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Dyadic, triadic, and group models of peer supervision/consultation: What are their components, and is there evidence of their effectiveness?

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Abstract

Models that meet the Psychology Board of Australia's definition of peer consultation include dyadic, triadic, and group formats. Components of these models (e.g., goals, theoretical basis, role of leader, members' roles, structure, and steps in procedure, stages in group development) are presented, and evidence of their effectiveness is reviewed. Psychologists are encouraged to identify the model components and goals that match their own learning goals for continuing professional development.

The Psychology Board of Australia recently enacted a new requirement of a minimum of 10 h of peer consultation a year as part of psychologists' mandatory continuing professional development to maintain their registration. The Board defined peer consultation as "supervision and consultation in individual or group format, for the purposes of professional development and support in the practice of psychology and includes a critically reflective focus on the practitioner's own practice" (Psychology Board of Australia, 2010, p. 2; see also, Australian Psychological Society, 2011, p. 7).

A reading of the relevant literature suggests the use of peer supervision/consultation is widely practised and highly valued by counselling and psychology practitioners. Over 20 years ago, Lewis, Greenburg, and Hatch (1988) found that almost 50% of psychologists in private practice in the USA belonged or had belonged to peer consultation groups. More than half not currently in groups expressed a desire to join a group. Members of these voluntary groups reported high levels of satisfaction with their experiences, and said the groups met their individual goals, particularly those around gaining suggestions for problem cases, discussing ethical and professional issues, and countering the isolation of private practice. The peer groups varied widely in their composition, structure, and activities. Townend, Iannetta, and Freeston (2002) found similar results for accredited cognitive behavioural psychotherapists in the UK participating in supervision required for their accreditation. Over 75% of the respondents were either "very satisfied" or "satisfied" with their supervision, and often were attending supervision for more hours than required for accreditation. In peer groups (41%) or dyads (20%), the psychotherapists typically discussed cases within a cognitive behavioural framework ("formulation development, problem solving, and technical application of therapeutic strategies," p. 489) as well as cognitive analysis of therapist affect or behaviour.

More recently, Kassan (2010) interviewed 34 psychotherapists (24 women, 10 men) who represented 20 different peer groups. Participants, primarily psychoanalysts in the New York area, had been in their groups from 1 to over 30 years. Peer groups varied in size, composition (e.g., one or both genders, one or more theoretical backgrounds/orientations), and identified focus (e.g., group process, countertransference). Most involved case presentations on a rotating or spontaneous basis. Only one used videotapes of therapy sessions. Presenters

primarily brought issues of countertransference, feeling stuck, or personal feelings about the patient (e.g., frustrated, angry) to the group. Most reported feeling safe to present their work to the group, although they often felt nervous or even shame about having made a mistake or not knowing what to do. Few had an explicit contract; typically, the only explicit agreement was confidentiality. Participants reported they gained community, collegiality, and connection to other professionals from their groups; most could not imagine not being in a group even if they were considering leaving their current group. Their complaints included a lack of focus and structure. In addition, without a leader, they reported they had to take more responsibility and work harder to stay on task. Nevertheless, they appreciated the freedom and equality in the peer group. The peer groups varied in their ability to deal with inevitable tensions and conflicts between members, as well as whether they socialised with each other outside of group (and whether this was seen as helpful or hindering group dynamics). Kassan observed that satisfaction with the group experience was lower when members avoided discussing group process, which he described as "the scariest, and the most difficult, aspect of group functioning" (p. 191), and yet the most crucial.

Across the three studies, then, there is, anecdotally, high enthusiasm for peer groups. As indicated in the following sections, participants who have described their models of peer supervision/consultation typically also have reported highly positive experiences, again mostly anecdotal. Thus, potential gains from the new peer consultation requirement seem promising based on participants' reports. To make the best use of their peer consultations, psychologists might benefit from a systematic overview of peer supervision/consultation models and the empirical evidence for them. The purpose of this article is to provide such an overview.

Using several sources (e.g., databases, table of contents of supervision-oriented journals), published models purporting to offer some form of peer consultation and peer supervision that fell within the definition and guidelines provided by the Psychology Board of Australia were identified. Although distinctions between peer supervision and peer consultation have been emphasised (e.g. Australian Psychological Society, 2008; Ettin, 1995; Milne, 2009), examples of both were included since the Board used both terms in its definition. Models for peer dyads, triads, and groups were located, although it is not presumed that this is an exhaustive overview. To facilitative psychologists' review, comparison, and evaluation of the models, key components for each are provided in Tables 1, 2, and 3. Psychologists can search for models that match their professional development plan based on the models' goals or theoretical basis, their desire for a leader-led or leaderless group, as well as degree of structure in procedure and members' roles and feedback focus. Below, the models' similarities and differences are summarised, and empirical evidence for their effectiveness is presented. Finally, key considerations for choosing a model, based in the literature, are highlighted.

Dyadic Peer Models

Models for peer dyads are listed in Table 1. Although three models are listed, all are based in the Remley, Benshoff, and Mowbray (1987) format. This is a true consultation model, with peers taking turns being supervisor and supervisee without any oversight by others, although an orientation and training session was provided to participants in one study (Benshoff & Paisley, 1996).

Empirical Studies of Dyadic Peer Models

Benshoff (1993) adapted the model for counselling practicum students ($n = 81$) who, responding to seven open-ended questions, reported the sessions were very helpful in providing support, encouragement, and practical ideas. In a follow-up study, practicum and internship students ($n = 87$) were randomly assigned to the experimental peer model or control groups; all also received traditional supervision. Benshoff found no significant differences between the two groups' post-test self-ratings of counselling effectiveness. Benshoff and Paisley (1996) employed the model with school counsellors ($n = 20$) who, in a pilot study, completed 16 evaluation items. Participants gave very positive ratings of their experience overall and reported that the model had helped them develop their counselling and consulting skills. They were highly satisfied with the amount of support they received, but less satisfied with the peer's ability to challenge them. Almost all participants said the review of counselling tapes was an important part of the model. They requested a training to help them focus more on the counsellor's performance rather than the client. Thus, although participants in several investigations were very positive about their experiences in the model, no studies have included objective measures of relevant outcome variables for counsellors or clients.

Triadic and Group Peer Models

Models for peer triadic and group supervision/consultation are listed in Tables 2 and 3. Triadic supervision, an emerging modality in the USA, was formally endorsed by the counselling accreditation body

Table 1 Dyadic peer supervision/consultation models

Citation, Professional field, and Country: **Remley et al., 1987;** peer consultation model for practitioners (counselling, USA)
Goals: Monitor practice, improve skills, and provide mutual support and affirmation
Theoretical basis: Not specified
Leader: No
Members' roles: Consultants to each other in review of tapes and case studies
Steps in procedure: 10 sessions that include introductions and goal setting, then alternating oral case presentations (2 sessions), tape reviews (4 sessions), discussion of journal articles (1 session), mid-point and final evaluation
Stages in dyad development: Not specified
Evidence: Not specified

Citation, Professional field, and Country: **Benshoff, 1993** (adapted from Remley et al., 1987) (counselling, USA)
Goals: Provide clear, detailed structure for peer supervision process; keep peers focused on task of supervision
Theoretical basis: Not specified
Leader: No
Members' roles: Supervisor and supervisee (take turns)
Steps in procedure: Seven sessions that include introductions and goal setting, discussion of journal articles, case presentations, tape reviews, evaluation and termination
Stages in dyad development: Not specified
Evidence: Includes results of qualitative and quantitative studies with counselling students

Citation, Professional field, and Country: **Benshoff & Paisley, 1996** (adapted from Remley et al., 1987) (school counselling, USA)
Goals: Provide organised structure for peer consultation for school counsellors
Theoretical basis: Not specified
Leader: No, but orientation and training meeting included
Members' roles: Supervisor and supervisee (take turns)
Steps in procedure: Nine sessions that include background information and goal setting, discussion of school counselling programme, case presentations, tape reviews, evaluation and termination
Stages in dyad development: Not specified
Evidence: Includes results of pilot study with 20 school counsellors; see also, Crutchfield & Borders, 1997

(Council for Accreditation of Counseling and Related Educational Programs, 2009) in 2001. Triadic supervision is defined as one supervisor working simultaneously with two supervisees, although one published model has three members and no supervisor (Spice & Spice, 1976). Only a few triadic models (see Table 2) have been published (Lawson, Hein, & Getz, 2009; Spice & Spice, 1976; Stinchfield, Hill, & Kleist, 2007), but researchers have found unique benefits and dynamics (e.g., Borders et al., in press; see below). All of the models involve supervisees taking turns presenting and giving feedback, often assuming roles (e.g., commentator, giving feedback from a particular perspective). Although the triadic supervision models were proposed for students, it is a potential modality for peer consultation, and so included here.

Peer group supervision models (see Table 3) are more prolific and varied. Several group models that were designed for students are included because they have been investigated empirically and have been suggested as appropriate for practitioners also.

Peer triadic and group models differ along several dimensions that can be considered as psychologists determine which components may be the best match for their learning needs. A distinguishing factor among the triad and group models is whether they include a formal supervisor leader, rotate the supervisor/leader role among the members, are leaderless, or gradually move towards being leaderless as the group matures. There are advantages and disadvantages for each approach, with the experience level of group members often being an important decision point around the need for a leader (see also, Counselman & Gumpert, 1993; Counselman & Weber, 2004). Leaders, whether formal supervisors or rotating members, typically keep the group on task and attend to group dynamics. Several authors suggested that groups, especially leaderless groups, would benefit from periodic reviews of their functioning, perhaps even an evaluation by an outside consultant (see also, Goldberg, 1981). Group models also vary in the type of and amount of structured approaches (members' roles, steps in procedure) suggested. Authors of more structured models designed them to achieve explicit goals, such as ensuring that all group members participate, gaining multiple perspectives, learning to give constructive feedback, avoiding judging statements, and decreasing resistance to feedback. For some, segments of a taped counselling session are a required part of the case presentation.

Peer group models also vary in their focus, especially around the extent to which personal issues and growth

Table 2 Triadic peer supervision/consultation models

Citation, Professional field, and Country: **Lawson, Hein, & Getz, 2009;** single-focused triadic supervision (counselling, USA)
Goals: Not specified
Theoretical basis: Not specified
Leader: Supervisor or supervisor-in-training
Members' roles: Take roles or perspectives based on Borders (1991), Wilbur et al. (1991), and other action techniques
Steps in procedure: Orientation session, then one supervisee presents case, with videotape of counselling session during each session while other provides feedback
Stages in triad development: Not specified
Evidence: Results from several studies summarised; see also, Hein & Lawson, 2008, 2009; Hein, Lawson, & Rodriguez, 2011, Lawson et al., 2009, 2010

Citation, Professional field, and Country: **Spice & Spice, 1976;** triadic method of supervision (counselling, USA)
Goals: Refine skills in presenting one's work, art of critical commentary, engagement in meaningful dialogue, and deepening of here-and-now process
Theoretical basis: Not specified
Leader: Leader only when working with students; teaches the model to them
Members' roles: Three members and three roles of supervisor, commentator, facilitator
Steps in procedure: Members rotate roles of supervisor, commentator, and facilitator. Presenter describes sample of practice (may include tape of counselling session) which commentator has reviewed before session, commentator shares observations and encourages dialogue about those points viewed as most important, facilitator focuses on present, here-and-now dialogue to deepen the impact of dialogue
Stages in triad development: Not specified
Evidence: Anecdotal

Citation, Professional field, and Country: **Stinchfield, Hill, & Kleist, 2007;** reflective model of triadic supervision (RMTS) (counselling, USA)
Goals: Encourage "inner" and "outer" dialogues
Theoretical basis: Reflecting process and reflecting teams
Leader: Leader instructs members regarding RMTS process, then facilitates the process/model
Members' roles: Three roles (rotate): supervisee role, reflective role, observer-reflector role
Steps in procedure: Supervisee presents tape of session and discusses with supervisor, peer is in observer-reflector role; peer and supervisor discuss session and supervision thus far while supervisee listens silently in reflective role; supervisor processes reflective role with supervisee while peer observes
Stages in triad development: Not specified
Evidence: Reports preliminary results from qualitative interviews with students. See also, Stinchfield, Hill, and Kleist, 2010

are discussed. For some, attention is focused on skill development or case conceptualisation only, while others are primarily focused on countertransference and similar dynamics within the group. A few groups are designed around learning a specific counselling orientation in depth, while most suggest a small range of diverse orientations to enhance learning.

Peer groups are groups, and so explicit attention to the issues that are central to the functioning of all groups is needed. The initial contract and agreement about the purpose and functioning of the group is highlighted. Similarly, careful attention to criteria for membership, and for adding new members later, is emphasised. Fairly typical stages of group development (e.g., forming, storming, norming, and performing; Tuckman, 1965) are described by those reporting experiences from their own groups.

Empirical Studies of Triadic and Group Peer Models

Stinchfield et al. (2007), and Stinchfield, Hill, and Kleist (2010) reported preliminary results for their reflective model of triadic supervision (RMTS). In pilot data (2007), students said the reflective role gave them freedom to just listen, not get defensive, and gain multiple perspectives, while the observer role enhanced their conceptual skills and feedback skills. Later, in a phenomenological study (2010), the researchers identified five transcendent themes from semi-structured interviews with students. *Initial apprehensions* about the experience included concerns about the power differential between supervisor (faculty) and students and whether the model would allow adequate time for both students during the session. *Shared developmental process* described the normalisation that occurred during sessions. *Vicarious learning* happened in both the reflective role and the observer role. *Multiple perspectives* provided by the model were valued, and the *trust and safety in relationships* that developed over time allowed for discussion of parallel processes.

In an investigation of their triadic supervision model, Lawson and colleagues (Hein & Lawson, 2008, 2009; Hein, Lawson, & Rodriguez, 2011; Lawson, Hein, & Stuart, 2009, 2010) interviewed six supervisees (practicum students) and six supervisors (doctoral students) in one counsellor education programme. Supervisee peer matching (e.g., similar skill level) was emphasised by

Table 3 Group peer supervision/consultation models

Citation, Professional field, and Country: **Baruch, 2009;** generic model of group supervision of private practitioners (counselling, Australia)
Goals: Forum to explore integrative and eclectic models of working; learn from practitioners from different theoretical traditions, training, and modes of practice
Theoretical basis: Integrates models of Proctor (2004) and Page and Wosket (2001)
Leader: Leader supervises and facilitates co-supervision by members
Members' roles: Three to six members suggested in closed group; at least 2 years of clinical experience; self-selected to achieve mixed gender and reasonable homogeneity in theoretical orientations
Steps in procedure: First session involves written contract and establishing norms, responsibilities, and session agenda. Member presents, members provide "felt responses," bridge to give presenter time to reflect and to share how will apply feedback. Ends with supervisor leading review of group functioning, verbal, and written feedback of supervisor's performance. Formal review of group after 6 months.
Stages in group development: Not specified
Evidence: Not specified

Citation, Professional field, and Country: **Borders, 1991;** structured peer group supervision approach (see also, Borders & Brown, 2005, chapter 4) (counselling, USA)
Goals: Ensure all members are involved; help members give focused, objective feedback; highlight development of cognitive skills; be adaptable for novice and experienced counsellors; be adaptable for various counselling formats; encourage self-monitoring; encourage self-growth; encourage awareness of group dynamics; be useful for novice and experienced supervisors
Theoretical basis: Developmental models of counsellor development, especially the promotion of cognitive complexity
Leader: Trained supervisor or supervisor-in-training; takes roles of *moderator* (keeps group on task) and *process observer* (comments on group dynamics). (*Multicultural competency infuser* added by Lassiter, Napolitano, Culbreth, & Ng, 2008)
Members' roles: Three to six members suggested. Presenter; members provide feedback via roles (e.g., client, counsellor, significant person in client's life) and perspectives (e.g., focused observations of particular skills, apply theoretical approaches, metaphors). (Multicultural-intensive role added by Lassiter et al., 2008. Roles based on Bernard's (1997) discrimination model added by Christensen & Kline, 2001)
Steps in procedure: Presenter states request for feedback and shows portion of taped session; roles assigned for watching tape; peers give feedback from roles and perspectives (first-person language); supervisor facilitates discussion; supervisor summarises, and presenter indicates whether needs met
Stages in group development: Not specified, but attention to developmental levels of counsellors included
Evidence: Anecdotal in Borders, 1991. See also, Christensen & Kline, 2001; Crutchfield & Borders, 1997; Starling & Baker, 2000

Citation, Professional field, and Country: **Chaiklin & Munson, 1983;** peer consultation group (social work, USA)
Goals: Support life-long learning
Theoretical basis: Control session procedure from psychoanalysis; principles of willing to take risks, believing members have something to teach, trust that feedback will be given with dignity
Leader: Leader (paid or unpaid) needed for at least 1 year. Keeps group on task, relates case to own practice, keeps members from blaming bureaucracy, and keeps members from talking about theory. After learning approach, members take turns leading
Members' roles: 6–12 members suggested. Questions for discussion are client focused (What does the client want? What are the real problems that face the client? What are the patterns of relating the client demonstrates?)
Steps in procedure: Members take turns presenting cases or topic (e.g., client resistance). Focus is not on what the presenter should do. Each member brainstorms without interruption, then comments on own learning and application to own work, leader integrates and summarises
Stages in group development: Not specified
Evidence: Not specified

Citation, Professional field, and Country: **Ettin, 1995;** group consultation for group psychotherapy (psychiatry, USA)
Goals: Achieve formulation that may suggest action plan to address the presenter's question
Theoretical basis: Countertransference consultation
Leader: Leader most directive in dynamic formulation and intervention strategy phase: integrates members' associations about presenter and question about therapy group into a formulation
Members' roles: Number not specified. Role is to freely associate to the presenter and the presented (i.e., What feelings, images, sensations, or memories did you have during the presentation?)
Steps in procedure: Four phases; presenter gives *structured description phase* of the group (protocol for what information to share) and consultation question, *primary process enhancement phase* where members respond freely without offering advice, *reassociation phase* where the presenter reacts to the input, *dynamic formation and intervention strategy phase* (see leader), and shared formulation is negotiated
Stages in group development: Not specified
Evidence: Anecdotal through vignettes

Citation, Professional field, and Country: **Granello et al., 2008;** peer consultation model (counselling, USA)
Goals: Enhance supervisor development towards self-determined goals through multiple perspectives; purpose is not to solve case but encourage different perspectives and understanding of complexities of supervision
Theoretical basis: Cognitive complexity

Table 3 *Continued*

Leader: Leader serves as *convener* and *moderator* to manage power differentials, enforce time limits, assure all treated with respect, and keep all involved

Members' roles: Five members. Convener intentionally invited doctoral student, faculty member/supervisor, on-site supervisor, and chair of state ethics committee to achieve desired multiple perspectives

Steps in procedure: Members present cases in written format; members decide which to discuss; each presents own perspectives without interruption, open dialogue (based on reflecting team guidelines)

Stages in group development: Not specified

Evidence: Anecdotal based on member feedback and reactions from participants in workshops on the approach

Citation, Professional field, and Country: **Greenburg, Lewis, & Johnson, 1985;** peer consultation group for private practitioners (psychology, USA)

Goals: Provide mutual support and help in dealing with problematic cases and various sources of stress in private practice; provide a source of objectivity in processing countertransference issues; share information regarding referral sources, therapeutic techniques, literary references, and professional meetings and seminars

Theoretical basis: Not specified; group members have varied theoretical orientations

Leader: "Leadership is shared. Certain members tend to take on either task or maintenance functions more consistently, though all members share in both" (p. 442)

Members' roles: Flexible in terms of who presents when; roles "rotate naturally" (p. 442)

Steps in procedure: Not specified

Stages in group development: Five stages: focus on client and professional issues than personal ones; conflict and confrontation; cohesiveness with suppressed negative feelings perhaps due to power differentials; productive stage with more openness and ability to handle conflict; termination when member leaves with some temporary regressions in group development

Evidence: Anecdotal; members find it "professionally and emotionally beneficial" (p. 446)

Citation, Professional field, and Country: **Lakeman & Glasgow, 2009;** peer group clinical supervision (psychiatric nursing, Ireland and Trinidad)

Goals: Contribute to role development, job satisfaction, and reduced burnout of psychiatric nurses in Trinidad

Theoretical basis: Concept of role, role development, reflecting on the intent of interactions, concept of pattern interaction and integration

Leader: Facilitator role rotated among members. One-day intensive training on peer group supervision, including practice of group facilitation skills. Suggested supervisor for initial sessions may have increased fidelity to model and strengthened members' facilitation skills

Members' roles: Five members. At least 2 years experience working at the hospital

Steps in procedure: Interpersonal practice review process: Presenter describes person and interaction with person, members ask clarifying questions in a round, members make critical comments of observations while presenter observes, members provide positive feedback, presenter reflects on learning and what may do differently

Stages in group development: Not specified

Evidence: Developed out of action research project

Citation, Professional field, and Country: **Lowe & Guy, 1999;** reflecting team process (psychotherapy, Australia)

Goals: Offer more affordable option than ongoing groups, provide skills in supervision, and encourage autonomy and flexibility. Over time, move from group led by consultant to group facilitated by peers (after training in format and consultant role), with original consultant serving as an "occasional guest" or "outsider witness" to help with difficulties, drift way from solution-oriented principles, etc.

Theoretical basis: Solution-orientation approach

Leader: Consultant who facilitates the solution-oriented reflecting team format, models, and trains members to take on consultant role, and then "occasional guest"

Members' roles: Presenter and member of reflecting team

Steps in procedure: Three-stage process: individual solution-oriented interview between consultant and presenter, observed by team behind one-way mirror; switch positions, reflecting team discussion with consultant and presenter watching from behind one-way mirror; switch positions, consultant and presenter reflect on team's discussion while team members observe. Provides example questions for the first-stage interview, guidelines for reflecting team discussion

Stages in group development: State that little attention has been given to potential group development within a reflecting team; suggests "group-on-group" reflections (small or subgroup discussions about typical group process, dynamics, and tensions)

Evidence: Anecdotal from authors' experience leading reflecting teams and helping them move from group to peer supervision

Citation, Professional field, and Country: **Markus et al., 2003;** experiential model of peer consultation (psychiatry, USA)

Goals: Overcome countertransference dilemmas

Theoretical basis: Ego psychology, object relations, gestalt theory

Leader: Rotating leadership; group concluded this "inhibited the optimal functioning of the consultation group" (p. 34)

Members' roles: Nine members. Range of disciplines and theoretical orientations. Best for advanced clinicians. Suggest contract for 12 months

Steps in procedure: Presenter, members share images, fantasies, feelings, associations, etc., they experience while listening to case material, stated in here-and-now language

Table 3 *Continued*

Stages in group development: In early sessions, members reluctant to serve as leader and share their clinical work; overly supportive and theoretical; changed when all members had turn to lead
Evidence: Anecdotal based on members' experiences

Citation, Professional field, and Country: **McWilliams, 2004;** supervision-consultation groups (psychology, USA)
Goals: Increase therapeutic skills of members with potential "fringe benefits" of networking and other professional development
Theoretical basis: Not specified
Leader: Leader serves dual functions: provide knowledge, resources, and insights; provide leadership in resolving problematic group dynamics
Members' roles: Nine members maximum suggested
Steps in procedure: Presenter describes on patient in detail; members offer feedback that may include hypotheses about case, resistance, transference, and countertransference; provide support, share emotional reactions, suggest interventions; may involve role play
Stages in group development: Not specified
Evidence: Anecdotal, based on McWilliams' experiences as leader of groups that have met for few years up to 20 + years

Citation, Professional field, and Country: **Salomonsson & Norman, 2005;** "weaving thoughts" method for peer groups (psychoanalysis, Sweden)
Goals: Provide a "containment" of rules and procedures that facilitate a work-group climate, protect the presenter's "integrity and self-reflection" (p. 1287), keep group members from debating facts, diagnosis, and effectiveness of the analyst
Theoretical basis: Psychoanalysis, Bion's theory of groups
Leader: Moderator is a group member, appointed before the group session, who opens and closes the session, introduces the presenter and "contains the discussion" (p. 1289); makes sure members' comments are related to the text provided by the presenter; when necessary, describes the silence of the group and asks if it might be related to the case; makes sure questions are not answered but are treated as any other thought shared by group member
Members' roles: 10–15 members. Share associations to the material, such as thoughts, images, and feelings that are directly tied to the material shared by the presenter
Steps in procedure: Presenter shares a typed, detailed overview of a case that includes information from one or two sessions. Without being interrupted, presenter provides information about what analyst and analysand (patient) said and did, perhaps how presenter felt and made sense of the session; setting, frequency of sessions, age and sex of the patient, but no further background information. Members signal moderator when he/she wants to share a comment; moderator keeps list and invites comments in order. Members share comments (associations) while presenter is silent. Creates a "web of comments on comments" (p. 1293). If presenter wants to describe second session, moderator decides when that will occur; same procedure as above is followed. With few minutes left, moderator asks if presenter wants to comment about the experience of listening, and then may invite members to reflect on how the group worked. There is no summary of what was shared; "the discussion is left unfinished and without conclusions" (p. 1296).
Stages in group development: Not specified
Evidence: Not specified

Citation, Professional field, and Country: **Padesky, 1996;** several examples of applying cognitive therapy principles to supervision of cognitive therapists (cognitive therapy, USA)
Goals: Develop cognitive therapist competency through use of fundamental cognitive therapy processes of collaboration, guided discovery, and structure
Theoretical basis: Beck's cognitive therapy
Leader: Yes, at least for those just beginning to learn cognitive therapy; more advanced therapists may help supervise each other
Members' roles: Not specified, although it is emphasised that all members should participate in each session
Steps in procedure: Steps parallel cognitive therapy. At beginning, supervisor and supervisee(s) "establish a problem list, set goals, collaboratively conceptualise roadblocks to attaining these goals, and strategise to overcome these problems. Within each supervision session an agenda is set, new skills are taught, guided discovery is employed, and homework is assigned" (p. 281). Model depicted in "Supervision Options Grid" (p. 282) that includes five focus areas presented in order addressed with beginning, intermediate, and advanced therapists: mastery of cognitive therapy methods, case conceptualisation, client–therapist relationship, therapist reactions, and supervisory processes. These focus areas may be addressed through five modes: case discussion, video/audio/live observation, role-play demonstration, supervisor–supervisee co-therapy, peer co-therapy. Five supervision guidelines for guiding supervisory choices: "build on the supervisee's strengths; choose modes and foci that help develop the next stage of competence; build conceptualisation skills so supervisees learn to help themselves; when difficulties occur, use a supervisory road map to pinpoint the problem; and pay attention to what is not discussed in supervision" (p. 282). Use of direct observation of therapist/therapy sessions emphasised.
In "piggy-back" supervision model (p. 277) for peer group, the most experienced therapist conducts therapy session while members do live observation, followed by discussion and critique. After a few weeks, a second therapist begins therapy with a new client, followed by discussion and critique. Group continues the rotation so that all group members are observed.
Stages in group development: Not specified
Evidence: Not specified; reports research on teaching and supervisory methods "in its infancy" (p. 289)

Citation, Professional field, and Country: **Page & Wosket, 2001;** cyclical model of counsellor supervision (counselling and psychotherapy, UK)
Goals: Provide framework for supervision process, for both novice and experienced practitioners, which can encompass process, function, aims, and methodology

Table 3 *Continued*

Theoretical basis: Meant to be applied to a range of theoretical orientations
Leader: Supervisor with training and experience in supervision and group work; begins contract stage with what is predetermined and what is negotiable; facilitates and mediates as needed through stages; ensures group work and activities serve the presenter's work with the client; is aware of unconscious processes that may be at work in group; intervenes as necessary to manage energy levels of group; serves as timekeeper who keeps group on task and in line with contract regarding the chosen structure of the group; in peer groups, "tasks of both facilitation and supervision are shared among the members" (p. 162) in a predetermined rotation or a fluid manner. More attention to developing therapeutic use of self of groups of experienced practitioners
Members' roles: Three roles of presenter, group member, co-supervisor. In discussing presented case, may take roles (e.g., for family session, roles of family members; for confusing client, roles to speak aloud the various reactions of the counsellor to the client); presenter takes role of client
Steps in procedure: Five steps during session: *contract* and group rules for that session; identifying the *focus* of the presentation; working within the supervision *space* to achieve insights; creating the *bridge* to give presenter time to reflect and then share how insights will be applied; *reviewing* effectiveness of work and functioning of group itself at end of each session and more formally periodically (e.g., every 6 months). Structure needed at least in early stages and at beginning of each group session.
Stages in group development: Not specified beyond the typical stages of group development
Evidence: Based on authors' years of experience as counsellors, supervisors, and supervision trainers as well as review of the literature. Anecdotal quotes from one research group

Citation, Professional field, and Country: **Proctor, 2000; Proctor & Inskipp, 2009;** group supervision alliance model (psychotherapy, UK)
Goals: Provide comprehensive map and frameworks to help supervisors structure, facilitate, and evaluate supervision groups
Theoretical basis: Not specified, but aspects of gestalt and transactional analysis mentioned
Leader: Leader role varies by type of group; in Type 4, peer group supervision, leadership is shared
Members' roles: "Supervisor-full group" (Proctor, 2000, p. 56). Structured exercises and creative approaches highlighted (e.g., mini-psychodrama, sculpting, metaphors)
Steps in procedure: Not specified for Type 4 peer group; variations of Durham model illustrated (e.g., dyadic during first half of meeting, group during second half)
Stages in development: Not specified other than general group movement
Evidence: Anecdotal based on 25 + years as trainers, supervisors of counsellors, and supervisors

Citation, Professional field, and Country: **Richard & Rodway, 1992;** peer consultation group in a clinical social work family practice (social work, Canada)
Goals: Make use of decision-making process used by peer consultation group clearer and more effective
Theoretical basis: Dewey's model of problem solving
Leader: Supervisor active in first (clarify presenter's purpose and goal) and last phases (help group reach consensus decision about what presenter will do in subsequent sessions); points out conflict and encourages exploration and evaluation of these
Members' roles: In response to presenter's request for help, asks questions, speculates, suggests interventions, explicating assessment and intervention around the family; reaches consensus. Pre-group preparation by presenter emphasised
Steps in procedure: Four phases: presenter makes request for help with family, presenter then provides exposition of case data, group reaction, decision. Group decision-making described as spiral rather than linear in which an "anchored idea" resurfaces and becomes the basis for the consensus decision
Stages in group development: Not specified
Evidence: Descriptions based on review of eight recorded peer consultation group (two groups) sessions

Citation, Professional field, and Country: **Scaife, 2010** (psychology, UK)
Goals: Promote reflective practice
Theoretical basis: Various theories of reflective practice, critical thinking, experiential learning, and transformative learning
Leader: Varies by type or model of structure
Members' roles: Several structures with varying roles are outlined; includes models from other fields such as education and management. Themes include no "why" questions, collaborative learning, avoiding judgments, questioning to achieve multiple perspectives
Steps in procedure: Varies by model
Stages in group development: Not specified
Evidence: Not specified

Citation, Professional field, and Country: **Schreiber & Frank, 1983;** peer supervision group (social work, USA)
Goals: Help members continue to develop professionally
Theoretical basis: Not specified
Leader: Leaderless; host calls group to order and presents case
Members' roles: Five to seven members. Members share similar concerns and cases; members chosen based on similar backgrounds as well as variety of clinical approaches
Steps in procedure: Not specified
Stages in group development: Three stages described: introductions of selves and practices, tentative to give feedback and criticise, more direct
Evidence: Anecdotal based on members' experiences

Table 3 *Continued*

Citation, Professional field, and Country: **Simmonds, 2008;** peer supervision group within a child and adolescent mental health service, using ideas from narrative therapy (clinical psychology, UK)
Goals: Make space to "deconstruct take for granted ideas" (p. 52); empower members, value members' experience and knowledge, put clients (families and children) at centre of supervision sessions
Theoretical basis: Narrative therapy
Leader: Author facilitated until other group members learned the interviewing process
Members' roles: Maximum of eight members. Members alternate in roles of interviewer and outsider witness group. Outsider witness group follows questioning scaffold: think about images that come to mind, "resonances" or themes shared between the listener and the person at the centre of the story, and "transport" or paying attention to what influence the story might have on the listener's life
Steps in procedure: Presenter identifies an issue or dilemma, presenter is interviewed by one group member while other members observe, members discuss their responses with the interviewer, interviewer talks with presenter about points made by the outsider witness group, general discussion by entire group, including process of supervision group. Time outs allowed if interviewer is unsure what to ask next and needs help
Stages in group development: Not specified
Evidence: Anecdotal, based on author's and members' informal reports

Citation, Professional field, and Country: **Truneckova, Viney, Maitland, & Seaborn, 2010;** personal construct peer consultation (psychology, Australia)
Goals: Understand therapy from personal construct framework and understand peer group consultation within context of working alliance
Theoretical basis: Personal construct theory
Leader: Shared leadership
Members' roles: Members are "joint consultants"
Steps in procedure: Members have three roles: provide emotional and professional support, develop treatment skills, promote personal development of members
Stages in group development: Three stages: presented "successful" cases; then cases with doubts and more open to feedback; then interactions that were more open, close, and supportive
Evidence: Anecdotal based on three members' experiences across 13 years together; complete formal self-rated evaluation of group processes after each meeting

Citation, Professional field, and Country: **Wilbur, Roberts-Wilbur, Morris, Betz, & Hart, 1991;** structured group supervision (SGS) model (counselling, USA)
Goals: Provide for orderly input and processing of feedback, minimise interactions that interfere with process, enhance group productivity, reduce conflict and resistance to feedback, increase members' ability to provide feedback
Theoretical basis: Conceptual models of supervision and typology of group modalities
Leader: Leader instructs members about the SGS model, then directs group through model until group members are able to direct on their own
Members' roles: 8–12 members. Presenter; members provide feedback
Steps in procedure: Seven phases: presenter states request, members ask questions for clarification in round robin format, and supervisor helps identify focus of request (e.g., skills, personal growth), members give feedback about how they would handle the issue in round robin format, while presenter remains silent, short break/pause, presenter reports which statements were helpful or not helpful, while members remain silent, supervisor may lead discussion of process and/or group dynamics
Stages in group development: Not specified, but states members quickly learn structure and need less direction from supervisor
Evidence: Anecdotal and pilot data in Wilbur et al., 1991. See also Wilbur & Roberts-Wilbur, 1994.

both groups; mismatches reportedly reduced productivity, truncated feedback, and limited support. Supervisors reported triadic supervision, in comparison to individual, was both less stressful and more stressful, especially around managing feedback and relationship dynamics.

Wilbur and colleagues (Wilbur & Roberts-Wilbur, 1994; Wilbur, Roberts-Wilbur, Morris, Betz, & Hart, 1991) investigated their structured group supervision (SGS) with practicum students in a quasi-experimental study. Over 7 years, 194 students were assigned to treatment groups and 50 to a control group (unstructured case presentations and dyadic role plays). Participants completed an author-developed measure of personal growth and skill development (no reliability or validity data reported). They rated themselves and their peers in a pre-test–post-test design. The pre-test condition was not a statistically significant covariate; *t*-tests for dependent samples (Bonferonni correction) were conducted by item on the post-test. Significant differences were found between the post-test scores of the SGS and control groups on all 20 items and on the two subscales of personal growth and skill development. Similarly, significant increases from pre-test to post-test scores for the SGS group were found on all 20 items.

Borders' (1991) structured peer group approach has been applied in several studies. In an experimental study, Crutchfield and Borders (1997) assigned school counsellors ($n = 29$) to the Borders' group model, the Benshoff

and Paisley (1996) dyadic model, or a control group. Participants received training and a manual for the two experimental treatments. They completed pre- and post-test standardised measures of job satisfaction; counselling self-efficacy; and counselling effectiveness, including empathic responding, adaptability and flexibility in counsellor response, as well as client behaviour change (teachers rated problematic behaviours of students seen by the counsellor and one control client). None of the analyses of covariance examining treatment effects were significant, although trends were in the preferred direction. Post-session ratings of helpfulness were high for both treatment groups. Participants in the peer dyads reported collegial support as the most helpful aspects of their sessions, while those in the peer group said specific, concrete feedback about counselling skills techniques was most helpful.

Starling and Baker (2000) employed the structured peer group model (Borders, 1991) with four school counselling interns, who also received individual supervision. The interns participated in intensive retrospective interviews about their peer group experiences at the middle and end of the semester. Four general themes were identified: decrease in confusion and anxiety, clearer goals, increased confidence, and value of the peer feedback. Christensen and Kline (2001) used an adaptation of the model with interns in a grounded theory study. Two primary themes were identified. *Peer engagement*, or degree of involvement in the group, enhanced development of self-awareness; participants perceived that they gained more self-awareness than they had in previous groups. They reported peer feedback was the most critical aspect of peer engagement, and said the structure helped them learn how to give and receive feedback. *Supervisor involvement* was characterised along a continuum of directive and facilitative; participants said they learned more from the facilitative approach. Christensen and Kline also identified three group phases. Initially, there was "passive involvement" and dependence on the supervisor for direction. As the supervisors promoted peer interaction, the groups moved to phase two of "learning responsibility" and independence. Supervisees initiated feedback and were more focused on their interactions. Finally, phase three, "personal involvement," was characterised by more interdependence and intimacy; supervisees reported valuing increased confidence and greater self-awareness gained from their active involvement with each other.

Lakeman and Glasgow (2009) described a model developed as part of an action research project with 10 psychiatric nurses employed in a hospital in Trinidad. The peer group model was developed through initial focus groups in which the nurses discussed their needs for clinical supervision and then received training in the selected model. They also received a manual outlining the processes to be followed in group meetings (see Table 2); the facilitator role rotated among the members. While two peer groups meet (over 4 months), the researchers hosted monthly evaluation focus groups. The nurses reported they were more mindful in their work, were more satisfied with their work, and believed they provided enhanced counselling with patients on the acute ward (but not the chronic ward). Lakeman and Glasgow noted that it was "uncertain whether or not actual rather than perceived improvements in 'patient care' occurred" (p. 208). They reported that during case presentations during group meetings, members more easily focused on the intent of their interactions with patients and had more difficulty with the model's emphasis on identifying patterns of interactions. They noted that fidelity to the model depended on the members' strong facilitation skills and a commitment to follow the model; they suggested that a supervisor-led group may have been a more effective approach, at least initially.

Summary, Conclusion, and Recommendations

A number of peer supervision/consultation models were identified that differed along a number of components, including number of participants, type and presence of a leader, amount of structure, and stated goals. Psychologists clearly have a range of options for meeting the requirement of 10 h of peer consultation for continued professional development. Beyond choice of model, one important decision is whether recordings of counselling/therapy sessions will be used during peer supervision/consultation. Townend et al. (2002) criticised "an over reliance on case discussion with insufficient attention being given to direct review . . . in order to maintain standards of practice" (p. 499). Similarly, Gonsalvez and Milne (2010) cited "compelling literature across disciplines" that suggests "systematic biases affect self-report and self-assessment" (p. 235). If methods of direct observation are not used, another method to achieve "critically reflective focus" cited by the (Psychology Board of Australia (2010, p. 2) would need to be identified.

Effectiveness of peer consultation also will be dependent on the level of supervision skills brought by the participants and/or a formal leader (see also, Townend et al., 2002). Gonsalvez and Milne (2010) who provided an in-depth review of relevant issues, such as the flawed assumption that "experience-begets-expertise" (p. 234) and the perspective that untrained supervisors may be practicing unethically, outside their competencies. Similarly, some models involved an orientation or training for

participants as one way to ensure the group structure or format was followed and its potential benefits were achieved. Leaderless groups, in particular, can experience "task drift" (Counselman & Weber, 2004), and can be overly supportive and prone to advice giving (Borders, 1991). Although decisions about these issues may require dealing with some discomfort and vulnerability, they also seem critical for peer consultation to achieve a "rigorous evaluation of . . . professional activities" (Australian Psychological Society, 2008, p. 2).

Although there is enthusiastic support for peer models and high satisfaction anecdotally, few models have been investigated empirically, and published studies provide weak support for the few models that have been investigated, often due to study design. Qualitative studies involved small numbers of supervisees, typically from one programme; measures to achieve trustworthiness of findings were sometimes limited. Limitations of quantitative research to date include small sample sizes; samples composed of students more often than practitioners; heavy reliance on author-created measures with minimal psychometric support; more attention to member satisfaction than increases in effectiveness of performance, client outcomes, or other stated goals of the models; reliance on self-reports of participant learning; and absence of checks on adherence or fidelity to the models. Even though several quasi-experimental studies over at least several months were reported, few significant results were found. Only one attempt to measure client outcomes directly was reported (Crutchfield & Borders, 1997), with non-significant results. Thus, the answer to the question "is there evidence of the *effectiveness* of the peer supervision/consultation models" is "barely" or "not quite yet."

Importantly, three recent experimental studies of individual (Bambling, King, Raue, Schweitzer, & Lambert, 2006), triadic (Bradshaw, Butterworth, & Mairs, 2007), and group supervision (White & Winstanley, 2010) show great promise in moving towards more sophisticated studies of the impact of supervision on client outcome, with some positive results. Unfortunately, the supervision models used in these recent studies were only briefly described. Clearly, the need for more refined studies of peer supervision/consultation models are needed, and the new requirement of 10 h of peer consultation offers an incredible opportunity for psychologists to investigate a variety of models.

Psychologists are encouraged to study the range of peer supervision/consultation models available with careful attention to those that include components and goals matching their own learning goals for continuing professional development. Periodic reassessment of their choices is encouraged, as learning needs will change. Experimentation to adapt existing models to the Australian context or create new models may be needed. Ongoing data collection focused on outcome variables relevant to the model's goals and the critical components contributing to the model's effectiveness would greatly enhance the practice of peer supervision/consultation.

Key points to consider in choosing a peer supervision/consultation model include the following:

- Some structure, particularly during the early stages of the peer process, is recommended.
- A mechanism for staying on task (as determined by the peers) and regularly attending to group process is needed, which might include a designated supervisor, rotating leadership, member training in the selected approach to reviewing cases, or some similar option.
- Methods of direct observation likely will enhance the peers' professional development.

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