboard. *[Consideration of the model as difficult and therefore as a con]*

I - And that goes back to what you said earlier, we learn so much in university about all of these concepts, but when we get to actually work in this area (field), it's much different. Kind of more difficult.

P3 – Yes. It's harder. Much more fun to eloquently just conceptualize and pay my supervisor and feel like I'm really smart, but it's not helping my couple. *[Emphasis on knowledge not being enough to achieve effectiveness]*

I - Would you say that sometimes… I mean, with deliberate practice… I would say it requires to be humble because, as you mentioned, we have to repeat the skill over and over again and sometimes that can be a little bit frustrating. Do you do you also see that in your supervisees?

P3 – Yes, absolutely. I had one supervisee who I was helping her say "Can you tell me more? Can you go a little bit deeper? What's underneath that frustration? I wonder if there's a deeper feeling?" and she's like "Oh, I don't talk that way. That's not how I talk", it was like great "Let's say it in the way you would say it" and then she came up

with how she would say it and I said “That's what we're going to practice for the next 20 minutes”, so there's that latitude there too. *[Exposition of an example showcasing the supervisor adjusting the supervisee to the model through practice]*

I - And then, on the other hand, when they get to rehearse and practice, the end result is usually great as you mentioned, correct?

P3 – Yeah. *[Agreement with the statement that the supervisee's end results are good]*

I – So it's been a very great learning experience for you and for them.

P3 - It's been a great learning experience. It's very unique that they're learning deliberate practice, while I'm in supervision with the group, learning deliberate practice supervision. *[Description of the learning process of deliberate practice as unique]* My sessions are being videotaped, they're being watched, they're pulled up just like their video is. I'm in a group where my video of working with that therapist just being pulled up and it's being critiqued. “Ohh, you two started talking about… all of his tattoos” like “Oh, shame on me” Uh oh (laughs). So it’s wonderful, but very, very supportive and caring. I think what helps is laughter, keeping it light, you know, just letting therapists know “Right, of course, this is hard. It's hard for me, it's hard for you, it's hard for anybody learning.” *[Explanation of how to deal with shame while working with this model, resorting to laughter]*

I – We just have to remind ourselves of the end goal.

P3 - So think of the end goal of this couples coming to you. Their marriage is in trouble, they love each other very much. We're not going to get hung up on “He plays video games and she yells all the time” No. Help them because they love each other. *[Explanation of the importance of reminding themselves of the end goal of the model]*

I – Sometimes they feel that pressure because, as you mentioned, working with couples, working with two people rather than one can be more challenging so of course they feel that, but then they are, as you mentioned, they tell you they are happy because they feel like their sessions are going way better.

P3 – Correct, yes *[Agreement with the previous affirmation of the work getting better with time and practice]*.

I - That's great.

P3 – Yeah, I think they have really bought… I think the supervised, the therapist. It seems like they all really believe in the model, they know they're doing harder supervision than some of their peers they went to school. They know it's a little bit unique, they know it's harder and yet I think they're they rise to the occasion. *[Perception of this supervision model as difficult and that the supervisees rise to the challenge]*

I - And in your experience you mentioned before that it has also been helpful to you and could you go a little bit more into detail about it?

P3 - Into detail about what's been helpful for me?

I – Yes, for example what have you learned with this model that's been more useful or beneficial to you as a supervisor?

P3 - Not just as a supervisor, but as a therapist aware that I have 100,000 concepts in my brain after having been working with couples since the 80s, I have become simpler. Just very much simpler. "Well, what's that deal? Yeah, can you say more?" instead of talking about it. It's easy to talk and I know when I'm in therapy, I don't even listen

when my therapist talks. I've gone to the same therapist for years it's… listen to somebody talk, we want access and talk. *[Emphasis on asking more questions than talking as a therapist]*I think I was never a really yacky supervising therapist, because my own therapist is very psycho dynamic and not the least bit talkative, but it really helped me realize I'm asking people to do really hard things. To access a feeling without the head being involved. I think I'm really kind of have a little bit more reverence for how difficult and challenging that is and nobody is resistant. People just get scared, they get stuck, but they're not resisting, so I think I have more empathy, I think I stay more focused. I have a number of supervisees that are licensed therapists that are working to get certified in emotionally focused therapy and with that in he same thing, it's like 1 skill, just going to work on one skill today. That's it. *[Explanation that, in order for the therapist to be less talkative and emotional, they should focus on practicing skills]*

I – That's wonderful. Well, thank you so much (redacted), thank you so much for your participation and nice to meet you.

P3 - Nice to meet you. Good luck on your dissertation. Great topic!

I - OK thank you, thank you so much.

P3 – Goodbye. Have a nice day.

I - You too.

P4 Interview

I - OK, first question would be if you have completed the deliberate practice supervision training or are you still finishing it?

P4 – Great. I've completed. I did a year-long residency with (name of the center) in deliberate practice supervision and then I had the videos of me doing supervision reviewed by the International Deliberate Practice Society and I got certified in that. So, I did that. I was in the first cohort with (name of the center), the first group and I'm… I continued, I stayed on with them for the second year, so I currently have two… two, I guess… ones an associate and one is a trainee now. *[Further explanation of the experience with deliberate practice supervision]*

I – Ok, great! So, before learning or integrating deliberate practice into your model of supervision, were you using other models of supervision?

P4 – Before, sure. Yeah, I'm currently a behavioral health program manager here for our children's clinic at the county , so it's a government clinic serving moderate to severe mental health needs um… with children youth and families zero up until their 21st birthday and, so currently I'm supervising supervisors… but kind of like managing that but I also do provide direct clinical supervision though most of my therapists are licensed so it's more like a clinical consultation situation.

I – OK. Great! So why did you decide to learn about deliberate practice supervision?

P4 – Yeah, I… I've been interested in deliberate practice since I read about it. *[Demonstration of interest towards this practice]* I was doing the solo deliberate practice exercises based on those videos that (redacted) had made. This was quite some years back…we would watch him and record our stuff and then also following Scott

Miller and Daryl Chow's work and so I was interested in that and building my own skills and as a therapist… *[Explanation of personal interest and effort to learn this model of supervision resorting to videos and authors who studied it]* and I also…. we were doing a narrative therapy consultation group here at the county so, it was licensed therapists and we would meet and yeah, as we were implementing the skills that I was learning from (redacted), and I had two colleagues who were also into it, and so then we started to use developing deliberate practice exercises to do in our group, so our consultation group… we would then do behavioral rehearsal with that right amount and so much, too easy or too hard we, kind of like did that…. the rating scales there, and since I was interested in that and then when I saw the residency open, I was like "Ok, that's great" and you know… I read (redacted)'s book, and I was excited to learn from them and so I applied and got in. *[Explanation of efforts to implement the teachings of the deliberate practice supervision model into his work]*

I - OK that's great so how has it been to learn to learn the supervision model? Like how has the learning experience been?

P4 – Sure, it's definitely stretchy, which is good you know… it's been a long time since I've had any of my work videotaped and… *[Description of the learning experience as "stretchy"]* you know, pretty quickly as part of my onboarding, you know I had to do some role plays, record it with a colleague so I did it actually with one of the therapists that I supervised, we did some deliberate practice role plays there and then… you know started getting very clear feedback from (redacted) on that *[Explanation of the initial learning process through role plays]* and then it also just felt a little weird knowing that every… everything I was doing was being recorded, but pretty quickly… *[Consideration of the initial experience with the recording sessions as "weird"]*

I – How did that make you feel?

P4 – Ohh, sorry. Go ahead…

I - I was saying… to explain how did that make you feel? How what was that?

P4 – Ohh, yeah. Initially, I was pretty nervous, you know it's like you literally wrote the book on deliberate practice for psychotherapy and now you're watching my videos, *[Explanation of the nervousness experienced in the beginning of their learning process]* but that actually left, that nervousness left after a couple weeks, so initially I was feeling be pretty nervous about it and then came to really love the very distinct and clear feedback I was getting like (redacted) would be like "Minute 15:30 seconds. you did this I'm wondering if maybe you should have done this" or "You spent on you know you spent 10 minutes in the beginning of your session before… you jumped in to reviewing the outcome data and identifying the clinical challenge", so it was really helpful to get that, that very clear feedback. *[Recognition of clear and distinct feedback during the learning process]* The other thing is that I got that feedback in a group setting and so… I was in there with these other therapists and one of them was one of my old professors. *[Appreciation for feedback in group settings with people they admire or knew]*

I – Ohh, wow.

P4 – Yeah (laughs), so like, doctor (redacted) is one of my colleagues, who… she taught me family therapy when I was learning and then to have her in my cohort it was awesome, but it was that just a little bit like "Whoa" and then we also had experts jumping into our supervision to observe regularly, so um like Rodney Goodyear was there and his book in clinical supervision Dr. Levinson, Hannah Levinson was there

like… all these people would sometimes "pop in" and observe and so I never quite knew what to expect in that way but it was, yeah… it just became like kind of routine practice that we're all sharing in our work and um… *[Appreciation for feedback in group settings with people they admire or knew]* I also love that it took away this air of like secrecy or the magic behind the curtain it's like… everything's very transparent and I really appreciate that. *[Identification and appreciation for a transparent process]*

I – How so? Could you explain that a little bit?

P4 – Yeah, yeah, because… and I think this goes for the model of supervision too, like I could tell you about what a great job I did in supervision and how I had this amazing insight that then will be transformational for the client but if my work is being recorded I can get some more objective feedback. *[Emphasis on the perception of transparency that the model offers through feedback]* The other piece that I've had is… I've sometimes thought that I didn't do so well on with the case or maybe fumbled some and I'd watched it and then (redacted) might give me feedback and it was like "Ohh, actually you followed the model. You did the right thing in that situation, but you have this…" I don't know, maybe I have more of a critical lens on my… on there. *[Recognition of the feedback as a way to soothe self-criticism and re-direct their approach]* And then with supervision… I mean I still have to do traditional clinical supervision at times for some of my staff because not everyone signed up for this, we don't record, our sessions are happening in person and then stuff that's not being recorded on a regular basis nor is outcome data being collected, which also drives me a little bit… I don't know, it's frustrating because using the (redacted) model I can quickly tell by looking at the outcome data which clients we need to check in about, if there's any safety concerns, who's making progress and who's at risk for deterioration… like I can know that in 30 seconds by looking at the OU data and I love that. I don't have that, when I'm doing

supervision outside of here and then I also don't have the video recording of what actually happened in session so… I love that and I I've been you know advocating to bring this into my clinic here and yeah… and it's definitely different because what I'm hearing is just like… the therapist telling me how their session went and what happened or what they might be concerned about and then also when we talk about what might be helpful to do next. There's not really a behavioral rehearsal piece. *[Explanation of a personal necessity to incorporate the deliberate practice model into their traditional supervision work in order to facilitate it]*

I – OK, so what has been the most… I think you explained that a little bit, but if you could go a little bit more into detail about what has been the more beneficial or useful thing that you have learned with this supervision model.

P4 – Yeah, I think… I think there's a couple of things. One that you can see the continuity of skill acquisition from one session to the next *[Consideration of skill acquisition as a beneficial lesson of this model of supervision]*, like I had a trainee who was struggling with risk assessment, the client said they were having thoughts of suicide they were… she didn't do a great job of assessing it so we spent several weeks actually really practicing skills so I gave her a list of risk assessment questions, we watched the video of the client making a statement that indicated we needed to do a risk assessment and we broke it down into pieces and we're able to practice "Are you having thoughts of killing yourself?" like let's bring it back we're not gonna say "Thoughts of harming yourself?" we're gonna need to be very explicit "Do you have a method? Do you have a plan?" like we practice this very concretely I asked her to record her individual practice. *[Explanation of a clear example of skill acquisition of a trainee regarding risk assessment]* I was able to watch that and then I was able to see her implement these skills in her next session right, the next session called for a risk assessment I could see

her do it… it got a little better we did some more fine tuning around it then you know… I've seen this trainee for over a year now they recently showed me a risk assessment that they did an amazing job, like they knew it was an uncomfortable topic for them like to talk about and to ask these direct questions about suicide or thoughts of killing yourself and like how to how to ask those type of questions we did a ton of practice around it and then I got to see the results which is really cool. *[Recognition of the trainee's improvement regarding skill acquisition]*

I - That's awesome and how has it been to work with the supervisees using this model of supervision? How has it been? I mean, you kind of explained it now by giving an example…

P4 – Yeah. It's been great because there really isn't an expectation that we're going to be focusing on your clinical deficits or areas for growth and then that's really the focus of our work *[Appreciation of the model's focused work on deficits]* one thing I really appreciate about it is that everybody that's a trainee has signed up for it and is explicitly wanting that feedback and you're starting from a foundation really with like this growth mindset like "I'm gonna… you know they pick the videos to show me and so they're identifying their most challenging cases and spots" only a few times have I had to say "actually this client is in the green and the outcome data is showing that they're doing ok and you have this client in the red, we're going to actually need to switch" um but I think that having that consent and really intention going in that we're doing this to get better it's been really helpful you know *[Recognition of the trainee's effort to improve as therapists]* I certainly… I do training and stuff in my clinic here and there's chances to do behavioral rehearsal and deliberate practice, but as a whole like therapists are not signing up to have it… you know because it's their job they're here is… it's doing that,

not everybody's signing up to do intense deliberate practice. *[Perception of practicing therapists generalized lack of interest in intense practice]*

I - And how would you consider to be the work with the supervisors? Would you consider it collaborative?

P4 – Ohh, yeah. Definitely. It feels like… I think I've also been really, really lucky. I've had three amazing supervisees that I've done since I've been with (redacted). They're all… they're all wonderful and I think that we have a strong working alliance together and they were able to pretty clearly identify what they're learning goal is and then how I can support them in that *[Reported good relationship with the trainees]*.

I - That's that's awesome and, for example, do they have the autonomy to choose what they want to work on regarding a client's case or is it decided by you, the supervisor…?

P4 – Sure, we've used this… supervision platform, so in advance of supervision, the supervisor identifies a case that either that they're struggling with internally, like they're noticing that this is their toughest case and they're struggling with it or that the outcome data shows that they're struggling with and so they identify that case, they put just a brief of one paragraph or less of background information. You've probably seen the form, you know what I'm talking about. *[Exposition of the collaborative work between supervisors and supervisees]*

I – Yes, I know (laughs).

P4 - OK and then they go in and bookmark their videotape of spots in that session and it's important that they bookmark actually something the client is doing or saying that's getting in the way of making progress in therapy, so sometimes therapists will accidentally bookmark where they're starting to talk we actually need to go before that

because we're looking at something the clients doing they're saying it's getting in the way of them doing good therapy. So they create the bookmarks and they identify what they think as their clinical challenge and then as we're going through the supervision platform together and watching the videos then we'll identify what clinical challenge, what the learning goal and what the skill criteria are… so it might be "We're going to do a double sided reflection and this is what we're going to practice and here's how you're going to do it. Do you need a model first are you ok to jump right in?" so we'll do that. *[Further clarification of the collaborative work]*

I – Alright. And have you used this model of supervision in different types of supervision? like individual, like group supervision for example…? how was that like? how was that like for you?

P4 – OK, yeah. I've only done it in individual and triadic supervision. *[Reported usage of this model in different types of supervision, particularly, individual and triadic supervision]* I've never run a group using deliberate practice supervision. Yeah and I just started doing uh triadic supervision this year *[Clarification of the usage of this model in different types of supervision]*, so that's been nice and… I've done it a couple different ways with the triadic supervision, so one is we focus on one therapist skill deficit, they'll bring the video or really work on building that skill and so we've done that with one supervisee being the observer, while we're focusing on this and then, most recently, and really hearing from my colleague and my trainee… my supervisees sharing as it will then practice the skill with the other therapist too, so it might not match exactly with whatever they're working on, but we'll do… like trainee A will do… they'll bring the video we'll identify it, we'll prep, do the skill practice and then we'll jump over to the other trainee and have them practice the same skill, so that's been that's been exciting and I like that more than just having them observe because… I think

there's also this cool synthesis that happens where one therapist will see another therapist do that and be like "Ohh, I like that" or then they'll try it and build it change on it so, yeah, that's been really cool. *[Explanation of the different methods used in triadic supervision to train with this model]*

I - OK and, as a supervisor, what has been the biggest challenges while using the supervision model? What are the biggest challenges?

P4 – Yeah, I think the biggest challenge is really time management and sticking to behavior rehearsal. *[Affirmation of time management and sticking to behavior rehearsal as the model's biggest challenges]* I think there's a strong pull to get into conceptualizing a case or talking about things in the abstract or theory or any of that… and to really come back and ground it in practice and behavior rehearsal, I think that's for me that's the hardest part, I think. Especially if you have a trainee who wants to know like case conceptualization and talk about all these things… *[Recognition of case conceptualization as somewhat of blockage for some supervisors and trainees instead of practice]* you know I love therapy, I love talking about therapy, I could talk about therapy all day and really want to make sure that I have space dedicated to doing behavioral rehearsal and then giving people homework to practice for the next week too, outside of supervision. *[Reported focus and emphasis on practice]*

I - And on the other hand what would you consider to be the supervisee's biggest challenges while having sessions using this model of supervision?

P4 - I think… there's maybe a couple. One thing that I noticed that happened towards the end of my first year and then with more skilled therapist is sometimes they'll bring a video in and I don't actually see the skill deficit, they've identified a video clip where it was a tough session and they responded appropriately and so then it takes a minute for

us to find the their clinical challenge, which we're able to do it just takes a little bit, but yeah, I think that might be the hardest… *[Reported struggles with identifying the deficit]* and then it's also exhausting, right? They're doing the behavior rehearsal piece is… can be a lot it can be like "Ohh my gosh", you're also watching videos right my trainees regularly pick videos with their clients are in emotional distress and crying or sharing something intense and so then to watch it repeatedly as we do it and you know there's… that that can sometimes be a challenge. *[Recognition of exhaustion as a possible struggle due to some of the intensity of the trainee's sessions with their clients]*

I - And what about their feedback? Have they told you about their feedback about now using this supervision model… what do they say?

P4 - Sure about the (redacted) supervision model? What they think about it?

P4 – Yeah, I think that they've enjoyed it. I've heard that they that they say that it's helpful and a different way than traditional supervision has been, that they're able to really do skilled practice and focus and building and practicing on what to do before their next session… *[Good perceptions reported by the trainees about the model]* instead of this like conceptualization that there's really like some fear ideas and possibilities, even if a trainee doesn't use your same the same skill that you practiced in session with that client the next week it's still in their… in their tool belt to use at a later time. *[Consideration of shifting the focus from conceptualization to the practice of skills as a positive thing for the supervisees]*

I – And I know we talked to a little bit about this before, you mentioned that, but have you seen clear progress in your supervisee's performance?

P4 – Absolutely, I think especially with my therapist that was working on risk assessment that is like night and day *[Recognition of improvement from the trainees regarding risk assessment]*. They've built so much confidence so many skills around it, they're now asking those questions, they're still always open for fine tuning and like doing that stuff and sometimes we'll watch a video where they do it and it's been huge, *[Acknowledgement of the trainee's improvement]* like I just think like without the outcome data and the video recording I wouldn't know if they were actually making progress, which is huge right? *[Recognition of the tracking of outcome data as a beneficial tool to this process]* And certainly as a clinical supervisor who's overseeing cases, you want… especially if there's risk factors, you want to make sure that your trainees are doing a good job and then they're assessing for risk and making sure the clients are taken care of. *[Emphasis on evaluation of risk factors as an important part of the training]*

I - And do you think the supervision model is actually advantageous to you as a supervisor and to your supervisees?

P4 – Yeah, absolutely. *[Agreement with the perception of the model bringing advantageous outcomes for the trainees]* I think it's really helpful, it also gives some clear structure you know, I've used other… I've used and used other models like a developmental model of supervision staff and you know… focusing on which case. Currently with some stuff that I'm doing more like a consultation model it's I get a brief update on each client, but I don't have any outcome data to review you know I find out if they went to the hospital or not but I'm not getting a regular like you know I can't pull a graph and see are they improving or getting worse. *[Recognition of the structure of the model as advantageous to the supervisor and the supervisees]*

I - And while I'm doing these interviews sometimes the supervisors mention that the supervisees can get a little bit frustrated at times while in sessions, does that happen with your supervisees too?

P4 – Yeah, I think that it's sometimes been… I've seen some people get frustrated or overwhelmed… and then for me that is like a cue and I… like got my own supervision around it, but to really break it down into smaller pieces, so sometimes it was the stimulus was too intense that this client was in so much pain and talking about it that it was too like the therapist was getting overwhelmed and unable to do the exercise, so we did some things that that (redacted) had shared like put a post it note over the clients face "We're just gonna listen to the audio or we're gonna come we're gonna actually turn the volume off on the client and you're just going to see them and so we're going to practice that" and then the other thing when people were getting overwhelmed, we could sometimes switch to a less stimulating stimuli so we watch a video of them where the client is not crying or not in distress and practice the same skill there so we've sometimes with yeah turn the volume off or way down use a post it note find it different video clip of the client that's less provocative, we've also then switched even turned off the camera and then I will role play the client instead like we can there's like a a number of different ways… but if supervisor is getting seen this frustrated as much as maybe like overwhelmed or then like knowing that it's outside of that, the zone of proximal development if we look at that scale we're like "Ok this is too much, let's bring it back, let's figure out" and then sometimes we've also had to break the skill into more discrete parts so instead of doing a skill where it's like "Ok, do a validation and then a reflection" it's like "Ok, now we gotta just do validation let's focus on that and build it then we'll practice doing the reflection and then let's put it together and now let's put it together with the video clip, so I think that that's good feedback if a supervisor is

noticing that they're… their supervisee is getting overwhelmed or frustrated it's good information for us to then be like "Ok, do we need to modulate our exercise?" and get it we want people, you know we want people to be pushing themselves, but really in a space like that prime spot for learning . *[Explanation of ways to deal with the supervisee's frustration and overwhelm]*

I - OK and so, what would you consider to be the biggest pros and cons of this supervision model?

P4 – Sure, I think the biggest con for somebody who is working at a like a clinic like I am like a government clinic where the supervisor has clinical tasks and non clinical tasks, the model is really focused on just doing the clinical tasks, but, you know, I also need to remind people they got to do their time cards, they got to fill out their mileage reimbursement, they're late turning in their treatment plans there's… or like vacation request, like there's like all these other duties of supervision, like at least at my clinic that are that are required to do and they're not strictly clinical, I don't think the model accounts for that. I think best practice would actually be to have like a supervisor like an administrative supervisor and a clinical supervisor, but in government clinics and most of the nonprofits and places I work, the clinical supervisor holds a dual role so I think that's the biggest one. *[Consideration of the model's lack of account for professionals working at government clinics as the model's biggest con]* I think the biggest pro is that you can track your trainee's outcomes, you know, you can see how many of their clients are getting better, how many are getting worse how many are staying the same. I also think that reviewing the outcome data and watching videotapes, it also can help you, if you're a supervisor, do you need to reassign this case, if it's not a good clinical match are there are there other things going on… I think that's been the uh pretty helpful. *[Consideration of the tracking of the outcomes as the model's biggest pro]*

I – OK, thank you so much (name), thank you so much for your participation.

P4 - No problem! Of course, were you able to talk to some of my colleagues from (redacted), to some of the other supervisors?

I – Yes, I was able to do so. The previous week I had three interviews.

P4 – Excellent! And then if you need some folks that are doing… you probably already know, but the IDP folks, people from all over the world… the international deliberate practice society, some of those folks are doing deliberate practice supervision though they have… I don't think they went through the program with (redacted), but like, there's like people that are all over doing it and you have the link, you know their website and that group already?

I - I think I know the website, but I don't have the contacts.

P4 – If you check it out, there's like a list of therapists that provide supervision and consultation and… if you wanted to get somebodies opinion of kind of deliberate practice supervision that didn't get training directly… well, I think most of them still train with (redacted), but there might be a slight difference. I think there's like 15 providers around the world that are offering that, deliberate practice supervision and consultation.

I – OK, thank you so much for this. That's a great suggestion. Thank you and have a nice day!

P4 - You too, take care. Bye!

P5 Interview

I - Have you completed the deliberate super deliberate practice supervision training or are you still finishing it?

***P5* -** I'm still still involved.

I - Ok.

***P5* –** Yeah.

I - How much time do you have left?

***P5* -** I think the end… end at the end of August.

I – OK, ok. And before the deliberate practice supervision, were you using other models of supervision?

P5 – Yes. I supervise in a psychology training clinic for doctoral students in clinical psychology and so… I use video-based supervision, but I was not used to deliberate practice supervision specifically before this.

I - What made you decide to learn about deliberate practice supervision?

P5 - I was really excited about the opportunity to, well, to learn more about deliberate practice and about supervision. *[Reported excitement over learning deliberate practice supervision]* We get very little training in how to supervise as clinical psychologists and as someone who directs the training clinic, I felt it was very important that I just continue to learn and grow in that area *[Reported interest in learning more about supervision due to lack of supervision training as clinical psychologists]* and I also was really excited about the opportunity for (redacted) to watch our videotapes which is

something that I had never… I do that when I supervised my students, but I had never had anyone actually observe my supervision, so that was the first time that or this now is the first time that's ever happened. *[Reported new experiences regarding the observation of their own supervision work]*

I - OK and how was it like to learn this new model of supervision? How has it been… the experience?

P5 - It honestly was really hard… to learn. *[Consideration of the learning process of this supervision model as difficult]* I've been supervising for about a decade and learning how… like how to balance the relationship with the trainee with getting in practice with the kind of bigger picture questions of like… conceptualization and treatment planning like, how to do all that it was it… it was really challenging at first. Yeah it's still challenging, but it's got… it's gotten a little bit easier to managed. *[Consideration that previous supervision work's focuses made it hard to learn the model]*

I - Can you go a little bit into detail about it like… why was it hard in in the beginning?

P5 - I think… what was hard about it? (thinking) I just have never structured supervision in that way of like… *[Perception that the model's structure makes it hard to learn it]* you've seen the model, like the forms that we use?

I – Yes.

P5 – OK, so… so it was hard to identify what what the components were like: what's the client challenge, what's the therapist deficit, and what's the learning goal and to make sure that I could like… and then once we got the learning goal like, how do you define the skill criteria to actually practice it? Like a lot of that stuff, I felt like I was kind of making up on the spot, like drawing from, of course like my orientation and all

of my experience and training, but… but unless there were already defined skill criteria to follow and sometimes you have to make it up on the spot and that's really hard. It's really challenging. *[Reported difficulty in identifying important components defined by this supervision model]*

I – Exactly and what has been more beneficial or useful to learn with this model of supervision for you?

P5 - I think that the intentional practice piece, I think it's something that I always talk about it all the time in our group supervision, like… I want so badly to avoid it because it's hard for the trainee and it's hard for me to give the feedback and it's just easier to talk about the case than to do the skill practice and, so that's the hardest part. It's just really being accountable and making sure that we get to some practice. *[Consideration of rehearsal and practice as the most useful part learned through the model]*

I – So, the rehearsal?

***P5* -** The rehearsal, yeah.

I – Ok, and how has it been to now work with the supervisees with this model of supervision? How has that experience been?

P5 - It's been great, I mean it's also been challenging. I think for them to identify… like even today, we were talking about like…. what video clips they bring in and there's… I think, that's challenging for the trainees themselves of identifying what is a clip that highlights…. you know, again all of those things a therapist deficit and the client challenge even before that… so that that piece is hard. *[Perception of difficulties experienced by the supervisees regarding the videos of their sessions and the identification of their deficits and the clients challenges]* The actual supervision has

been really rewarding, I've seen a lot of growth in my trainees over the year. *[Affirmation of a rewarding supervision process due to their supervisees progress]* I was just, in this last hour, I was in supervision with the trainee and we were talking about how he's kind of progressed to the level where his deficits are more complex and so what we have to like… what I mean by that is where he shows deficits are at more complex stages, rather than like reflection or showing empathy or asking an open-ended question or some of the basic stuff and so… so that means that we have to be pretty creative in how we define the skill criteria and do rehearsal and stuff. Yeah, so in one hand it gets it's getting harder, but also it's a reflection of growth that he's made over the time, that he's been working this way… *[Reported supervisee's progress to the point where the supervision work becomes more complex]*

I – Yeah, that goes into my next question which is how is the work between yourself and your supervisor? And do you consider it to be collaborative?

P5 – Definitely. Yeah, yeah so that's my experience with one supervisee. The other supervisor I have, I always tell her how brave she is, she always burns and tape of like she's like "This is like the worst moment" you know and like so I can tell that she trusts that I'm not gonna you know… chastise her, be critical of her, that it's gonna be an opportunity to think how we can learn and grow from this. *[Reported collaborative relationship with their supervisees]* Yeah, so I think that's very much a piece of it and I think it's cool because I've never done… another thing that's unique about this, for me is I've done tele supervision, but never with people who I've never met in person, right? So, I've done tell supervision with my trainees who I usually see week to week in my office, but then sometimes someone's at home right, but I… I was wondering how it would go in terms of reporting collaboration with someone who had never met in

person, and it's been great. I feel like I've really gotten to know them over the year. *[Reported good experience with supervision with trainees they haven't met in person]*

I - That's great and I was also going to question was going to ask: do they have the autonomy to choose what they want to work on regarding the client's case or is it solely decided by you, the supervisor?

P5 - No it's… it's collaborative… Sometimes, I'll make a suggestion or often I'll make a suggestion, but they bring in like… the client they want to talk about and the clip they want to talk about… yes. *[Further clarification of the collaborative work]*

I – And have you used this model of supervision in different types of supervision, for example group supervision?

P5 – No. Not yet *[Clarification of lack of experience in different types of deliberate practice supervision]*.

I – OK. Well, as a supervisor, what are your biggest challenges while using this model? What are the biggest challenges for you?

P5 – For me, definitely doing… like enough rehearsals, like making sure I get to rehearsal and then like sticking with it is something that I that I struggle with and also, like I said before, just like defining each element that… up to the goal. Those are the challenges of this. *[Consideration of rehearsals as their biggest challenges with this supervision model]*

I – Ok, I'm going back a little bit because you also have a little bit of a little supervisees experience. I was going to ask, what would you consider to be their biggest challenges with this type of model?

P5 - I don't really know. I think, from my perspective as supervisor, I think they struggle with knowing what clips to bring to supervision. I think that's a big… and how to like prepare for supervision. I don't know what they would say though, I don't know I don't think that they would say that's their biggest challenge. That's a good question. *[Consideration of supervisee's decisions regarding the video clips of their sessions with their clients that they bring to supervision as their biggest challenges with the model]*

I – That's okay. For example, in other interviews that I had with supervisors, sometimes they mentioned… they mentioned frustration or even boredom, I don't know if your supervisees ever told you that or you've seen they felt that way?

P5 - No. With like rehearsal? Like, frustration with rehearsal or…

I – Yes, for example…

P5 – Yeah, no… but I think that's because I'm not… I don't think that, I think that's what I struggle with. Like making them do enough rehearsals, where they get frustrated or bored. Yeah… *[Reported feelings of frustration with the model's steps]*

I – And, I know that you also mentioned the feedback from your supervisees and could you talk a little bit more about that? What has been the feedback now that you're using this model?

P5 – Yeah, I don't… we haven't done any like overarching feedback, but I can say kind of along the way, I can gauge, you know, they'll say for example "Ok, ohh this was really helpful. I've been thinking about how I wanted to approach this, so this made a lot of sense or this was helpful" or "I'm going to use this with this client" and there have been a few times where they've come back the next week or even emailed me and said "Ohh, I used the thing we were talking about and it went well" or something like that so

more I think I've gotten more like week to week feedback than… than like big picture feedback, yeah. *[Description of the supervisee's self-reported positive experiences with this type of supervision]*

I – Ok. And you also mentioned that, for example with one of your supervisees, you've seen progress, correct? Specifically with their skills. Could you also tell me a little bit more about that? Maybe other examples?

***P5* -** Let me… I'm thinking.

I - Of course, take your time.

P5 - Yeah so definitely… what I said before about like noticing that we're getting to a different level of skill practice with one of my trainees, with my other trainee where we're often… or sometimes still doing some of the same skills we were working on, but generalizing to different situations or different clients. Yeah, I think there's so many ways to show progress through this kind of training… and one of them so one of them is definitely with the client in terms of outcomes and I can't say generally really how that's been, but but in terms of their supervision, I think there's been progress in terms of kind of, like I said before, like their openness and vulnerability to like show the tapes that they're struggling with… you know and so I think that's one marker of progress too. *[Explanation of the supervisee's progress, specifically regarding vulnerability and openness]*

I - And do you believe this model of supervision has been advantageous to your supervisees and for yourself?

P5 – Yeah, for sure. *[Agreement that this supervision model has been advantageous to them and their supervisees]*

I - Great, we've also mentioned the feedback, so now I would like to know what are your… what do you consider to be, as supervisor, the biggest pros and cons of this supervision model?

P5 - I really like the structure. I appreciate having the structure, I like that we do routine outcome monitoring each session that the clients progress and that we're really focused on client outcomes and I really like the emphasis on rehearsal because I think that is so important… what else? I think those are the main pros that I see. *[Consideration of the model's structure as its biggest pro]*The one con and something I and talking with (redacted) about in a few weeks but also we talked about in some of our meetings is that I feel, sometimes, that we focus so much on and the micro skills that I don't have a good sense of the client's goals for therapy or what the treatment plan is as well as the conceptualization. *[Consideration of the lack of treatment plan and conceptualization as the model's biggest con]* I don't have a good sense of how we're conceptualizing and treating this client in the bigger picture and that makes me feel lost sometimes as a supervisor… and so I'm really… that's a piece of supervision I won't let go of in my practice and so I'm thinking about, as I finish the residency, how will I bring deliberate practice into the kind of supervision I already do because I value that very much… still, like I used to provide clients like from intake, all the way through and I know you know what's going on with them and what our goals are and things like that so I feel that I'm missing that sometimes with these clients. *[Reported feelings of being lost due to the lack of conceptualization and belief in that as a part of their practice]*

I - Another thing that sometimes the supervisors that I talked about earlier mentioned is that, while using this model of supervision sometimes… how can I say this… sometimes they can't do it exactly how they are doing at (name of the center) due to the recordings, the recording systems, and everything like that… do you also feel that way?

P5 - Sometimes I feel… at least (redacted) allowed for enough flexibility where it's not a major concern for me. I don't feel constrained by it, yeah *[Reported experience of flexibility given by the model]*.

I – OK, well thank you so much (name) for your participation.

P5 - Ok, yeah thank you so much. You're so welcome. Good luck.

I - Thank you, have a nice day.

P5 **–** Yeah, thank you.

I - You too, bye.

P5 - Bye

P6 Interview

I - So my first question is: have you finished the deliberate practice supervision training in (name of the center) or are you still finishing it?

P6 - I finished it.

I - Before deliberate practice supervision, were you using other models of supervision?

P6 – No, this is actually the first-time supervising.

I – Oh, ok and what made you want to learn about deliberate practice supervision?

P6 – So, I did ISTDP for my internship and that's all like one of the practices that I do, that's intensive short term dynamic psychotherapy, and that has like a kind of similar model where you're using a lot of videotape, you're practicing a lot of skills, so when I saw like (redacted) e-mail about that, I thought like "That sounds perfect" because I

really enjoyed getting that kind of supervision *[Reported interest over the model due to past experiences with ISTDP and their similarities]*, I felt like it… I felt a lot more prepared than I think a lot of my peers because as you're doing like the skills practice because you're like able to see where you made mistakes and you're like really able to conceptualize it, so when you're kind of just talking about cases a lot gets lost in translation you're remembering things kind of the way you remember them not actually happen and that's a lot harder to like come up with the interventions or like figure out how you want to do better next time. *[Emphasis on practice to achieve better interventions and therefore better outcomes rather than just focusing on conceptualization]* I think a lot of other supervision is kind of… helps case conceptualization, but it doesn't help with like what do I do when I'm in the room with the patient, *[Consideration of this supervision model as better in comparison with other types of supervision that focus on conceptualization]* so I think hearing more about it, seeing how much overlap there as, knowing how helpful that was for me and I think that's made me a much better therapist… I was really excited to be part of that. *[Consideration of improvements as a therapist through this model of supervision]*

I – That goes right into my next question which was how it has been to learn about this model of supervision? How has the experience been or how was it, rather?

P6 - It's really great because it's… they're also kind of like practicing what you preach so it's like… I'm doing this and recording with my supervisees, they're doing this with their patients, I'm going to keep back from you know (redacted), my supervisors are getting like feedback from me, so it's like you're really getting this kind of like… you're feeling what it likes what you're seeing what it feels like on both ends, you know which I think is really helpful because if you've never had to watch your own tape like, if you've never had to do that it's like you don't understand how vulnerable it feels, so I

think it was really helpful to like kind of going through that training with (redacted) and getting that feedback and know kind of how it feels for your supervisees. *[Reported shared feelings of vulnerability with the supervisees through their training]* Yeah, it was like… it's been a really good experience I think it's just it's a very… I'm surprised more people aren't doing it and it's like I think a really useful way, it has a really useful structure. *[Reported positive experience with the model and surprise over not seeing more professionals doing it]*

I – Ans it's funny because my next question was: what do you think was the most beneficial or useful as you said thing that you've learned with this model of supervision?

P6 – Umm… I think how to get feedback really well. You know, like to be able to see… so I remember when I was doing ISTDP supervision, my supervisor was getting training in being a supervisor, so one time I got to sit in on her training and he asked her, he was like "What do you think (redacted) knows and what do you think she doesn't know?" and that's I think a lot of kind of what the framework is built into deliberate practice, really like trying to kind of get into your supervisor's head like "What are they understanding and what are they not understanding? What's difficult for them and what's not difficult for them?" right? So that's why they kind of ask some of those questions like the rating scales "How difficult is this for you? What's feeling challenging?" like really… like tailoring the feedback I think for them, figuring out where they are, when they're getting stuck on and then like able to provide skills based on that. *[Consideration of the acquisition of clear feedback as the most useful thing learned through this model]* So I think… yeah I think like what's most useful is just like how specific you can be when you have to tape, when you're talking to the supervisee or the trainee and you're able to like see like what's missing, right? What are they not getting, what are they not understanding and what are they doing well, you know.

[Further explanation of the acquisition of feedback as the most beneficial part of this model]

I - And how has it been to now work with the supervisees using this model of supervision? How has it been?

P6 - It's been great. I think… I see them absorbing things that are really different way than I think I did it some of my like… not great supervision like, I'm sure, you know… there's a lot of… when I was going to working for nonprofits, it's like it's like walking around the track with my supervisor, you know at the school that I was working at and like kind of just you know talking about cases with her. but it's like… you're not really absorbing anything in a way that feels like "Ok, I can go and deliver on this" *[Exposition of their experiences with supervision in comparison with their supervisee's experience with this model of supervision]* and so when I see my supervisees like watching the tape, seeing this and then to explain something to them in a new way and you see them… kind of, when we do the skill building, and you see them like really capturing it and then, I think when I see it over the week later, and they're able to say "I did this, I was able to do it, we made progress" it's so… it's such like a positive reinforcement, right? And they're like "I practiced the skill, I learned the thing, I did the thing and I saw the outcome", right? And it's really cool from my end just seeing like it's really working. *[Perception of supervisee's improvement after training with the model]*

I - Right again, because as you mentioned, they have specific goals, right?

P6 – Yes.

I - And how has it been to… how is the work with the supervisees, do you consider the work to be collaborative?

P6 – Yes, I do, I do. *[Consideration of a collaborative work with the supervisees]* I think… I think most of them have been like very motivated and like they really want to get better and so they're like… and like they, I think coming in with like the worksheet right of like "Here's what I'm here's where I feel stuck, here's what I want to work on" is really helpful, I mean a lot like working with clients, it's like you want to have buy-in. Like, therapy is never going to work if I'm telling you what you should fix, it's the same with the supervisees like if they're coming in and saying "this isn't feeling right or like I feel really stuck here" but you have much more buy-in and they're going to want to do the work *[Perception of motivated and committed supervisees with their work in supervision]*. And I think all of the supervisees that we have at (redacted) want that, they're picking like a harder site, they're picking a harder thing to do, so I think there's already this self-selection of motivation, and I've never had a problem with any of them like… not wanting to fill out the sheet or not wanting to pick their clients and not wanting to pick the video clips, like they all they want that. They want to be better therapists and so it's cool to have that buy-in. *[Consideration that the supervisees are committed to becoming better therapists]*

I - That's great now that you mentioned it. In other interviews, something that this other supervisor sometimes mentioned is that, although of course they want, the supervisees want to get better, sometimes they get a little bit frustrated… Do you see your supervisees also experienced that? Did you see that?

P6 - I had one who I think got a little frustrated just with like how structured everything is like she's like "Sometimes I just want to be able to talk about the cases" and I was like

"Yeah, I get that and we can do that, but like this framework exists for a reason, you know?" so I think, with her, is kind of just trying to be like flexible around it "Yes, we can to do that" like I think she's someone who really likes the conceptualization part, she wanted to understand but then it's like how do you use that, right? How do you use that in session? So, I think with her it was sometimes kind of like… tying those things together for her, right? "Yes, the conceptualization is important, but what you're doing in session it's also really important. How do you use the information that we're talking about here?" *[Explanation of their supervisee's frustration with the lack of conceptualization]* Another one, I would see kind of get frustrated with himself a little bit sometimes, so with him I think it was very much like "Hey, that's why you're here. You're here to learn, you're not supposed to know all of this stuff, otherwise you wouldn't be here, you know?", so I think I just… I'm just trying to like go slow… and so for him a lot of the practice was just kind of in like… watching for certain cues in the videotape and just like. really kind of practicing, like "Ohh, how do you point that out? How do you recognize that? How do you point that out? How do you recognize that?" and just really you know… drilling some of these things in that felt really challenging for him, you know, but for the most part people I think are really excited about it and excited to be learning. *[Explanation of their supervisee's frustration with himself while training with the model]*

I - That's awesome. So have you used this type of model in different types of supervision, for example, group supervision?

P6 - Only have done it in individual, so far. *[Clarification of the type of deliberate practice done in their supervision, particularly, individually]*

I - Ok and, as a supervisor, what do you consider to be the biggest challenges while using this model of supervision?

P6 - Probably finding that balance between like, kind of softness and directness, right? You know yeah… we all want to learn, but we also don't want to feel… it's such a vulnerable state to be in, right? Like, it's like… being in the room with the client is a very vulnerable place to be, both for client and therapist, so like to have that exposed, like you kind of like your weaknesses are being exposed, it's really hard, so I think trying to create an environment that feels really safe… while also being able to kind of provide that like "Hey, here's where we can work on, here's how we steer this a little bit better". Yeah, because you do want everyone to feel like they're growing, but you also don't want them to feel like criticized or attacked or you know like… "Why am I even doing this?" *[Consideration of being able to maintain balance between softness and directness as the biggest challenge as a supervisor]*

I - And on the other hand, what would you consider to be the supervisee's biggest challenges?

P6 – Probably finding… it seems hard for me to find the clips that they want to use because it's like… they probably have this kind of idea of how the session went and then having to go through and figure out like "Ok, where is this like bite size piece that I can use?", that seems difficult. *[Perception of difficulties regarding the choices of the video clips for the supervisees]* I think… there's kind of this like zone of… if you really don't know what you don't know… if you're kind of just like "I don't know… this all feels overwhelming and I don't know what I'm doing here" I think it's hard to kind of figure out like "here is the place where I feel like I didn't quite hit the mark" and then I think kind of you know, you're like really advanced, sometimes it's like there's not that

much to work on, so I think it's kind of middle zone of enough to know what you're missing or kind of like what you don't know what went wrong, but I think if you're kind of on this one end it's very hard like kind of just everything feels a little overwhelming, we're not quite sure where to start, I think that could be challenging. You know… "I don't even really know what I'm missing." *[Perception of supervisee's feeling lost or overwhelmed as a difficulty]*

I - And I know you mentioned that a little bit of earlier… of seeing progress in your supervisees, can you talk a little bit more about that? Maybe give some examples of progress that you saw in your supervisees?

P6 – Yeah, so I do a lot of kind of like the ISTDP focus, so helping them really target defenses and get to like the deeper emotions with their clients and so one of those supervisees… I think, he's the one I'm talking about, where it was really hard for him to pick up on cues I'd say "Ok, do you notice how the client like walks away? You notice how the client's voice change or do you just have to kind of change the topic?" He'll be like "Ohh, no. I didn't even notice that", so seeing him get a lot better and like seeing the way clients responded to him was really different, like at the beginning I could see where clients would kind of feel a little bit like not connected and like feel… like he's having some like higher client turnover rates because I think they were just like not feeling like he was with them and then to see his progress and see clients stay with him for a really long time to see him really catch those important moments and like kind of push for feeling and see how it really like benefited the client, they were able to kind of get to those deeper emotions, that was a really cool. *[Exposition of how the supervisee's progress resulted in a better connection with the clients]* Then my other ones, the same thing, she had a few clients who was like… they kind of just get stuck in the intellectual zone and she's kind of you know like "I don't know, they're not quite not making

progress" or some of them specifically say like "I don't really want to feel that, I don't want to…" like, I'm thinking of one in particular, he was like "I don't really want to feel sad…" you know during session, "I don't want to do that pretty much…" and so I was working with her on kind of getting client buy-in, right? Sure, we can stay at this intellectual level, you can ignore your feelings, however… then your problems aren't really going to change and kind of being able to point out how ignoring her feelings, how like kind of defending against them was impacting her life and so when my supervisee was able to do that a few different times, like… "Is this a way that maybe ignoring your feelings is getting in the way of your decision making?" and she kind of was able to pull it into a lot of problems the client was describing, the client opened up to like "Ok, fine, I guess I will feel my feelings" and within… like a month or two she like graduated because she was just like feeling so much better and like seeing like that… just that one shift, right? That's like, I'm going to push a little harder for the feeling, I'm going to like really trying to get the client more involved in that process… *[Exposition of a case where the supervisee's progress reflected on the client's progress too in therapy]*

I – Wow, that's great. You also mentioned that a little bit earlier about their feedback that's provided this feedback can you also talk a little bit more about that? What's their feedback about this model?

P6 - I think, for the most part, they really enjoy it. I think the same as I was talking about when like you see the "Ohh, that worked" it feels really good as the supervisor, but I think it feels really good for them as well, that they're like "Ohh, that thing that felt hard or that thing that I didn't know how to do… I did it and my client is doing better now" and that again feels really, really good. So seeing… how they have those

successful elements and they're really excited about it, I think. *[Perception of excitement and improvement from the supervisees after training with this model]*

I – Overall, would you consider that this model to be advantageous to the supervisees?

P6 - Yeah and you can see that a lot of them are like choosing to stay on in different positions right, they want us to stay involved with (name of the center) because I think they really like what is happening there and like, they feel really supported by everyone and to continue to be a part of that. *[Perception that the supervisees are interested in continuing their deliberate practice journey]*

I - And what would you consider to be this models biggest pros and cons in general as a supervisor?

P6 - The pros, as a supervisor, like, I think you can just really have such more like direct impact when you're able to see the tape and you're able to really provide the like clear skill building right… *[Consideration of providing clear skill building as the model's biggest pro]*I don't see much of a con, it's totally like a little bit more work, it's like you're not just kind of having like the conversations that trail off it's, like you do want to stay more on the points, so I think that's probably the hardest thing. It's a bit challenging, but I think it's very much worth it. *[Consideration of the model as laborious and challenging]*

I - That's great, (redacted). Thank you so much for your participation.

P6 – Ohh, of course thank you so much. Sorry for making you wait a little bit. *[Thanking the interviewer]*

I - No problem at all.

P6 – Yeah, thank you so much. have a nice day.

I - You too, bye.

P6 - Bye

P7 Interview

I - My first question is: have you completed the delivered to practice supervision and training or are you still completing it?

P7 - I completed it. I did nine hours of didactic with (redacted) and then I did a year of supervision of supervision. He would review my tapes of supervision with my trainees and then give me feedback on what I did well, what I didn't do well and how I could include deliberate practice to… not just for them, but also for me to get better. It was a yearlong and I have… so I completed it in August 2023 and I have stayed on as a volunteer… now I'm deciding whether I have the time to continue to volunteer for another year or if I have to say goodbye.

I - OK and before deliberate practice supervision, were you using other models of supervision?

P7 – Yes. I've mostly had a developmental approach to supervision, where just sort of starting out being more with younger trainees newer to the field, being more hands on more directive and then over time just stepping back and allowing the trainee to take a greater lead and I have an, even still, even within the deliberate practice of supervision, I have a strong a solution focused and supervision approach.

I - And why did you decide to learn about deliberate practice supervision?

P7 - Because that is how I… just learn everything in life. I am one of those people that needs to actually do things, I mean I can learn theoretically, but in order to be able to actually do it I have to do it, so I so…. *[Explanation of their interest in deliberate practice due to personal tendency to practice rather than just focusing on theory]* That, it made sense to me that if you're going to learn something you have to learn it this way and I had shared with (redacted) when I was doing the interview of… for the deliberate practice supervision residency program that… Early in my career I was finding that I would I… I was working predominantly with children that had been, that had been abused, and particularly sexual abused, and I found myself withdrawing, not wanting to connect just because the content was so intense that I actually intentionally went out and would watch movies and TV shows that had a lot of…. like police procedural things that had a lot of content related to sexual trauma and I would monitor myself when I was checking out, when I was being able to pay more attention, when I was more invested and what I needed to do just to emotionally regulate to be able to do that. *[Further explanation of their tendency to practice rather than just focusing on theory]*

I – That's very interesting and very hard to do, of course.

P7 – And I had no ideia that I was doing deliberate practice back then, this was 1999, so nobody even used that word. *[Affirmation of practicing similarly to the model, despite not being aware of its existence]*

I - It's like you didn't knew about deliberate practice, but you were already using it in a way.

P7 – Yes, it was it was intuitively like "Ok, I know that this isn't good for me to not… this trailer needs me to be present and to witness their story, but I don't know how to do

that without getting overwhelmed myself." *[Clarification of what made them eager to practice in a similar way to this model of supervision]*

I – That's interesting. And how was it like to learn this new model of supervision? How was the learning experience?

P7 - It was wonderful, I have only good things to say about (redacted) *[Affirmation of their positive learning experience of the model]*, you know but it was also… it really helped me come full circle, to put words for what I was doing early in my career and didn't know that's what I was doing *[Reported consideration of recognition for what they were already doing in their professional practice]*, and also to help younger people in the field it's… it's very normalizing when you say "We all have stuff we need to work on… *[Consideration that the model permits the normalization of people's mistakes and progress]*

I – Absolutely.

P7- "… and we all make mistakes, we all have ruptures that we have to figure out how to attend to and then to be able to have those conversations… just to own it that we're all works in progress as clinicians" Like "this is how we're going to practice, so that you can start to notice where you need to seek out more supervision, more guidance or consultation or more education." *[Consideration that the model permits the normalization of people's mistakes and progress]*

I - Kind of humbling in a way, you know…

P7 – Absolutely, absolutely! *[Agreement with the affirmation that the model requires humility]*

I - So that's great and what was the most beneficial or useful thing that you learned with this model of supervision?

P7 - Well, I… think what was most useful wasn't something that was something I learned, it was the ability… so we know that supervision doesn't really impact patient outcomes and so I had done the supervision and then I took a break from him like my six years because it was like "Well, if I'm not making any change for outcomes for actual clients, then what am I doing? I'm just wasting my time, wasting the trainee's time and… I'll just see clients during that time (laughs) and I can know whether or not I'm changing people's lives or not" and then this gave me an opportunity to see "Ok, maybe this would work in a way that we can influence patient outcomes" and as we're seeing some of the preliminary data coming out of the (name of the center), it does seem like we are really starting to impact outcomes and so for me… rather than something I learned, *[Consideration that the most beneficial part of the model is its impact on the client's outcomes]* it's more inspiring and hopeful. *I*t's more… the feeling of generativity, like I'm contributing to the next generation. *[Consideration that the model contributes in a positive way for the next generation of professionals of this field]*

I - That's awesome (laughs) it is, and how has it been to now work using this model of supervision now that you're working with the supervisor?

P7 – Ohh, it's fabulous. I have had the experience of… overall has been fabulous. *[Reinforcement of the positive experience of using this model while working with the supervisees]*A couple of moments of sadness for me have been when I realized that I've had trainees… of course of all levels of experience, all levels of understanding and so… I had a couple of trainees in deliberate practice supervision that, earlier in my career where someone else probably would have encouraged them to leave the field. One,

because of some inappropriate affect and in camera… that they just weren't aware of, it really came down to them just being so scared of messing up because they were being videotaped that… they just needed to get over that fear and so they could be themselves. The other side of it… and there was someone else that didn't know, really truly, didn't understand the role of a therapist and saw themselves more as that tough love kind of friend and so some of the comments that they made in session were really… they were having a lot of dropouts because it was coming off as very rude and very abrupt and someone like that would have been like… *[Explanation that, while working with the supervisees, they realized some of them were not well prepared]*

I – Were they coming of as confrontational?

P7 – Yeah, and they would have been pushed out of the field because it… one comment was completely inappropriate and then… *[Explanation, that while working with the supervisees, they realized some of them were not well prepared]* but then, as we were able to watch videotape and say "Ok, I want you to notice the client's reaction to what you're saying. Is that the reaction that you're hoping to get from them?" and that completely changed around. *[Explanation that, with this model of supervision, it was possible to change the supervisee's performance]*These are two people we would have lost in the field, both of them were persons of color… so underrepresented in the in the field and we would have lost both of them if they had gone to… had a different kind of supervision, because the school would have wanted to know that they were… "These are not people that should be in the field", but I am confident that now these are people that are contributing to the field in a wonderful way. *[Explanation that had the therapists not joined deliberate practice supervision, they probably would've left the field]* They just needed a little bit more directive… what behaviors, what tone… simple things like… you nodding your head, you know, simple things like that really made a

big difference for them to be able to develop rapport and maintain that rapport with their clients. *[Explanation that practicing simple skills with the therapists was important for their development]*

I - Certain skills needed to be more developed and deliberate practice helps it.

P7 – Yes, exactly. And these were not… you're not changing their personality, you're just making little tweaks. *[Explanation that practicing simple skills with the therapists was important for their development]*

I - Exactly and now that you mentioned that, I wanted to know how it is to work with the supervisees while using this model? Do you consider the work collaborative?

P7 – Absolutely. So especially… so there were in in the 2 examples that I gave where they were inappropriate *[Explanation that, while working with the supervisees, they realized some of them were not well prepared]*, I had to be more directive, but overall it's… The trainee brings me the videotape and the section of the videotape where they identified a challenge a clinical challenge something that the client did that they didn't know how to respond to or they feel like they didn't respond well to, then we watched the videotape… my first question to them is "Ok, what were you trying to do in that moment? What would you have liked to have done differently?" sometimes the answer is "I have no idea what I could have done differently" (laughs) and that's ok, but if they tell me "I would have liked to have done this or this" I say "ok and how do you think that would have had a different impact on that client? And would you like to… so let's talk a little bit more about the rationale for that different intervention and let's give it a try, let's practice it" and if they don't really know what to do then or they don't understand what was the dynamic of what just happened then I will say "Ok, that looks like an alliance rupture. Is that something that you would like to work on today? Or that

looks like, you know… "It sounds like the client has a lot of ambivalence, that might respond to this intervention. Would you like to practice that today?" *[Exposition of the collaborative work between supervisors and supervisees]*

I – So… they have the autonomy to choose what they want to work on but if they need help then supervisor is there and gives suggestions.

P7 - Absolutely and if they if they choose, if they… they have the absolute autonomy to decide what they want to work on, they have the autonomy to know if they want to practice again, even after I think they have it I will ask them "Would you like to practice it one more time to make sure you got it?" or "Would you like to move onto something else?" So they have complained autonomy over that piece. *[Further clarification of the collaborative work]*

I - And have you used deliberate practice in different types of supervision, for example, group supervision?

P7 – I have only done it in individual and no… and dyadic. So 2 trainees and me. *[Clarification of the type of deliberate practice supervision practiced]*

I - And as a supervisor, what were… are your biggest challenges while using this model of supervision? What are the biggest challenges for you?

P7 - One has been that one of my trainees is incredibly talented as an EFT clinician, emotionally focused therapy, and she did the externship, she is on her way to becoming certified and… I had nothing, no awareness of it as a model, because it was invented after I became a therapist and so… I actually found myself over the holiday break of taking a course in EFT. So, the biggest challenge for me, is when the trainee knows

more about the model than I do. *[Consideration that supervisee's higher knowledge about the model as their biggest challenge]*

I - And when working with them, do you… do you have moments where you have difficulties, like putting in practice what you actually have to do or… or you're able to do it… easily?

P7 – Now I'm much more able to do it and one of the things that I noticed is that for me is the model that we use at (name of the center) is very similar to how I just do follow-up therapy. *[Consideration of a good adaptation to the model due to similarities with their follow-up practice]* So, we look at outcomes "How are you doing?" and "How was the skilled practice that you did?" and "If you're doing better, do we want to do more of the same?" "If you're doing the same, should we switch things up?" and "If you're doing worse than currently what we're doing is not working so let's do something different" identifying some sort of deficit whether so the client brings in whatever they want to talk about, the trainee brings whatever they want to talk about. I, as the therapist or as the supervisor, identify some sort of deficit in the skill, so maybe it's… and then propose an intervention that might help with that. The plant either says "Yes, let's practice, let's do that" or "Nope, let's do something different". The trainee says "Yes let's do that or no let's do something different" then we practice, I get feedback, practice again and give feedback, practice again, give feedback "How did that go? How do you feel about it? Would you like to do that skills practice homework next time? Yes? Ok, I think we're doing the same thing the next week." *[Further clarification of the collaborative work]*

I - And what do you think are… I know we talked about a little bit about this earlier, but what do you think are the supervisor's biggest challenges while using this model of supervision?

P7 – Getting over shame. *[Consideration that the supervisee's biggest challenges while using this model is getting over shame]* So many of us think we need to know everything and… just being able to be vulnerable enough to admit that you don't know what you're doing and to accept feedback and… to practice. So really it comes down to being invested and improving and being willing to show those moments when you spectacularly failed in session and we all have them, regardless of level of experience. *[Consideration that through showcasing vulnerability while using this model the therapists can improve]*

I – It's true. And so… you also mentioned that a little bit earlier, but have you seen progress in your supervisees?

P7 – Absolutely, absolutely. Two out of four, I was really struggling with and to the point where one of them, I even thought… this person maybe doesn't belong in the field at one point and then it… just was very slow and tedious work and then after a couple of months I became convinced that I'm so glad that I didn't encourage this person to leave. *[Perception of supervisee's improvement after training with the model]*

I – It was the story that you told me earlier, correct?

P7 – Yes, yes.

I - Can you tell me… you mentioned it was 2 out of four supervisees, right? And how was it like with the other supervisees, did you see that they had clear progress too?

P7 – Yes, they've also had clear progress. *[Affirmation that the supervisees showcased clear progress]*They… they were not starting from a place where they were so off in one area that it was bordering on considerations for leaving the field, but they they have made definitely clear progress *[Consideration that their other supervisees were more prepared, but also showcased progress after training with the model]* to the point where… now I, now that I'm doing dyadic supervision with two more advanced trainees… instead of me giving the first line of feedback it's like "Ok, what did you see in the tape? And what feedback do you have for your colleague? And what recommendations would you make?" and then… going back and forth and then and, then I'll put in my stuff, so now I'm encouraging them also to provide peer consultation to each other and feedback to each other, as well as…because that's something that they're going to be doing for the rest of the lives, but it also helps to learn how to do that when you're at the same level of training. How do you give feedback to do your colleagues, who maybe even have more training than you in a particular area? *[Explanation of an effort to make the trainees collaborate and give each other feedback]*

I - And have they given you feedback about their own… how they feel about their performance and development?

P7-Yes, they have said… we talk about "old" and then their name and then "new" and their name (laughs) and that's how… that's how they described it, like meaning… you become a different… have a different identity as a therapist and through this process and so I think about the old version of me and the new version of me… *[Reported consideration of significant change in their performances by their supervisees]* and so they can definitely even see a delineation of… and they would get to the point at the end of… toward the end, after several months of like "Ok, did that sound like old you or

new you…?" and so we could play with it a little bit but… it just was like "Ok, we just keep becoming newer and newer. *[Reported consideration of continuous improvement from their supervisees through training with the model]*

I – That's great! So, overall, do you believe that this model of supervision has been advantageous to your supervisees?

P7 – Yes, yes. Absolutely. *[Affirmation of belief that the model is advantageous to the supervisees]* I actually think that this is the way we should be teaching every model of therapy… *[Consideration of teaching every model of therapy just like this model of supervision]* and more and more evidence-based kinds of interventions are requiring, in addition to like the initial foundational training, they're requiring ongoing consultation… but I think they need to be having someone either role play or do video where they can actually… you could see where someone gets stuck in a particular… implementing affirmative certain aspect of an intervention, giving them direct feedback, so that they can be… maintained greater fidelity to the model. *[Consideration of implementing certain aspects of this model of supervision to other models of therapy]*

I - And what would you consider to be the biggest pros and cons of this supervision model?

P7 - The pros are they actually… are able to see…. it's for successive approximations, so when you can see the progress in the 50 minute supervision meeting and you can see it over time… you are not intending to do this, *[Consideration of constant improvement the biggest pro provided by this model of supervision]* but a side effect is that the trainee develops a greater sense of self-awareness into their strengths and their challenges as a clinician, what their areas of deficit, what their areas of strength are and how they can build on what they already know… And they get a better sense of what

feels like something that a model or an intervention that matches their own belief about change and about people, so that it becomes… they get a better sense of who they are as a clinician and are then able to be more authentic in session. *[Consideration that the model also fosters self-awareness and vulnerability]* The biggest challenges have to do with… really helping to set that foundation of safety in the beginning. *[Affirmation of establishing safety as the model's biggest con]* It takes… there's more foundational safety building than that needs to happen than in traditional supervision, because in traditional supervision you don't really know what's going on. You know what you're being told about, what's happening, and we talk about clients instead of seeing the clients themselves and basically hearing the clients speak directly about what the challenges are in the therapy. In the way that they present in session, we can see what the challenges in therapy are. *[Explanation of why establishing safety is the model's biggest con]* Another challenge is when trainees maybe think that it is just normal self-doubt or something wasn't as effective as they wanted it to be, it wasn't that light bulb moment in session, so… and they did everything right it just wasn't… it just, it wasn't life shattering kind of intervention (laughs) and so helping them also understand the… you know, not every session is going to be this miracle. *[Consideration of the supervisee's self-doubt as a challenge of working with this model of supervision]*

I - You mentioned earlier that the safety part, can you go a little bit more into detail about it?

P7 - Yeah so… it takes a great deal of vulnerability to admit and to show the moments in session that you have… where things were going well in session and you said something or did something that threw it off track. And many trainees are afraid of doing that, especially at the beginning and so they have to know that… you were there to help them, but you're not there to shame them or embarrass them and you're not

going to push them to do something that is so hard that they just can't do it. So… allowing them time and space to feel safe with you enough to bring you the real tapes, to bring you the real problems that they're having in session. *[Explanation of why it is important to establish safety in order to foster vulnerability]*

I - Because if they feel safe (with the supervisors), of course there's no room for improvement for it.

P7 - There's more room for improvement and they will actually bring you the scary stuff. They're not going to bring you the less "Ok, this wasn't too bad, but it was bad but it wasn't that bad" *[Explanation of why it is important to establish safety in order to foster vulnerability]*

I - So they're going to talk about the actual hard parts.

P7 – Yes.

I – Exactly. Thank you so much for your participation (redacted) and, once again, thank you for your time.

P7 – Oh, my pleasure.

I - I really enjoyed the interview.

P7 - Good luck, good luck with your with your dissertation and graduation and if you can, I would like to see the final product.

I – Alright! Thank you so much.

P7 - Thank you. You too.

I – Bye!

P7 – Bye, bye

P8 Interview

I - So my first question is: have you completed the deliberate practice supervision training or are you still finishing it?

***P8* -** I completed it. And I got the certification from IDPS.

I - And before…

P8 – And I apologize, I'm going to have to eat breakfast because I have a client right after this, but so anyway for that… go ahead.

I - No problem. So, before integrating deliberate practice, did you use other models of supervision?

P8 - I would say that I did not have a formal model of supervision, I mean I… I supervised from a feminist and multicultural informed approach. I'm very heavily informed by family systems because I'm a family therapist, but I did not have a kind of meta model of conducting supervision sessions in the way that deliberate practice offers.

I - OK and why did you decide to learn about deliberate practice supervision?

P8 – Yeah, I… my state MFT association had a conference in few years ago now where (redacted) did a presentation just on deliberate practice for skill building and I, at the time, was at teaching graduate MFT full time, including clinical skills and the deliberate practice, you know, style of approaching skill building just seemed so immediately useful and applicable that I wanted to learn everything that I could and in fact I read

several of the books and I looked at the free resources online and immediately started building some deliberate practice into a couple of electives that I talked, particularly one about working with difficult dialogues in therapy, so talking about race, talking about body size, talking about gender with trans and non-binary clients things like that clinicians are often very uncomfortable, especially if they're kind of from a majority group or a privileged group, so I built some deliberate practice into that *[Explanation of the emergence of their interest in deliberate practice]* and probably about that same time, you know, I had let (redacted) know I was very interested in learning more and doing more and that was about the time they were going to launch their first supervisor and trainee cohort with (name of the center) and he said, you know, "Do you want to do this? You'll get this training, you'll give us this volunteer supervision and this time commitment. You'll get this training and there's the opportunity to become certified" and I said "Yeah, absolutely." *[Explanation of how the opportunity to learn about deliberate practice supervision arose]*I felt like it was clear to me that, whether or not, I wanted to kind of full-time do deliberate practice and supervision, I wanted the skill and I wanted to collaborate with (redacted) and I wanted to see what it looked like, because it was very immediately understandable and adaptable as a clinician working on my own skills or with colleagues, whereas a teacher of skills working with students, but you know, it was not entirely clear like what would it look like in supervision because of so many… I think typical questions that come up about, you know "But if you're focused on this, what about all these other things?" so it seemed like a really great trade off to get the training for free, even as I was volunteering and I have done volunteer supervision before in other settings and it didn't at the time have a volunteer supervisor commitment, so if you know, so it fit really well into my life as well. *[Explanation of the reasoning to learn deliberate practice supervision]*

I - That's great and how was it like to learn the supervision model? I know you mentioned it briefly, but could you go a little bit in depth?

P8 – Sure. Let me just take a little bit of my breakfast here and think about my answer. I mean, it was exciting, you know, and it was challenging, right? Because we were asked to do deliberate practice with our supervision skills, you know, so we sat and rehearsed responses to common, you know, challenges and supervision just like we would in therapy with little bit practice, you know, and it was a really good experience like I had a very small but very motivated, you know, cohort of really great clinicians and it was really good to learn together as a group and to practice with each other and kind of watch each other and, as we started doing… that we moved out of the kind of skills training module. *[Exposition of a positive learning experience of the deliberate practice supervision model]* You know, and started doing our supervision sessions, it was really great to get that feedback on supervision because it had been… I mean, I got supervision of supervision 20 plus years ago when I was in grad school getting my MFT approved supervisor designation during and after grad school with that, but like the last time that I had really gotten direct feedback on recordings of supervision, you know, was 20 plus years ago and so it was really great. *[Identification of resemblances of the model steps to previous academic work experiences]* I mean, specially, while trying to make this switch about, you know, how do we use supervision session time and how can we be more structured about the use of time instead of more kind of free flowing and how do we make decisions about what to attend to if something comes up, like crisis management, you know, that needs us to move away from the skills training or skills practice model. *[Underline how the structure of the model serves as guidance]* So, yeah, I felt like it was really a good fit for my learning style, I mean, I think although I can't be sure, I think I was the first or one or the first out of my cohort to submit a

recorded session for IDPS to take a look at, to try for certification and, you know, I don't know if other people felt like, I mean, I felt like I moved really quickly into a place where I was like oh "Oh, yeah…" *[Exposition of a positive learning experience of the deliberate practice supervision model]*

I – I'm sorry, could you just repeat the last part? It was like choppy, like the internet, sorry.

P8 – Yeah, the model was so clear and we got such actionable feedback. For my learning style, it was very… it fit very well with the way that I acquire skills, you know, I'm very good with like, you know, "Here's the model, here's the benchmarks" and so, in that way, it reminded me of going through my Gottman certification process. *[Explanation of how the model adapted to her personal learning style]*

I – Just having that guidance…

P8 – Yeah, I mean, you know and I mean, at first, it felt a bit strange to have this like almost like timeline, you know, "By 10 minutes, you should be doing this and by you know, 20 minutes in, you should be doing some practice" and then but I mean, you know, I wrote all this stuff I still do this, I mean like, supervision notes. I wrote all the steps out and I just have a little template that I copy and paste for every supervision session and we don't always follow it 100%, but most of the time we do, right? And, so it just felt very doable and the and the feedback was, you know, very specific and we would look at our videos with supervision and, just like you do with supervisees, you know, our supervisor mentors would say "Here's the place where you got off track with the model, let's try a different response", right? And so it was great, I mean, I love that kind of internal consistency too with a model, like kind of isomorphism up and down the system. *[Explanation of how they practiced while following the model's steps]*So

yes, it was definitely challenging and like the training sessions and the sup of sup sessions and the supervision sessions themselves are like some of my… most kind of exhausting hours of my week and they are a lot of work, but they required me to be on the whole time in a way that… and even my work as a therapist, like there's times when I can kind of sit back and watch couples interact or, you know, kind of listen, encouraging… it's really active as a deliberate practice supervisor so… *[Description of the learning process of the deliberate practice supervision model as challenging and active]*

I - So it kind of goes with my next question which is: what was the most useful or beneficial thing that you learned with this model of supervision?

P8 – (Pause to eat)

I – Take your time.

P8 – No, it's fine. I think that the most useful thing is that I learned… you know, when a supervisee says "I'm stuck at this place" to move from focusing on the supervisees question or what the supervisee thinks they're asking about, to looking at the client's behavior because we're videotaping, we can do that. *[Consideration of shifting the attention to what the client is doing on video as the most useful thing learned with the model of supervision]* So it's always "What is the client doing or saying?" that, you know, and then to you know to ask the supervisee "What was your intent with the response that you gave?" because those two things, like, help… they helped me move from, like, I know if I want a couple to talk to each other in a less conflictual kind of way I know why I want them to do that, I know the theory and I know the theory of how they get stuck and I know the theory and the interventions for how to get them unstuck because I'm really experienced at this point, but I can talk about that to supervisees and

try and do this sort of like brain transplant which some of that is helpful, but it doesn't help them as much as pointing out “Here is the moment where you could have gone down a different road, let's practice noticing it so that you can watch it next time and doing something different than what you did this time that that didn't turn out to work” right? So, you know, I can explain to a supervisor why it's important to get client couples into an enactment, but that's not the same as helping them notice “This is a moment where you could say, turn to them and tell them that instead of telling me”, right? And once they see it in the client behavior and they go “Ohh, right” like, it just it accelerates their learning and I don't get the satisfaction of giving like 14 mini lecture on enactments but that's ok, like it takes it out a little bit out of the like… doctor (redacted) lecture series and into, I think, a kind of learning that accelerates the supervisee faster which is actually what we want to have happen so *[Emphasis on pointing out the moments in the video that require change and practice in order to achieve better results with the client rather than just sharing knowledge]*.

P8 - Because they see it. They see it's way more practical.

I - Yeah, they see it in their own work, Yeah, it's… I mean, I don't I'm not super conversing in all of the, like, state dependent learning kinds of stuff and but… watching your own clients, you know, and recognizing “Oh, here he said something kind of nice to her and she kind of turned against that and that's a moment where you can intervene” and physically seeing them on the screen, right? I mean, I think you get the visuals of “oh this is what it will look like” and you get the actual words that the actual clients probably will use, some version of, again and you get the somatic experience of “Ohh, I'm going to have to interrupt her”, you know, you'll be directive right and all of those things are things that if I just say “Well, ok, so when he made a bid for connection and she turned against it what you should do is interrupt and see if you can soften that and

redirect it" like that's just a piece of information, it doesn't have all that other stuff with it. *[Underline the effectiveness of being able to practice while watching clips of sessions with their clients]*

I - And this way (deliberate practice) is very helpful for the supervisee. And that goes with my next question too which is: how is it like to how is the collaborative work with the supervisee?

P8 - I think that… at times, supervisees can experience deliberate practice supervision as very heavy-handed. I mean, I try to be a pretty collaborative supervisor, but I also do tend to just in my regular supervision, you know, provide a lot of resources and a lot of answers and stuff and that also is this very kind of top down thing but I soften that by drawing supervises individually or in a group into a conversation "What do you think is happening? Where would you go with this? What are some ideas that you've had…" and with deliberate practice because there's this focus on identifying skill deficit and identifying a preferred skill and breaking down the preferred skill and often on the fly developing some criteria for the preferred skill, like there's a lot of me analyzing and selecting an intervention. I choose the intervention, you know, I say "Instead of, you know, listening sympathetically, I think what you need to do is interrupt this and redirect", right? so that's my choice as the supervisor and if the supervisee said you know I really don't want to work on that like, we would we would collaborate on that *[Exposition of the collaborative work between supervisors and supervisees]*, but I think like my first individual supervisee I found… and also got feedback kind of indirectly through the group supervisors, you know, that I needed to be really careful to make sure that I was giving him lots of praise, you know, as well as just focusing… I mean because to me I could get kind of instrumental somebody comes and says "This is the stuck moment" and I go "Great, yeah I see where that's stuck, let's fix that" and in

that… more, you know, time focus and "Let's get to the rehearsal, I'm going to give you a skill and I'm going to tell you what the skill looks like" I can lose the softer piece and so I think I mean… my first supervisee was… was doing very well, but I think feel discouraged as if somehow the fact that I always had something to give him as a new skill meant that he wasn't performing well or something, right? So, it's like… so I think that's a risk, that's the thing that makes it hard. In the couple supervision that I've done, I mean I was working with a dyad for awhile, so one of them would really have focus because it would be their client and the other would be… part of the conversation, but it's just harder I think to be collaborative and particularly that piece of as the supervisor I'm ultimately… I mean they say this is where I got stuck but I'm the one saying "You're stuck because you didn't interrupt the negativity and you let it go on too long and here's the skill you're going to practice and this is what it looks like" and that is very like that's very top down in a way, *[Reported challenges felt while collaborating with the supervisees]* I mean and I'm sure some of that is also me because I'm so good at you know… if you give me the benchmarks, I'll just do the benchmarks and when I've kind of, you know, I'm not rigid about like "Don't forget to practice", but the opportunity of, you know, "Here's these things that before the end of our supervision session I want us to have time to accomplish" which is skill rehearsal means it's something to move it along a bit faster rather than staying with "What do you think? I don't know, what do you think? Like, how does that feel to you?" and also, honestly, like, because the training has been… has discouraged, I say that very softly, but has discouraged me from focusing on the inner stuff, you know, "How's that landing with you? What comes up for you when you think about interrupting folks? What happens for you when they get into this kind of conflict?" and I trust what the model has to say, which is that as folks practice the skills they will come to the inner work, but again when we sort of go at it

the other direction there's less of that, you know, kind of walking together kind of piece that you know in a collaborative model and more of a "Let's move along, let's try this skill let's do it let's see what it feels like. Ok, now you give me feedback" *[Explanation of how the model shifts the focus from the inner work to the practice of skills]* and so I think I can feel a little very authoritative and hopefully not authoritarian… you know if that distinction translates right? Yeah, but I but I think for, especially for supervisors, who are kind of sensitive in that area, I think it could be a challenge honestly. *[Consideration that the prioritization of the practice of skills and coming off as authoritative could be a challenge to the supervisors]*

I – Yeah, because this was one of the questions that I asked other supervisors: if the supervisees have like the autonomy to choose what they wanted to work on specific cases, where it was solely decided by the supervisors? So, the response is also kind of varied so…

P8 – Yeah, I mean… and I think the supervisee choice comes in which case do they bring in and what moments or moments, do they ask for help with and even that we still sometimes send them in a different direction I mean, I didn't have this happen too much, but I did like… with my individual supervisee there was a period where one of his cases really was higher risk and so I you know I said to him "We need to focus on this case for until we get this stabilized", right? I mean and that I would be saying, in any model of supervision probably… although we might go further afield because we might only spend some time on that and then spend some time on other cases, in a more traditional model of supervision but then the other supervisee choice is what moment or moments in the session do they bookmark and then show and even that might wind up changing like I might wind up changing that because sometimes people would bring me a moment and I would say, you know, like "Let me back up and see what happened

before that" and I mean, this is what's great about the model is it something you often backing up I would go "Here's the moment where you lost the relationship with the client or the client touched on something but then they changed the subject and you let them get away with it instead of following and saying wait let's go back, let's refocus the session on this thing that they're less comfortable with", so sometimes I would override them a little bit because what they felt stuck with… their diagnosis of why they were stuck with not maybe seeing the whole picture and, you know, he did not happen often, maybe one or two times that I would get to the end of an individual session or a couple to revision session you know and the supervisee might say something like "Well this was really helpful, but we really didn't focus on this other question that I had, I still you know I still don't really have an answer to my question about you know what was going on here" and I try to listen for that, I tried to encourage that. *[Further clarification of the collaborative work]* If we had time when I would give them maybe a quick take and say "You know, you can bring that moment back next week if you want" instead of bringing something… of course to the way therapy is like there's always more stuff that people want help with, but I certainly heard that as a complaint a few times and I agree right I mean again… it's that there's this forward motion, there's this this drive through a deliberate practice supervision session that is kind of unlike any other model that I've experienced. *[Explanation of the difference between other supervision models and the deliberate practice supervision model]*

I - This question also follows up that one is: what are, in your opinion, the biggest challenges that the supervisees feel?

P8 - I mean I think early on… I mean and this is typical of any wrong supervision, but that's the term that I was trained to use… when you're looking at video or listening to audio isn't working or watching live, is raw data instead of case report, I think that the challenge with any raw supervision deliberate practice or not is it's very vulnerable, you know, I mean it's awkward to listen to your voice on tape, it's awkward to watch yourself on video and listen to your voice, like that's just a universal human kind of experience, I think for most folks it's true when you're an actor and it's true when you're you know voice person and blah blah, so like there's that challenge. *[Consideration of awkwardness while listening to their own voices on video as one of the supervisee's biggest challenges]*And then the fact that you're supposed to be doing this helping thing with vulnerable people, you know, I mean that that is, whether you're doing deliberate practice or not whether you're doing raw supervision or not, it's so incredibly vulnerable to even just come talk about cases and then of course that you're supposed to there was something that didn't go well instead of showing something that you felt good about (laughs), which is, I think, what most people want you know want and like understandably *[Consideration of showcasing vulnerability as one of the supervisee's biggest challenges]*, I like, I almost wish…. I feel like, I'm just thinking about this now like, it would be really nice, it just generally with supervision that students are receiving to have a kind of practice of, you know, once a month or once a month in group supervision maybe, like there's time reserved for everybody to show like your best 3 or 4 minutes of therapy, right? So that we get to go like "Yeah, that sounds really good" I mean, like yeah maybe we need a kind of reparative practice, a kind of healing practice to go along with the rawness and vulnerability of showing your tuff parts, so that's very challenging and I mean and then I think like the relentlessness of bit of "Ohh, here's the tuff part. Ok, let me diagnose it, here's what's going on, here's what you need to fix it"

right? and now we're going to work on it and now you're going to awkwardly stumble your way through a different skill that you haven't tried before or that you don't totally understand or you haven't mastered, you know, or you thought you understood and then when you try and do it it's awkward. I mean it's just awkward all the time. It's asking people to just really be super visible and I feel like being visible in your thought process, in your decision making, in your skill level, in your… you know, cool under pressure, in your ability to improvise right or to work, like those things are just really hard and, I mean, I think when students understand or trainees or supervisees understand, that's where the growth comes. *[Consideration that supervisees should review their good moments in session to make up for the hard vulnerable process of working with the model]* I think they feel great about it generally, but but embracing that is hard and honestly, I remember from my own because my training is a masters and doctoral student which not which not every program does, but we videotaped every session we did and every supervision involved video review or live behind a one way mirror, you know, sometimes with our whole supervision group, sometimes just with our supervisor. I mean so we were constantly looking at ourselves and being looked at and even though it wasn't deliberate practice supervision it was very uncomfortable you know and you just have to kind of get used to that you know it's like getting used to getting into a hot sauna or hot tub or something you're like "I'll get used to it and then it'll be invigorating." *[Association of their personal experiences with the training in the deliberate practice supervision model and how it helped their progress]*

I – As you said, it can be hard in the beginning because like you explained, you're looking at yourself, you're looking at your mistakes, but then the end result is generally,

from what I've heard, very positive, So, as I said in in other interviews, I feel like it's very humbling.

P8 - Definitely like what I wish… and so, like I feel like there is one thing that you may have a question on this, but I'll just say it anyway, one thing that I think would even help more just generally in the field with integrating deliberate practice is if we really integrated it. *[Affirmation of the necessity of really integrating deliberate practice in the field of therapy]*I mean, when I taught my next clinical skills class after getting into deliberate practice and starting the supervisor training I built the whole 10 week class with deliberate practice every week as a class, in breakout groups, I had them do deliberate practice together before recording skill videos, you know, and so like they were seeing themselves on video, they were getting feedback from live observers, you know it's… practicing that "cold plunge" that shock of like "Ohh, there I am there's my big face, there's my voice" and I think if we did that more as a routine part of graduate clinical training… I won't spend a bunch of time on it, but there's a very different culture in some areas of the US and in some branches of mental health, I have found… as someone who's trained in a lot of places and in psychology and counseling and marriage and family therapy and so like, I had a big culture shock when I moved into Northern California to teach in a marriage and family therapy program and in that region and that specialty, they approached many things very, very differently than how I was trained and one of them is that almost nobody videotaped it's very psycho dynamic they're like "Ohh, we can't put the burden on, you know, interrupt the relationship. It's too, there's too much of a power dynamic" I think it's just a lot of supervisors who are uncomfortable with it and so they don't require, but it's this whole culture of videotaping is… you know, threatening and dangerous, couple therapy family therapy is advanced and so they don't ask their students to do it and like, lots of stuff that's very different and

then so students don't get these experiences of watching themselves on tape. I think the most that they do is maybe listen to a recording, which is also awkward, but not in the same way and so it's there's a lot of avoidance of the challenge of that and the training level and, so like when you get into the supervision of actual clinical work, you know, something like deliberate practice like I think is a huge shock. *[Comparison of their training as student while using recorded sessions and what it's done in different states professionally]*

I - And how has it been for you to work with this model of supervision? what have been your biggest challenges or what do you think are the biggest challenges while using this model as a supervisor?

P8 - I think it's been a great experience for me, I stayed on for a second year after my first-year commitment ended. I decided not to re-up right now, but I really love doing the work. *[Reported positive experience with working with this model of supervision]* I think the biggest challenges for me… I think it is hard not to have… I just feel like they're like I just don't have that umbrella view of a whole piece load. Fortunate… I mean this year, I am an adjunct supervisor, I'm someone who has group supervision and an individual supervisor. I'm just doing couple supervision with them, so they've got someone else looking at their other cases, but when I was the individual supervisor for one trainee, you know, (name of the center) provides these outcome, you know, on ongoing outcome measures to try and flag risk and things like that, but you know and that that's what students having a 8,9,10 cases maximum, but I imagine like my postgraduate pre licensed folks that I supervise in my own business, you know, they

might have 15 or 20 cases *[Perception that the workload of the model might be too heavy]*, you know, and I struggle to think about how we would both keep an eye on the bigger picture of the caseload and talk about things like professional development and marketing to get clients in and, you know, different specific topics that come up when you I mean you could have you know 10 different presenting issues you know completely differentially in a caseload of that size or more and so I think that it like it is one reason that in my individual and group supervision over in my business, I sometimes do some deliberate practice with folks, but we certainly don't do it every week or even most weeks because there is so much to the job of supervisor. It's almost like I would need to break out you know skills rehearsal supervision from all of the other administrative and professional development and kinds of stuff. So, I think that that outside of a very multi-… you know well staffed and kind of small caseload setting like (name of the center), I struggle to imagine how it would work on a regular basis, basically. I mean and I have done some consulting deliberate practice person, you know, for folks who are already licensed, who want to work on a skill and in that case I don't have the responsibility for their cases and so I don't have to worry about the, you know, "Are they doing their paperwork rights? And how are they handling the bigger treatment team if there is one?" and blah blah blah, but all the other things that handle supervision, there's just not a lot of room for that in in deliberate practice. *[Consideration of difficulties regarding conciliation between the workload of the model and other professional matters]*

I - You also mentioned this a little bit I think, but so you have done different types of supervision individual and group supervision, correct? And if so, how was that like for you?

P8 - Specifically in deliberate practice deliberate practice?

I – Yes.

P8 – No, so I've done on the individual and I've done dyad, I haven't done a full group. *[Clarification of the type of deliberate practice done in their supervision, particularly, individually]* I don't know how I would do this, I mean I've occasionally done it with my group that I supervise in my business and I've done it in a classroom, you know, skills… clinical skills classroom, so those are grouped type settings, *[Explanation of how they tried to incorporate deliberate practice in a small supervision group]* but I mean with the dyad… what we, what we did practically was we alternated weeks, person A would bring their case one week, person B would bring their case the next week and so the person who's not on that week would be in the session, we would all three, you know, watch video together and I would encourage both the person presenting a case and the other supervisee to notice what was happening in the video that we watched, to see if they could identify what might work better, but the practice would begin with whoever's week it was and I always brought in the second person to step in as the therapist and to do deliberate practice with the same video clip as if they were the therapist for the couple, but that person they wouldn't be getting something from one of their cases and they wouldn't probably get as much practice time just because the time grows short right? And especially with focusing on couple stuff, we found that there tends to be more time talking about theory and the interventions are sometimes more complex and so the time for practice would get really squeezed, but I always did trying to bring that other person in at least a little bit. I often kind of wondered if they felt a bit checked out when it wasn't their week and we just didn't have a lot of time to even check in on that so… *[Explanation of the dynamic in the dyad]*

I - And do you believe this model has been advantageous to your supervisees? Have you seen clear progress in their performances and how do you feel about it?

P8 - I would say that what I know is anecdotal and it's mostly based on the supervisee self-report. I mean with my individual supervisee, when I was over all of his cases and I had the weekly outcome stuff to look at, I don't know if his outcomes trended in a particular direction or not, but I would say that I saw him get more confident and more organized in his thinking about his cases overtime and I certainly, from the bits of video that I saw, seemed like he was really improving in his skills. *[Affirmation of perceived improvement from their supervisee]* My couple's supervision folks, I mean, I would say, very definitely with one, I saw an improvement the other… I saw an improvement in in his thinking, skill wise… yeah no, I would say I saw an improvement there as well and it's tough because the (name of the center) folks did not get… neither of them had really much if any training of any substance on couples in their grad education, this is another place California really falls down… and there was only a tiny bit like maybe a couple of weeks of focus in the (name of the center) modules, you know, so I think they were starting at a at a much greater skills disadvantage, but again anecdotally what they have said you know is things like "Ohh, I finally got those clients talking to each other in the last session and it was a game changer", that's actually something that my supervisor just said last week "(…) changed the whole session for the better" you know or "I'm finally getting it why it's important to you know interrupt negativity earlier" and the other thing that I can say is that when I use deliberate practice to teach a clinical skills class, I mean this is outside of the supervision piece, but that class progress faster in their skills and managed to get through not just individual therapy skills, but couple and family skills in a in a 10 week course. Very short time. Sadly, I've been on leave

from teaching for a while and so I didn't get to repeat the experiment, but I would say that one class… *[Explanation of the perceived improvement from the couple's therapy supervisees]*I felt as though they, overall, everybody progressed faster in their skills than other times I've talked about similar class without deliberate practice. *[Affirmation of a perceived general notion that every supervisee progressed]*

I - That's great! And speaking a little bit about what you mentioned, their self-report in general, what do the supervisees usually say about their… you know, what they feel like, so… what's their opinion, what do they feel like about their own performance now that they've started the training with delivered practice supervision?

P8 - I mean, I think you know, it's hard to know what they would say… generally because with the power difference, you know, me as their supervisor, I think there's a bias toward them saying "Oh, this is great. It was helpful. Ohh, this was, you know, really positive things, but I will say that I think the most detailed feedback that I have gotten from supervisees generally trended around…" this could be this can be very challenging, it can feel very overwhelming sometimes I can, you know, it can be discouraging to always feel like there's more you have to learn", which I tell them you know "welcome to the job, like that's… that never goes away, you just get used to it" *[Reported difficult feedback from the supervisees]*, but so I think that those are some of the hard experiences that they've communicated, but also they've communicated you know that it has helped with their thinking in the moment in sessions, that it's helped… that sometimes to have mean model a skill for them, you know, and then go back into look at the recording and watch the modeling again, that it is uncomfortable but helpful to watch themselves and that the rehearsal it's meaningful and then it helps them to feel more prepared. *[Reported positive feedback from the supervisees]* I mean one of the pieces that I don't have control over and that I haven't emphasized as much in the couple

supervision, because we were told not to be quite so demanding about it, is the homework piece, you know, "Take this skill, take 10 minutes and grab your piece of video or grab another this video and work on this skill" and you know, what I think that that that's the piece that they either do it or they don't and a number of them admitted they don't often do it because they're they have so many obligations they're juggling them, but I'm like "Guys, it's 10 minutes", but when they do do it, I think they report generally that it's helpful and that they feel more ready to implement the skill so… *[Reported feedback about the homework piece from the supervisees]*

I – That's also great! And finally, what would you consider to be the biggest pros and cons of this supervision model?

P8 - I think the pros are that it… I think it really does support skill development in a very direct and rapid kind of way. I think working with the raw data with the video is just the absolute best way to improve at being a therapist and I think that it, as a supervisor, it makes it very clear to me where at least some places where supervisees might be struggling, whereas it's sometimes it's a little bit of a guessing game when people are doing case report because they don't know what they don't know, they have a bias toward you know reporting that things are going well. *[Consideration of working with video data as the model's biggest pro]* I think some of the cons are that when you know… when balancing a whole caseload and especially an increasing caseload it's very hard to have that, you know, bigger picture view of what are all of the things this supervisee you know, the cases that this supervisee is managing… and that they might need ideas or support or self-study or whatever with. I think… I think that it felt a bit nerve wracking for all of us in that first cohort (name of the center) when we started being responsible for actual students with actual cases because that risk piece, you know, client risk and then any, you know, attendant responsibility for that risk, you

know, comes to us but the (name of the center) structure helps to mitigate that and so I think that in a private practice or a community mental health kind of setting, I think that could be a real… that could make it really difficult unless you very clearly marked time for "This is our skills practice and then this is our case management and we're going to do an hour on each… every week" and then that's a time cost that you have to figure out how to manage, like in a business, yeah. *[Consideration of difficult time management as the model's biggest con]* And I think another drawback is that for folks that are that have a tendency to shame you know to be a little tender in that area, I think it can be a bit hard for supervisees at the same time… I think that those folks need… I mean I include myself in this right because I really struggled through feedback as a young therapist, I think that we… when you're in that place that is a liability that you have, I honestly think that you need something that's going to make you work on that stuff, get some therapy about that stuff, toughen up a bit, heal whatever the wounds are, because the folks who can't continue to look at their own work and take feedback about where they could improve… like I worry about those people actually in the field, It's a con, but it's also a pro in a way… it is it really yeah. *[Consideration of dealing with shame as one of the model's con]*

I – It is, it really is.

P8- Yeah.

I - So, it was the final question. Thank you so much for your time and participation!

P8 – Ohh, wait. Thank you, I would love to read whatever you wind up writing, you know out of this, yeah so yeah please keep me in the loop!

I - I will. Alright, thank you so much!

P8 - Thanks a lot.

I – Thank you, bye.

APPENDIX E. Summary of the Generated Codes (Open Coding)

1. Verification of significant improvements on their own client
2. Changes in approach after experiencing improvement
3. Enjoyment due to the organization of the deliberate practice form
4. Accustomation due to an element of their previous approach
5. Recognition of the benefits of the model's steps
6. Recognition of the effectiveness of repetitions
7. Adaptation to the deliberate practice supervision model without case conceptualization
8. Explanation of a supervisee's positive experience with the model
9. Explanation of a supervisee's difficulties with the model
10. Exposition of the collaborative work between supervisors and supervisees
11. Emphasis on the adjustments done for the supervises according to their clinical style
12. Further clarification of the collaborative work
13. Further clarification of the collaborative work
14. Clarification of the type of deliberate practice done in their supervision, particularly, individually
15. Identification of the limitations to practice deliberate practice supervision at its full capacity
16. Modifications in their teachings for a deliberate practice approach
17. Exposition of case conceptualization being a continuous blockage for this supervisor due to their theoretic background
18. Suggestion of an adaptation of a treatment plan into the deliberate practice supervision model

19. Agreement with the sentiment that the model might need modifications
20. Identification of time consumption as one of the supervisee's challenges
21. Recognition of boredom and frustration as a challenge for the supervisees
22. Identification of defensiveness and fatigue as a challenge for the supervisees
23. Recognition of the struggles experienced during deliberate practice training implied by the interviewer
24. Reinforcement of the model's results on the trainees
25. Exposition of a supervisee's comfortability with the model
26. Exposition of a supervisee's uncomfortability with the model
27. Recognition of deficit work as the model's biggest pro
28. Recognition of the high quality work and affordability that center offers with this model as a pro
29. Perception that practice with access to video is an advantage rather than just having theoretical knowledge
30. Consideration that countertransference isn't a reoccurring worry due to the structure of the model
31. Explanation that self-disclosure isn't necessary to experience countertransference for this particular model
32. Consideration of the lack of case conceptualization as the model's biggest con
33. Consideration of case conceptualization as beneficial to the model due to case's complexity
34. Explanation of the technical difficulties representing an obstacle to execute the work outside of the center
35. Emphasis on the enjoyment of working with this model
36. Consideration of inexperience in supervision being a challenge

37. Belief in the model and reported experience of good outcomes
38. Consideration of the deliberate practice model as rigorous and hard
39. Reference of naming the clinical problem as a beneficial part of the deliberate practice model
40. Reference of the analysis of the therapist's work as a beneficial part of the deliberate practice model
41. Consideration of focus on a skill as a beneficial part of the deliberate practice model
42. Consideration that having a clear structure and following the model provides a sense of security
43. Explanation that despite of the help from the program's structure, trainees still experience difficulties and the supervisors have to find ways to help them overcome it
44. Exposition of the collaborative work between supervisors and supervisees
45. Emphasis on learning by working in collaboration with the supervisees
46. Further clarification of the collaborative work
47. Clarification of the type of deliberate practice done in their supervision, particularly, individually
48. Engagement with the other trainee observing the work during training
49. Perception of the model's steps as laborious
50. Consideration of conceptualization as a challenge to a supervisor
51. Perception that following the model's steps correctly as a supervisor is difficult
52. Consideration of rehearsal as the biggest challenge for the supervisees
53. Consideration of the supervisee’s development happening by following the model’s steps and having the help of the supervisor

54. Coming up with a clinical challenge is still a struggle for their supervisees
55. Perception of boredom and frustration at the end of the training rather than in the beginning
56. Consideration of the work required for their skills being less frustrating and boring than the work required for their client's cases in the supervisee's perspectives
57. Consideration of the model as an important step to develop as a therapist
58. Perception of their supervisee's clear progress after training with the model
59. Reported excitement from the supervisees over the model
60. Perception of the model as demanding and intensive
61. Agreement with the statement that the model is also time consuming
62. Perception of the model's structure as its biggest pro because it leads to objectivity and less personalization
63. Explanation that the model's structure makes countertransference less of a worry
64. Perception of the difficulties to work with the model outside of the center's capacity as its biggest con
65. Emphasis on the enjoyment and learning acquired through practicing the model even during difficult times
66. Explanation of the technical difficulties representing an obstacle to execute the work outside of the center
67. Recognition of the model's workload
68. Perception of a sense of ethos between supervisors and supervisees in this particular center
69. Demonstration of interest in deliberate practice due to the development of skills as a whole

70. Reported interest in deliberate practice supervision because it sounded appealing and due to poor supervision experience
71. Reported positive experience of learning this supervision model
72. Emphasis on the rehearsal as an important part of the model
73. Re-affirmation of the learning experience with the model as eye-opening
74. Consideration that despite reluctance, the trainees rehearse and receive good outcomes of it
75. Consideration that, even in couple's therapy, with deliberate practice the trainees can redirect their focus to helping their clients
76. Perception of motivation, despite initial reluctance, to learn from the trainees
77. Perception that the trainee's reluctance has to do with fear, but after practice with the model, they become more confident
78. Exposition of the collaborative work between supervisors and supervisees
79. Further clarification of the collaborative work
80. Clarification of the type of deliberate practice supervision practiced
81. Reported disinterest in doing group supervision
82. Reported need to explain and give information to the supervises as their biggest challenge
83. Explanation of getting accustomed to shifting the focus to practice rather than explaining information
84. Affirmation of shame as the supervisee's biggest challenges
85. Affirmation of shame as the supervisee's biggest challenges
86. Clarification for the perception of shame as the supervisee's biggest challenges
87. Description of progress reported by their supervisee
88. Exposition of an example of a supervisee's skill progress

89. Exposition of an example of a supervisee's skill progress
90. Exposition of a supervisee's learning process through this model of supervision
91. Affirmation of belief that the model is advantageous to the supervisees
92. Description of the feedback process from the supervisees
93. Consideration of being informed and prepared as the model's biggest pros
94. Explanation of how traditional supervision lacks
95. Consideration of the model as difficult and therefore as a con
96. Emphasis on knowledge not being enough to achieve effectiveness
97. Exposition of an example showcasing the supervisor adjusting the supervisee to the model through practice
98. Agreement with the statement that the supervisee's end results are good
99. Description of the learning process of deliberate practice as unique
100. Explanation of how to deal with shame while working with this model, resorting to laughter
101. Explanation of the importance of reminding themselves of the end goal of the model
102. Agreement with the previous affirmation of the work getting better with time and practice
103. Perception of this supervision model as difficult and that the supervisees rise to the challenge
104. Emphasis on asking more questions than talking as a therapist
105. Explanation that, in order for the therapist to be less talkative and emotional, they should focus on practicing skills
106. Further explanation of their experience with deliberate practice supervision
107. Demonstration of interest towards the deliberate practice model

108. Explanation of personal interest and effort to learn this model of supervision resorting to videos and authors who studied it

109. Explanation of efforts to implement the teachings of the deliberate practice supervision model into their work

110. Description of the learning experience as “stretchy”

111. Explanation of the initial learning process through role plays

112. Consideration of the initial experience with the recording sessions as "weird"

113. Explanation of the nervousness experienced in the beginning of their learning process

114. Recognition of clear and distinct feedback during the learning process

115. Appreciation for feedback in group settings with people they admire or knew

116. Appreciation for feedback in group settings with people they admire or knew

117. Identification and appreciation for a perceived transparent process given by the model

118. Emphasis on the perception of transparency that the model offers through feedback

119. Recognition of the feedback as a way to soothe self-criticism and re-direct their approach

120. Explanation of a personal necessity to incorporate the deliberate practice model into their traditional supervision work in order to facilitate it

121. Consideration of skill acquisition as a beneficial lesson of this model of supervision

122. Explanation of a clear example of skill acquisition of a trainee regarding risk assessment

123. Recognition of the trainee's improvement regarding skill acquisition

124. Appreciation of the model's focused work on deficits

125. Recognition of the trainee's effort to improve as therapists

126. Perception of practicing therapists generalized lack of interest in intense practice

127. Reported good relationship with the trainees

128. Exposition of the collaborative work between supervisors and supervisees

129. Further clarification of the collaborative work

130. Reported usage of this model in different types of supervision, particularly, individual and triadic supervision

131. Clarification of the usage of this model in different types of supervision

132. Explanation of the different methods used in triadic supervision to train with this model

133. Perception of time management and sticking to behavior rehearsal as the model's biggest challenges

134. Recognition of case conceptualization as a blockage for some supervisors and trainees

135. Reported focus and emphasis on practice

136. Reported struggles with identifying the deficit

137. Recognition of exhaustion as a possible struggle due to some of the intensity of the trainee's sessions with their clients

138. Good perceptions reported by the trainees about the model

139. Consideration of shifting the focus from conceptualization to the practice of skills as a positive thing for the supervisees

140. Recognition of improvement from the trainees regarding risk assessment

141. Acknowledgement of the trainee's improvement

142. Recognition of the tracking of outcome data as a beneficial tool to this process

143. Emphasis on evaluation of risk factors as an important part of the training

144. Agreement with the perception of the model bringing advantageous outcomes for the trainees

145. Recognition of the structure of the model as advantageous to the supervisor and the supervisees

146. Explanation of ways to deal with the supervisee's frustration and overwhelm

147. Consideration of the model's lack of account for professionals working at government clinics as the model's biggest con

148. Consideration of the tracking of the outcomes as the model's biggest pro

149. Reported excitement over learning deliberate practice supervision

150. Reported interest in learning more about supervision due to lack of supervision training as clinical psychologists

151. Reported new experiences regarding the observation of their own supervision work

152. Consideration of the learning process of this supervision model as difficult

153. Consideration that previous supervision work's focuses made it hard to learn the model

154. Perception that the model's structure makes it hard to learn it

155. Reported difficulty in identifying important components defined by this supervision model

156. Consideration of rehearsal and practice as the most useful part learned through the model

157. Perception of difficulties experienced by the supervisees regarding the videos of their sessions and the identification of their deficits and the clients challenges

158. Affirmation of a rewarding supervision process due to their supervisees progress

159. Reported supervisee's progress to the point where the supervision work becomes more complex

160. Reported collaborative relationship with their supervisees

161. Reported good experience with supervision with trainees they haven't met in person

162. Further clarification of the collaborative work

163. Clarification of lack of experience in different types of deliberate practice supervision

164. Consideration of rehearsals as their biggest challenges with this supervision model

165. Consideration of supervisee's decisions regarding the video clips of their sessions with their clients that they bring to supervision as their biggest challenges with the model

166. Reported feelings of frustration with the model's steps

167. Description of the supervisee's self-reported positive experiences with this type of supervision

168. Explanation of the supervisee's progress, specifically regarding vulnerability and openness

169. Agreement that this supervision model has been advantageous to them and their supervisees

170. Consideration of the model's structure as its biggest pro

171. Consideration of the lack of treatment plan and conceptualization as the model's biggest con

172. Reported feelings of being lost due to the lack of conceptualization and belief in that as a part of their practice

173. Reported experience of flexibility given by the model

174. Reported interest over the model due to past experiences with ISTDP and their similarities

175. Emphasis on practice to achieve better interventions and therefore better outcomes rather than just focusing on conceptualization

176. Consideration of this supervision model as better in comparison with other types of supervision that focus on conceptualization

177. Consideration of improvements as a therapist through this model of supervision

178. Reported shared feelings of vulnerability with the supervisees through their training

179. Reported positive experience with the model and surprise over not seeing more professionals doing it

180. Consideration of the acquisition of clear feedback as the most useful thing learned through this model

181. Further explanation of the acquisition of feedback as the most beneficial part of this model

182. Exposition of their experiences with supervision in comparison with their supervisee's experience with this model of supervision

183. Perception of supervisee's improvement after training with the model

184. Consideration of a collaborative work with the supervisees

185. Perception of motivated and committed supervisees with their work in supervision

186. Consideration that the supervisees are committed to becoming better therapists

187. Explanation of their supervisee's frustration with the lack of conceptualization

188. Explanation of their supervisee's frustration with himself while training with the model

189. Clarification of the type of deliberate practice done in their supervision, particularly, individually

190. Consideration of being able to maintain balance between softness and directness as the biggest challenge as a supervisor

191. Perception of difficulties regarding the choices of the video clips for the supervisees

192. Perception of supervisee's feeling lost or overwhelmed as a difficulty

193. Exposition of how the supervisee's progress resulted in a better connection with the clients

194. Exposition of a case where the supervisee's progress reflected on the client's progress too in therapy

195. Perception of excitement and improvement from the supervisees after training with this model

196. Perception that the supervisees are interested in continuing their deliberate practice journey

197. Consideration of providing clear skill building as the model's biggest pro

198. Consideration of the model as laborious and challenging

199. Explanation of their interest in deliberate practice due to personal tendency to practice rather than just focusing on theory

200. Further explanation of their tendency to practice rather than just focusing on theory

201. Affirmation of practicing similarly to the model, despite not being aware of its existence

202. Clarification of what made them eager to practice in a similar way to this model of supervision

203. Affirmation of their positive learning experience of the model

204. Reported consideration of recognition for what they were already doing in their professional practice

205. Consideration that the model permits the normalization of people's mistakes and progress

206. Consideration that the model permits the normalization of people's mistakes and progress

207. Agreement with the affirmation that the model requires humility

208. Consideration that the most beneficial part of the model is its impact on the client's outcomes

209. Consideration that the model contributes in a positive way for the next generation of professionals of this field

210. Reinforcement of the positive experience of using this model while working with the supervisees

211. Explanation that, while working with the supervisees, they realized some of them were not well prepared

212. Explanation that, while working with the supervisees, they realized some of them were not well prepared

213. Explanation that, with this model of supervision, it was possible to change the supervisee's performance

214. Explanation that had the therapists not joined deliberate practice supervision, they probably would've left the field

215. Explanation that practicing simple skills with the therapists was important for their development

216. Explanation that practicing simple skills with the therapists was important for their development

217. Explanation that, while working with the supervisees, they realized some of them were not well prepared

218. Exposition of the collaborative work between supervisors and supervisees

219. Further clarification of the collaborative work

220. Clarification of the type of deliberate practice supervision practiced

221. Consideration that supervisee's higher knowledge about the model as their biggest challenge

222. Consideration of a good adaptation to the model due to similarities with their follow-up practice

223. Further clarification of the collaborative work

224. Consideration that the supervisee's biggest challenges while using this model is getting over shame

225. Consideration that through showcasing vulnerability while using this model the therapists can improve

226. Perception of supervisee's improvement after training with the model

227. Affirmation that the supervisees showcased clear progress

228. Consideration that their other supervisees were more prepared, but also showcased progress after training with the model

229. Explanation of an effort to make the trainees collaborate and give each other feedback

230. Reported consideration of significant change in their performances by their supervisees

231. Reported consideration of continuous improvement from their supervisees through training with the model

232. Affirmation of belief that the model is advantageous to the supervisees

233. Consideration of teaching every model of therapy just like this model of supervision

234. Consideration of implementing certain aspects of this model of supervision to other models of therapy

235. Consideration of constant improvement the biggest pro provided by this model of supervision

236. Consideration that the model also fosters self-awareness and vulnerability

237. Affirmation of establishing safety as the model's biggest con

238. Explanation of why establishing safety is the model's biggest con

239. Consideration of the supervisee's self-doubt as a challenge of working with this model of supervision

240. Explanation of why it is important to establish safety in order to foster vulnerability

241. Explanation of why it is important to establish safety in order to foster vulnerability

242. Explanation of the emergence of their interest in deliberate practice

243. Explanation of how the opportunity to learn about deliberate practice supervision arose

244. Explanation of the reasoning to learn deliberate practice supervision

245. Exposition of a positive learning experience of the deliberate practice supervision model

246. Identification of resemblances of the model steps to previous academic work experiences

247. Underline how the structure of the model serves as guidance

248. Exposition of a positive learning experience of the deliberate practice supervision model

249. Explanation of how the model adapted to her personal learning style

250. Explanation of how they practiced while following the model's steps

251. Description of the learning process of the deliberate practice supervision model as challenging and active

252. Consideration of shifting the attention to what the client is doing on video as the most useful thing learned with the model of supervision

253. Emphasis on pointing out the moments in the video that require change and practice in order to achieve better results with the client rather than just sharing knowledge

254. Underline the effectiveness of being able to practice while watching clips of sessions with their clients

255. Exposition of the collaborative work between supervisors and supervisees

256. Reported challenges felt while collaborating with the supervisees

257. Explanation of how the model shifts the focus from the inner work to the practice of skills

258. Consideration that the prioritization of the practice of skills and coming off as authoritative could be a challenge to the supervisors

259. Further clarification of the collaborative work

260. Explanation of the difference between other supervision models and the deliberate practice supervision model

261. Consideration of awkwardness while listening to their own voices on video as one of the supervisee's biggest challenges

262. Consideration of showcasing vulnerability as one of the supervisee's biggest challenges

263. Consideration that supervisees should review their good moments in session to make up for the hard vulnerable process of working with the model

264. Association of their personal experiences with the training in the deliberate practice supervision model and how it helped their progress

265. Affirmation of the necessity of really integrating deliberate practice in the field of therapy

266. Comparison of their training as student while using recorded sessions and what it's done in different states professionally

267. Reported positive experience with working with this model of supervision

268. Perception that the workload of the model might be too heavy

269. Consideration of difficulties regarding conciliation between the workload of the model and other professional matters

270. Clarification of the type of deliberate practice done in their supervision, particularly, individually

271. Explanation of how they tried to incorporate deliberate practice in a small supervision group

272. Explanation of the dynamic in the dyad

273. Affirmation of perceived improvement from their supervisee

274. Explanation of the perceived improvement from the couple's therapy supervisees

275. Affirmation of a perceived general notion that every supervisee progressed

276. Reported difficult feedback from the supervisees

277. Reported positive feedback from the supervisees

278. Reported feedback about the homework piece from the supervisees

279. Consideration of working with video data as the model's biggest pro

280. Consideration of difficult time management as the model's biggest con

281. Consideration of dealing with shame as one of the model's cons