Professional supervision is considered an integral component of clinical psychology. As the foremost method of teaching effective clinical practice, it is expected to be present throughout one's career, particularly during one's training placements (BPS, 2003).

Clinical programmes place significant value on placement experience, typically constituting 50-60 per cent of programme time (Turpin et al., 2004). Placements provide appropriate learning experiences for the development of essential theory-practice links, and it is intended that supervisors will facilitate these emerging competencies through effective supervision (Mills, 1990). Furthermore, a good placement start is required if a positive learning experience is to follow. Unfortunately, placement preparation is often unsystematic and difficulties arising in initial stages may be due to insufficient planning (Mills, 1990).

Such difficulties include instances of inappropriate responsibility, whereby psychologists in clinical training (hereafter called 'trainees') are accountable for their own placement start and who in turn, due to a lack of experience, respond ineffectively. Furthermore, in misunderstanding a trainee's existing competencies, supervisors may feel it is best practice to ease trainees into caseloads, thus delaying their working with an adequate caseload. In order to develop desired competencies, trainees may feel compelled to take on more cases in a hurried manner for the remainder of the placement. This context is not ideal for learning purposes. For example, it reduces the potential learning associated with working with cases over a reasonable period. Furthermore, many placements in Ireland include holiday periods (e.g. Christmas, summer) which can exacerbate the pressure to subsequently work with a large volume of cases if it takes a long time to build up an adequate caseload.

Little evidence exists on what constitutes appropriate supervision when facilitating a good placement start. Given this gap in the research literature, the authors wished to take an active step in addressing this theoretical oversight. The present study asks trainees what supervisor behaviours they perceive as important in facilitating a good placement start. It is intended that the study will assist clinical supervisors in their understanding of what trainees value during the initial stages of their training placements.

**Methodology**

**Participants**

Trainees from the four Irish university-based doctorate in clinical psychology programmes (n=36) participated in this research. At least 19 had completed four clinical placements, while at least 16 had completed two clinical placements.

**Instrument**

Due to the unavailability of instruments to assess supervisor behaviours that facilitate a good clinical placement start, the second author designed a two-page questionnaire divided into three sections, a copy of which is available upon request.
Drawing upon his experiences of both supervising trainees and monitoring placements, section one consisted of a list of 29 items conducive to a good placement start. These listed items mainly related to administrative (e.g. vetting), resource (e.g. accommodation) and clinical aspects (e.g. protocols, observation of supervisor, supervision) of placements. Participants were asked to rate the importance of each item using a Likert scale of 1–5, where ‘1’ indicated minimal importance and ‘5’ very important. Section two consisted of a single question asking participants to add and rate ‘other’ measures (conducive to a good placement start) using the same Likert scale. This afforded the opportunity to highlight items considered meaningful that were not included in the listed 29 items in section one. Section three consisted of a single question asking participants to add any additional comments.

Procedure
The four Irish doctorate in clinical psychology programme directors were contacted via e-mail to request that their programme administrators forward the two-page questionnaire to their most senior cohort members. If there was not a current third year cohort in a doctoral programme, the second year cohort were asked to participate. Subsequent to programme director consent, a batch of questionnaires complete with a cover letter and stamped-addressed envelope were sent to the administrators. These (anonymous) questionnaires were returned by post. As a second means of accessing participants, programme directors were presented the option of the second author directly approaching cohort members and requesting their participation. These questionnaires were returned by both post and e-mail. To improve the rate of participation, subsequent requests (via e-mail) were made to each of the programme administrators to send a follow-up e-mail to all cohort members. There was a response rate of 88 per cent.

Results
Quantitative data
For each of the listed 29 measures from section one of the questionnaire, individual item scores were totalled in order to calculate an overall degree of importance score. Items were then ranked ordered according to their level of importance (Table 1). Arranging opportunities to observe one’s supervisor at work and providing sufficient information on correct protocol regarding disclosure were reported as the joint most important factors in facilitating a good placement start. Weekly supervisory meetings, arranging an initial placement visit for the first week of placement (involving the trainee, supervisor and doctoral programme monitor), arranging opportunities for joint work, and informing colleagues of a trainee’s arrival were also ranked highly. Stationary was considered as the least important facilitating factor (Table 1).

Qualitative data
Recurring themes were identified within the qualitative data from the single questions in sections two and three of the questionnaire. Five key themes were identified from responses.

1. Supervisor-Trainee relationship
Participants highlighted how different dimensions of the supervisor-trainee relationship could facilitate a good placement start. An interpersonal connection between both parties and the need to experience each other as more than professional individuals was stressed. Such engagement may mitigate the inherent power imbalance.

Engaging informally with supervisors (e.g. ‘spending some time chatting over tea’ or ‘bringing the trainee for lunch on the first day’) was perceived as beneficial. Supervisor’s needed to focus their attention less on pragmatic needs and more on getting to know trainees, their clinical competencies and their training needs. Ideally, they would enable trainees to understand ‘the theoretical preferences and practices of the supervisor’.

2. Administrative/resource issues
Trainees expressed varying degrees of readiness on their supervisor’s part when addressing
administrative needs. Access to a telephone and desk were considered important, as was access to the internet, a printer and photocopying facilities. They also highlighted how clarification of ‘appropriate secretarial support’ would predispose to optimal use of this resource.

3. Need for observation
Trainees expressed a desire for observation (e.g. ‘observing other psychologists at work is very useful... there should be several opportunities for this especially at the beginning of the placement’). To facilitate learning about other professionals’ roles (e.g. community mental health nurses), Trainees also wanted the opportunity to ‘shadow’ team colleagues (or observe them as they work). However, they disagreed with item 27 in section one of the questionnaire (i.e. ‘Arrange opportunities to be observed during week 2’), advocating that week two was too early for such observation and suggested that ‘maybe after one month would be better’.

4. Caseload concerns
Despite varied opinions on the usefulness of a prepared caseload at the onset of a placement, trainees did report supervisors allocating cases ‘according to the trainee’s level and learning needs’ as an important feature of a good placement start.

5. Contract consultation
Trainees indicated that contract consultations varied across placements. One participant indicated that he/she had ‘never had a contract consultation before the placement’, while another had arranged contract discussions him/herself. Other noted concerns included the difficulties related to split-placements and the need to consider the extra

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<tr>
<th>Rank</th>
<th>Measure</th>
<th>Total Score</th>
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<tr>
<td>1</td>
<td>Arrange opportunities to observe during week 1</td>
<td>168</td>
</tr>
<tr>
<td>1</td>
<td>Provide protocol re. disclosure of abuse/suicide risk management/(parental) consent (for children)</td>
<td>168</td>
</tr>
<tr>
<td>3</td>
<td>Schedule weekly supervisory meetings for entire placement</td>
<td>167</td>
</tr>
<tr>
<td>4</td>
<td>Arrange initial placement visit (during week 1) before placement</td>
<td>166</td>
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<tr>
<td>5</td>
<td>Arrange opportunities for joint work</td>
<td>164</td>
</tr>
<tr>
<td>5</td>
<td>Inform immediate colleagues and management of placement</td>
<td>164</td>
</tr>
<tr>
<td>7</td>
<td>Arrange accommodation (e.g. desk, secure filing cabinet)</td>
<td>161</td>
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<tr>
<td>8</td>
<td>Arrange access to a telephone landline</td>
<td>150</td>
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<tr>
<td>9</td>
<td>Provide keys (and alarm passwords) to buildings</td>
<td>147</td>
</tr>
<tr>
<td>10</td>
<td>Arrange opportunities to be observed (during week 2)</td>
<td>146</td>
</tr>
<tr>
<td>11</td>
<td>Provide information re. Dept structure/policies/procedures</td>
<td>145</td>
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<tr>
<td>12</td>
<td>Provide list of immediate colleagues</td>
<td>141</td>
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<td>13</td>
<td>Provide information re. local services</td>
<td>140</td>
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<tr>
<td>14</td>
<td>Provide a list of available psychometric materials</td>
<td>139</td>
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stressors (associated with such placements) in the placement contract write-up.

**Discussion**

The present study profiled the perceptions of thirty-six trainees (in clinical doctorate programmes) of what facilitates a good start to clinical (training) placements. It is intended that the results of this study will aid supervisors in both preparing for placements and facilitating the needs of trainees during the initial stages of placements.

**Implications for supervisor behaviour**

As found in this study, a variety of supervisor behaviours may help placements to start well. First, observation is a fundamental component of the supervisory process, necessary for maximising confidence and competency in the trainee’s professional development (Milne & Gracie, 2001). Identified as the (joint) most important factor in facilitating a good placement start, supervisors need to provide opportunities for trainees to observe them undertaking clinical work. The fact that trainees advocated being observed ‘maybe after one month’ (and not during week two) may reflect a lack of confidence in participants’ skill sets. Supervisors may need to outline more realistic expectations to trainees about the pace of their placement experience (Table 2). Waiting for up to five weeks for their first in situ evaluation of their clinical skills may compromise the quality of the initial and subsequent learning of trainees.

Again ranked as the (joint) most important factor in facilitating a good placement, supervisors need to orientate trainees to the service including discussing departmental protocol regarding consent, and disclosures of abuse and suicidal intent; (Table 2). Resources permitting, both placement monitors and supervisors need to ensure that initial placement visits are conducted as early as possible in the placement (e.g., during week one), especially for those during the first year of training. These visits or meetings need to facilitate discussion that is focused on the learning needs of trainees so that a realistic placement (or learning) contract (e.g., range and breadth of experience sought to develop necessary competencies) can be formulated.

Concerns surrounding administration and resource issues were prominent in both the quantitative and qualitative data. These concerns possibly highlight how a lack of information contributes to discrepancies between trainee expectations of and the reality of placements. One participant noted that ‘some placements have resource issues and we need to be made aware of these before we begin the placement’. Another indicated that it was ‘sufficient for the supervisor to provide… verbal information regarding where to go to arrange computers, stationary, expenses. etc.’ Another ‘tended to figure out administrative issues’ himself, but stressed that this had ‘not impeded on the placement in a negative fashion’. Hence, to maximise the potential benefits of a good placement start, both placement organisers and supervisors need to provide clear information from the outset regarding the availability of, and how to access, essential resources (Table 2).

Empirical evidence supports the supervisor-trainee relationship status as a primary predictor of supervisory outcomes (Beinart, 2004). Indeed, this relationship emerged as the most prominent theme from the qualitative data. Informal engagement and the establishment of an interpersonal connection were noted as conducive to minimising stress levels during the initial period of placements (Table 2). Such engagement allows both parties to develop a means to connect above clinical psychology. While both the process of evaluation and differential levels of knowledge, skills and experience will inevitably introduce a degree of imbalance in such relationships, supervisors need to make every effort to ensure that these relationships are both psychologically safe and collaborative in nature so that trainees may confide in them.

Ranking third among the quantitative items (i.e., section one), scheduled weekly (and uninterrupted) supervisory meetings can further facilitate the development of this kind of a relationship. Informing immediate colleagues and management of the
Anya Hughes & Michel Byrne

trainee coming on placement (that was ranked fifth) also facilitates integration with departmental members and other organisational staff (Table 2).

The qualitative data highlighted mixed opinions with regard to the need for a prepared caseload. This variance aside, emphasis was placed on allocating cases that were suitable to the trainee’s clinical experience and learning needs. While trainees have a responsibility to communicate their learning needs, supervisors need to discuss with trainees how to build up a caseload to match these learning needs. Assuming trainees’ case mix (i.e. different problems) partially facilitates developing desired competencies, the volume of cases needs to challenge trainees to manage an adequate caseload yet not be so excessive that they hurriedly process a high volume of cases at the expense of not developing their desired competencies.

Methodological issues
How supervisor behaviours can facilitate a good placement start is a research area of comparative neglect. In particular, trainee perspectives have been overlooked. This study addresses this gap in our knowledge by identifying what trainees value as key to their learning experience during the initial stages of clinical placements. It also highlights a variety of supervisor behaviours perceived by trainees to facilitate a good start to placements. It is intended that supervisors will use these proposed guidelines to enhance Trainee learning experiences during the initial stages of placements.

It is arguable, however, that the set questionnaire items (i.e. section one) overly focused on administrative issues and information disclosure. Thus, other issues such as relationship aspects, trainee responsibilities and expectations may not have been adequately reflected. It is also difficult to generalise these findings due to the relative small sample size. The qualitative data in particular, was based on only a small number of responses, pooled together in order to identify main themes. The findings pertain exclusively to an Irish context and may not generalise other jurisdictions. In addition, this study was explorative in nature. The instrument used was based on clinical experience and does not possess the reliability and validity of established measures. Further research is needed to replicate these results.

Conclusion
This study informs clinical placement supervisors of how they might improve the learning process of trainees during the initial stages of placements. Arranging opportunities for observation and joint work, discussing various departmental protocols, scheduling weekly supervisory meetings, providing information regarding accessing resources, cultivating a psychologically safe relationship with trainees, providing guidance in building up an appropriate caseload and arranging initial placement visits to occur during the first week of placement are measures that may facilitate a good placement start. Implementing these measures will facili-

Table 2: Protocol to aid supervisors in ensuring a good placement start

- Arrange opportunities for trainee to observe
- Provide clear information regarding administration and resource facilities or lack of
- Schedule initial placement visit
- Discuss expectations and goals for placement
- Discuss trainee skill set and competencies
- Develop placement contract
- Provide clear instruction regarding departmental protocol (e.g. disclosure)
- Converse with trainees on an interpersonal level
- Schedule weekly supervisory meetings
- Collaboratively discuss caseloads
- Inform colleagues of placement management – if possible, organise multi-disciplinary work
tate more consistent supervisory practice in clinical psychology training, benefiting all stakeholders including the overall profession and the service users we serve (Cushway & Knibbs, 2004).

Affiliations
Anya Hughes: Research Assistant, Roscommon PCCC, HSE West, Ireland.

Michael Byrne: Principle Psychology Manager, Roscommon Integrated Services, HSE West, Ireland.

Address
Dr Michael Byrne, Principle Psychology Manager, Roscommon Integrated Services, HSE West, Abbeytown House, Abbey Street, Roscommon, Ireland; michaelj.byrne@hse.ie

References

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