REVIEW PAPER

Peer supervision in the therapeutic field

Veronika Basa[1]

Abstract

Peer supervision differs from more traditional forms of supervision in that it does not require the presence of a more qualified, identified expert in the process - the supervisor, and the supervision process emphasizes critical and supportive feedback while deemphasizes evaluation. Its use can be a viable alternative or supplement to traditional supervision and can offer a variety of benefits traditional supervision doesn't usually provide. For example, decreased dependency on 'expert' supervisors, freedom, equality, and no evaluation. This article provides a short overview of peer supervision literature including peer supervision models, what research says about the use of peer supervision in the therapeutic field in terms of benefits and critiques, and the need for further research in peer supervision.

Keywords: Supervision; peer supervision; consultancy supervision; clinical supervision; models of peer supervision

Abstrait

La supervision par les pairs diffère des formes de supervision plus traditionnelles en ce qu'elle n'exige pas la présence d'un expert plus qualifié et identifié dans le processus - le superviseur, et le processus de supervision met l'accent sur le retour d'informations critique et positif tout en minimisant l'évaluation. Son utilisation peut constituer une alternative ou un complément viable à la supervision traditionnelle et peut offrir toute une gamme d'avantages que la supervision traditionnelle ne procure généralement pas. Par exemple, diminution de la dépendance à l'égard des superviseurs «experts», liberté, égalité et absence d'évaluation. Cet article fournit un bref aperçu de la littérature sur la supervision par les pairs, y compris les modèles de supervision par les pairs, les conclusions de la recherche sur l'utilisation de la supervision par les pairs dans le domaine thérapeutique en termes d'avantages et de critiques, ainsi que la nécessité de poursuivre les recherches sur la supervision par les pairs.

Mots clés: *Surveillance; supervision par les pairs; supervision de conseil; supervision clinique; modèles de supervision par les pairs*

Corresponding author
Veronika Basa
email: info@isoccs.com

Affiliation
[1] International Society of Counselling and Clinical Supervisors, PO Box 359, Chelsea Vic 3196, Australia

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INTRODUCTION

Peer supervision can be defined as 'a process through which counsellors or counsellor trainees assist each other to become more effective and skilful helpers by using their relationships and professional skills' (Wagner & Smith, 1979, p. 289).

Literature indicates that there is a growing body of evidence that peer supervision/consultation is: an effective approach to increase the quality of supervision received and the frequency of supervision available to both trainees and experienced therapists (Benshoff, 1992; Remley, Benshoff, & Mowbray, 1987); a viable adjunct or alternative experience to traditional supervision (Hansen, Robins & Grimes, 1982; Hawkins & Shohet, 2012); a method of ongoing professional development (Žorga, Dekleva, & Kobolt, 2001) and reflective practice (Turner, Lucas, & Whitaker, 2018); and a preferred form for a more

collegial supervision experience in nature by more experienced therapists (Hansen et al., 1982; Bailey, Bell, Kalle, & Pawar, 2014).

While peer supervision/consultation isn't new as a source for professional growth and development, until recently, there was only a modest coverage of it in literature (Hilmes, Payne, Anderson, Casanova, Woods, & Cardin, 2011). Apart from one book on peer supervision group by Kassan (2010), literature consists mostly of articles and only a few peer supervision models have been outlined, described, and implemented and even less evaluated for their impact (Crutchfield & Borders, 1997; Borders, 2012).

This article will cover an overview of peer supervision, including its history, forms and models, advantages and disadvantages, and the need for further research.

HISTORY

Historically, there are 2-types of supervision: vertical and horizontal (Hawkins & Shohet, 2006; Bernard & Goodyear, 2014), usually provided through individual and group sessions until 2001, when triadic supervision, a mentoring and tutorial relationship between one supervisor and two supervisees, was introduced by the Council for Accreditation of Counselling and Related Educational Programs of US (CACREP, 2001, cited in Borders, 2012; Lawson, Hein, & Getz, 2009; Avent, Wahesh, Purgason, Borders, & Mobley, 2015).

Vertical supervision is a hierarchical relationship, with the supervisor as an identified expert in the process, and include tutorial supervision, training supervision, managerial supervision, and consultancy supervision (Hawkins & Shohet, 2006).

Horizontal supervision is a non-hierarchical relationship, commonly referred to as peer supervision/consultancy, and supervision is at the same level in a form of consultancy (Hawkins & Shohet, 2006; Bernard & Goodyear, 2014).

Peer consultancy describes a process in which critical and supportive feedback is emphasized while evaluation is deemphasized, the therapist has the 'right to accept or reject the suggestions [of others]' (Bernard & Goodyear, 1992, p.103) and where individuals can help each other function more effectively in their professional or paraprofessional roles with the same basic helping skills they were trained in (Benshoff & Paisley, 1996).

Peer Supervision describes a process that emphasises developmental feedback and encourages self-directed learning and evaluation (Benshoff, 1992; Hawkins & Shohet, 2006).

While the use of the terms peer supervision/consultation are used interchangeably in the literature to describe non-hierarchical relationships which are similar and in which peer participants have no power or the purpose to evaluate each other's performance, there is a subtle difference (Benshoff & Paisley, 1996; Counselman & Weber, 2004) as the terms 'supervision' implies 'authority' and 'peer' implies 'equality'. However, even though these terms may appear to be contradictory, they are not mutually exclusive as strict equality is not possible due to peers' differences in experience, and participants assent to supervision principles and ethics to their supervision task (Gomersall, 1997).

Peer supervision/consultation is not a new concept, it was common in the early days of Freud but without much literature in the psychoanalytic training, about the role of peers in their development and growth as psychoanalyst. There are, however, a few references to peer supervision groups prior to the 1980's (Billow & Mendelsohn, 1987).

In social work, as ongoing post-training supervision, which required resources to provide quality, ethical and accountable services in line with the organisation's visions, goals and policies, and dependency on trained supervisors became common in agencies, peer supervision become an alternate form to promote greater 'worker responsibility, authority and accountability' (Hardcastle, 1991, p.65).

In family therapy, peer supervision gained increasing support as 'peer networks' for problem solving and enhancing coping strengths of therapists who completed their training (Meyerstein, 1977).

The increased interest in peer supervision can be seen as a result of theoretical developments of theories such as motivation with factors such as motivators like recognition, challenge, and opportunities for growth, and factors that foster a greater self-efficacy such as expectations of worker performance, responsibility and accountability if enabled and rewarded by the organisation (Hardcastle, 1991); and our growing understanding of the empowerment process with factors that foster a greater self-efficacy such as participatory decision-making and appropriate autonomy and control (Conger & Kanungo, 1988); and the changing needs of professionals in the therapeutic field as a result of factors such as isolation of clinicians working in private practice or remote areas where there are no trained supervisors, or continuous professional development requirements by professional bodies or organisations, (McMahon & Patton, 2002;

Hawkins & Shohet, 1989; Meyer, 1978, cited in Remley et al., 1987; Spooner & Stone, 1977, cited in Runkel & Hackney, 1982; Bailey, et al., 2014; Baldwin, Patuwai & Hawken, 2002).

FORMS OF PEER SUPERVISION/CONSULTATION

There are three 'forms' of peer supervision/consultation relationships: dyadic (two peers), triadic (three peers), and group (four to eleven peers).

In DYADIC Peer Supervision/Consultation Forms, peers meet in pairs. The roles of the supervisor and supervisee alternate either within one session or successive sessions (Benshoff & Paisley, 1996; Houston, 1990).

In TRIADIC Peer Supervision/Consultation Forms, peers meet in triads. The roles of peers vary. One peer can take the role of the supervisor of the other two within a session, which are typically either single focused, focusing on one supervisee each week, or split focused, dividing the time equally between both supervisees each week (Lawson et al., 2009); or peers can either rotate the roles of supervisor, supervisee and observer either within sessions or from one session to the next. The supervisee and observer give feedback, then swop roles, repeating the process (Hawkins & Shohet, 1989).

In GROUP Peer Supervision/Consultancy Forms, peers meet in groups of four to eleven. They can be defined as a 'group of professionals, clinicians and practitioners, who meet regularly as a group to give feedback and supervise each other' (Kassan, 2010, p.1) with no power differential within the group members relationship (Counseman & Weber, 2004; Proctor 2008) and each member has equal responsibility for the functioning, outcomes, and decisions of the group (Marks & Hixon, 1986). Members are mostly from the same field of work, with similar levels of knowledge and experiences, do not depend on each other, and help, support, and assist each other by reorganising, remaking, and relating their external and internal world (Kobolt, 1994; Žorga, 1997a).

They are popular with trainees in developmental models (Lenihan & Kirk, 1992; Corey, Haynes, Moulton, & Muratori, 2010) and even more popular with practicing practitioners in rural/regional areas (Bailey et al., 2014) as an addition to individual supervision (Lenihan & Kirk, 1992; Lewis, Greenburg, & Hatch, 1988; Kasan, 2010) on a continuous basis in agencies and school settings (Corey et al., 2010; Hare & Frankena,1972); and mandatory continuing professional development for

membership renewal requirement with professional bodies/ associations (Hawkins & Shohet, 2012; Bernard & Goodyear, 2014; Borders, 2012).

In a well-functioning successful peer supervision/consultation group, members have a sincere desire to improve their clinical skills (Chaiklin & Munson, 1983) and share the leadership, the supervision tasks, and group dynamics (Counselman & Weber, 2004; Proctor, 2008).

The Process of Peer Supervision Groups

Peer supervision groups can be informal with less structure (Lewis et al., 1988) or formal and structured that provides a stable group environment as potential dangers of destructive group processes are diminished (Borders, 1991; Bernard & Goodyear, 2014; Žorga, 1996) and as such encourage safe discussions of affective and interpersonal aspects (Greenburg et al., 1985).

Structure involves a 'contract' for plans for handling 'group leadership' and 'case presentation' (Counselman & Weber, 2004; Bernard & Goodyear, 2014).

The plan for 'group leadership', to prevent competitiveness and conflict (Hilmes et all., 2011; Schreiber & Frank, 1983), involves leadership types such as 'rotated leadership' where each leader takes full responsibilities for group leadership, secretarial issues, communication with absent members, or records keeping of supervision meetings (Bernard & Goodyear, 2014), or a 'shared responsibility of leadership', where everyone has equal responsibility for the group process, including: adhering to the contract, working with resistance, managing gate keeping and boundaries (Counselman & Weber, 2004; Proctor, 2000); ground rules (Hawkins & Shohet, 2006; 2012); and a plan for 'case presentation', which includes the number of case presentation at each meeting, questions of the presenter relating to the case to direct the group discussion and group member's roles or perspectives, appointing a process observer who will give feedback at the end of session about the group process observed, and to adopt some of the traditional models of supervision to peer group supervision (Marks & Hixon, 1986; Proctor, 2000).

Evaluation of Peer Supervision Groups

Regular and systematic evaluation of peer supervision group, including an occasional invitation of outside consultants to review the efficacy of the peer group, while mostly neglected, is important in order to investigate and balance the learning process, improve the peer supervision process, and successfully

minimise/prevent potential pitfalls (Bernard & Goodyear, 2014).

The studies of Žorga et al. (2001) suggests that the evaluation is internal, done by members themselves on a regular basis at the end of each session, at the end of the first (starting) phase, at the end of the one-year process, and when group members voice problems, irritations or structural discomfort. During evaluation, members evaluate the sessions and part or the whole of the peer supervision process. In the final evaluation, members verbalise in key-words their own contributions to the previous session, identify strong moments, establish if anything could have been done better and what should be changed, express their feelings about what was happening, and discuss how to proceed and what to do to encourage the peer supervision process. A successful evaluation ensures high quality peer supervision and provides therapists with a new perspective on their achievements and development. Reviews of the process, performance and co-operation, open new possibilities for changes in future work performance.

The model of Gilbert and Sills (1999) for supervision evaluation for supervisors, evaluates the effectiveness of their supervisory work, whereas the model of Kadushin (1985) involves additional rules for evaluation of the peer supervision process, focusing on the evaluation of individual counsellors' work performance, co-operation, and participation in the group, reviews the strengths, the weaknesses, the growth and stagnation of individuals and group in a fair and balanced manner, and looks to the future and the past.

MODELS OF PEER SUPERVISION/CONSULTATION

The different 'models' of peer supervision/consultation introduced as a result of peer supervision becoming more popular, are either leader-led with an expert-leader/supervisor in the process (not a 'peer' in the pure sense) or leaderless ('peer' in the pure sense) where the supervision is a shared responsibility between participants and thus varies in purpose/focus, tasks, and structure (e.g., Wagner & Smith, 1979; Boders, 2012).

DYADIC Peer Supervision/Consultation Models
The model of Remley et al. (1987) is leaderless. Its goal is to improve counsellors' skills and provide mutual support and affirmation. Members' roles are 'consultants', consulting each other by reviewing tapes and case studies. Initial meetings consist of introductions and goal setting, followed by two sessions of alternating oral case presentations, then four sessions of tape reviews, one session in discussion of journal articles, and evaluation at mid-point and final.

The Structured Peer Consultation Models (SPCMs) such as Benshoff (1992), (1989), (1993a); Benshoff and Paisley (1996), are based on the model of Remley et al. (1987). They were developed with the aim to provide counsellors and counsellor trainees with extra feedback and assistance in the development of skills in counselling and how to implement those skills effectively with their clients. They have also been used by counselling supervisors.

In these models, the emphasis is to provide consultation to each other and help each other reach self-determined goals. Activities include traditional supervision activities such as setting goals, reviewing a tape and case consultation, discussion of counselling theoretical orientations, exploration of relevant counselling issues and examination of individual approaches to working with clients. The models provide a clear and detailed structure about the peer consultation process in order to keep the peers focus on specific consultation tasks and allow for modifications needed to fit their individual needs and styles.

TRIADIC Peer Supervision/Consultation Models
Only a few triadic models have been published, including Spice and Spice (1976); Lawson, Hein, and Getz (2009); Stinchfield, Hill, and Kleist (2007). In these models, peers take turns of presenting and giving feedback, and often assume roles of that of a commentator or giving feedback from a certain perspective.

Spice and Spice's (1976) model has the goal to refine counsellors' skills in presenting their work, critical feedback, engagement in a meaningful dialogue, and deepening of the here-and-now process. There is a leader only when working with students to teach them the model. Otherwise, members rotate the roles of commentator, supervisee, and facilitator through successive peer supervision sessions. The presenter describes/shows a video tape of a counselling session, which was reviewed prior to the session by the commentator who shares observations and encourages discussions about those points viewed as most important. The facilitator focuses on the present and the here-and-now dialogue to deepen its impact.

The model of Lawson et al. (2009) is single-focused with a leader who is a supervisor/(supervisor-in-training). Members take roles or perspectives based on Borders (1991) and Wilbur et al. (1991) or other action techniques, as requested. After the

orientation session, during each session, one supervisee presents case with videotape of counselling session and the other peer provides feedback (see also, Hein & Lawson, 2008, 2009; Hein, Lawson, & Rodriguez, 2011, Lawson et al., 2009, 2010).

The model of Stinchfield et al. (2007) is a Reflective Model of Triadic Supervision (RMTS). Its goal is to encourage counsellors' 'inner' and 'outer' discussions through reflection. The leader instructs members regarding the process and then facilitates the process. Members have three rotating roles: supervisee role, reflective role, and observer-reflector role. Typically, the supervisee presents a tape of a session and discusses it with supervisor while the other peer is in observer-reflector role. This is followed by discussions of session and supervision between the peer and supervisor thus far, while the peer in reflective role listens silently. The supervisor then processes the reflective role with supervisee while peer observes (see also, Stinchfield, Hill, & Kleist, 2010).

GROUP Peer Supervision/Consultancy Models

Peer group supervision models are greater in number than the dyadic and triadic models.

Borders's (1991) Structured Peer Group Supervision (SPGS) model has three to six members. Its goal is to ensure all members are involved and to help members give an objective and focused feedback. The model highlights the development of cognitive skills and can be adapted and used with both novice and experienced counsellors, as well as supervisors, and for various counselling formats. It also encourages self-monitoring, self-growth and awareness of group dynamics, and uses the theoretical basis in developmental models of counsellor development.

The group has a trained supervisor or supervisor-in-training with two roles: moderator and process observer. As a moderator, the supervisor keeps the group on task, comments on the group process, and summarises at the end. As a process observer, the supervisor comments on group dynamics, and supervisees' development of multicultural awareness and skill (Lassiter, Napolitano, Culbreth, & Ng, 2008). The member's roles are presenter, providing feedback via roles based on Bernard's (1997) discrimination model (Christensen & Kline, 2001) and perspectives, and a multicultural role (Lassiter et al., 2008).

After the presenter gives a presentation of a client /session (oral/ written/videotape) and asks for feedback on specific questions, group members choose or are assigned roles, perspectives or tasks (according to the questions posed). Then, the group views the videotape with the task in mind and give their feedback from their roles/perspectives/tasks. The supervisor then facilitates the discussion as a moderator and process observer, summarises feedback and suggests ways in which feedback can be applied in the next counselling session. This is followed by the presenter who indicates the extent to which her/his supervision needs have been met (Borders & Brown, 2005). (Also see, Christensen & Kline, 2001; Crutchfield & Borders, 1997; or Starling & Baker, 2000).

The 'Group Supervision Alliance Model' of Proctor (2000) and Proctor and Inskipp (2009) was developed with the goal to provide comprehensive frameworks and maps to help supervisors structure, facilitate, and evaluate supervision groups. There are 4- leadership type roles, with type 4 being the shared peer group leadership emphasising structured exercises and creative approaches (e.g., mini-psychodrama or sculpting). Illustrations of some of the variations of the 'Durham model' (e.g. the session is dyadic during its first half, and group during second half) (cited in Proctor, 2000, p. 142.)

The model of Truneckova, Viney, Maitland, and Seaborn (2010) is based on Personal Construct Theory. Its goals are to understand therapy within the personal construct and to understand peer group consultation within a working alliance context. The leadership is shared. Members are joint consultants with three roles: provide support, develop skills, and promote members' personal development. There are three stages of group development: 'successful' cases are presented first, then cases with doubts and more open to feedback, followed by interactions that were more open, close, and supportive.

The 'Plunket Model' of peer reciprocal supervision of Baldwin, Patuwai, and Hawken (2002) was developed with the goals to maximise co-operative collegial relationships and recognise the already existing skills in supervision. The model's aim is to develop a supervisory relationship where each person is a supervisor and supervisee, with two main functions: to facilitate reflective practice and provide support. The educational and learning components of supervision are less emphasized.

When choosing a model, therapists need to match their professional development plan with the model's goals, theoretical orientation, member roles and relationship (leader-led/leaderless), the degree of structure in the procedure, members' roles and feedback focus, and if group - stages in group development (Borders, 2012).

SUPPORT FOR PEER SUPERVISION/CONSULTATION

There is an increasing number of empirical evidences that support the potential contributions of peer consultation/ supervision in different therapeutic fields, with both trainees and practicing therapists. However, most of the evidence collected that reviewed the effectiveness of different formats/models were collected in a casual or informal manner and heavily or entirely relied on personal testimonies (Avent et al., 2015).

The studies of Lewis, Greenburg, and Hatch (1988) asserted that a large percentage of psychologists and psychotherapists in private practice were either members of peer supervision group in the past and the present or others wanted to join one as soon as it was available. Participants were satisfied with their experiences in meeting individual goals relating to difficult cases, ethical and professional issues, and coping with isolation of private practice.

Kassan's (2010) research conducted via interviews of 34 psychotherapists (24 women, 10 men) from 20 different peer groups, primarily of psychoanalysts and from New York, who have been attending their groups from 1- over 30 years, found that most reported feeling safe to present, gained community, collegiality, and connection to other peers in the groups, appreciated the freedom and equality, and most could not imagine not being in a group.

The studies of Hamlin and Timberlake (1982); Lewis et al. (1988); Marks and Hixon (1986); Schreiber and Frank (1983); Wendorf et al. (1985), indicated that peer supervision/ consultation: is an attractive environment for adult learners and a forum for re-examinations of experiences where practitioners benefit from continuing education and reassurance, validation and belonging; increased reflectivity and options from different frameworks; develop a greater awareness of counter-transference and parallel processes; and has no compromise with authority figures.

The research of Seligman (1978); Wagner and Smith (1979); Hansen et al. (1982); Benshoff and Paisley (1996); Stoltenberg (1981), suggested that practitioners who receive peer supervision/consultation have increased empathy, respect, genuineness, concreteness, self-confidence, self-direction, goal-setting, use of modelling, mutual cooperative participation in supervision sessions, assertiveness, support, responsibility for self-development; a decreased dependence on authority; ongoing professional development; valued: support, encouragement, lack of evaluation, equality and freedom; an increased repertoire of specific skills and techniques.

The studies of Bailey et al. (2014); Corey et al. (2010); Hawkins and Shohet (2012); Žorga et al. (2001); Remley et al. (1987); Houts (1980); Spice and Spice (1976); Kasan (2010), concluded that participants in peer supervision/consultation have: an increased in-depth growth and morale, self-respect and self-independence, autonomy, conflict resolution; a greater awareness of one's strengths and weaknesses, limitations of work; are more tolerant of differences; greater networking, learning and mastering clinical techniques; ongoing professional development; less dependency on authority;

Borders (2012); Hein and Lawson (2008, 2009); Hein, Lawson, and Rodriguez (2011, 2013); Lawson, Hein, and Stuart (2009, 2010); Stinchfield, Hill, and Kleist (2010), researched TRIADIC models. They reported that both supervisors and supervisees, valued the vicarious opportunities for learning, the multiple and diverse perspectives when receiving supervisor and supervisee feedback, easier provision and understanding of peer feedback.

The empirical studies of Dyadic Peer Supervision Models by Benshoff (1993a); Benshoff and Paisley (1996) noted that participants found the sessions very helpful in providing support, encouragement, and practical ideas, and helped them develop their consulting skills.

CRITIQUES OF PEER SUPERVISION

The studies of Meyerstein (1977) inferred that some trainees at elementary level of training may resist peer supervision as they believe they are unable to learn from other peers.

The empirical studies of Dyadic Peer Supervision Models by Benshoff (1993a); Benshoff and Paisley (1996), indicated that participants were less satisfied with their peer's ability to challenge them.

The research of Borders (2012); Hein and Lawson (2008, 2009); Hein et al. (2011, 2013); Lawson, Hein, and Getz (2009) of triadic models of peer supervision/consultation noted that supervisees at sometimes may feel uncomfortable providing feedback, especially to their peers; mismatched pairings of supervisees, relating to different levels of counselling skills, developmental levels or personality, may also result in unhelpful feedback. Thus, supervisees may need to be thought by supervisors in how to give appropriate feedback.

The studies of Hawkins and Shohet (1989); Marks and Hixon (1986), indicated that the absence of a supervisor may change the group dynamics and the functioning of a peer group, which may

negatively impact learning as coalitions may form preventing the facilitation of inter-agency communication, decreasing the trust in each other, and resisting self-disclosure.

Counselman and Weber (2004) concluded that fear of being criticised may lead the group to be 'too nice' causing lack of challenge, impairing learning and personal growth; member departure or death fail to be processed; conflicts are ignored, and there is no contract other than for confidentiality whereas Donnellan (1981); Žorga (1996) suggest that group needs may dominate the discussion at the expense of the supervision task.

The studies of Goldberg (1981); Borders (1991); Kasan (2010); Counselman and Weber (2004) found that lack of training, group structure or no attention given to process/task can result in: groups becoming gossip/chat/discussion/therapy group sessions, clinical skills may not be sufficient to handle supervisory issues, the process could fade, collusion is common, sessions could lack rigour, members may feel demoralised/ criticised, there may be issues with boundaries and confidentiality, the quality of supervision may be affected by group personalities/ dynamics, time to meet the group supervision needs may be a challenge, members may not feel safe enough to expose practice, difficulties in dealing with tensions, conflicts, and social contact outside of group. Further, negative or nonreceptive supervisor responsiveness can rupture the supervisory relationship and the structure can shame the therapist.

Gaie Houston (1985) (cited in Hawkins & Shohet, 2006, p.166) stated that lack of an outside facilitator to watch over the process may result in communication problems/games, such as: 'Measuring cocks', 'Ain't it awful?', 'We are all so wonderful', 'Who is the best supervisor', 'Hunt the patient'.

CONCLUSION

The above studies indicate that peer supervision/consultation provides therapists with a different learning experience to that in traditional supervision. The principles of the relationship include: free choice of partner, non-hierarchical relationship, no formal evaluation, reciprocity and mutuality; trust, honesty, and transparency, equal commitment to time and process; contracted formal relationship of leadership, code of ethics and confidentiality with an agreed process for dealing with unethical practice, review procedure and date, length of contract, place and regularity of meetings; structured sessions; reflective learning (McMahon & Patton, 2002).

While there is an increased support for peer consultation/ supervision as therapists have been enthusiastic about their peer supervision experiences, research into the effects of peer supervision to counsellor's ongoing development indicates that identifying its appropriate impact has been difficult and thus, there is a need for further research which would: identify and quantify the unique contributions of peer supervision/ consultation experiences for the therapists' development; compare peer consultation models and traditional supervision against each other and determine the respective contributions of each type of experiences to the ongoing development of therapists; or focus on outcomes of peer supervision models such as the studies of Avent et al. (2015).

My hope is that as there are ample opportunities for future research to add to the body of literature, this article will encourage readers for further readings and towards further research into the effectiveness of peer supervision on the professional development of therapists in the therapeutic field. ∎

Biography

Veronika Basa is an independent researcher (academic), author, educator, counsellor, supervisor, and a course designer and developer within the Australian Qualification Framework (AQF). She is the founder of Basa Education and Counselling Services (BECS) and the International Society of Counselling and Clinical Supervisors (ISOCCS), and the course designer, developer and course author of the (69828) Certificate IV in Counselling Supervision (2007-2010), the first nationally accredited course in counselling supervision in Australia; and the (69795) Graduate Diploma in Counselling Supervision (2010-2015), a nationally accredited course at AQF level 8.

http://orcid.org/0000-0002-6908-4930

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