STUDENTS’ SATISFACTION WITH SUPERVISION DURING PRACTICUM: A CASE OF USIU-A STUDENTS

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UNITED STATES INTERNATIONAL UNIVERSITY – AFRICA

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STUDENT’S DECLARATION

I, the undersigned, declare that this is my original work and has not been submitted to any other institution, or university other than the United States International University – Africa in Nairobi for academic credit.

Signed_______________________________  Date___________________

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This thesis has been presented for examination with my approval as the appointed supervisor.

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ABSTRACT

In high income countries, it is a common practice for trainees in psychology to have clinical supervision. Clinical supervision is the most critical support that a trainee can have while applying the skills learned. Satisfaction with clinical supervision seems to play a role on how students grow in this profession. Unfortunately, not all students in psychology doing their practicum in Africa are satisfied with clinical supervision or have a supervisor at the practicum site. An analysis was performed to determine the percentage of the United States International University – Africa masters in clinical and counselling psychology students, who were satisfied or not with clinical supervision provided at the practicum site. The analysis also investigated if they had clinical supervision at the practicum site. It was used to determine if they found supervision useful in terms of helping them to be more effective in their role as counsellors, and to make recommendations on how students’ clinical supervision could be improved. The findings of this research show that 55% of the students were mostly satisfied with the clinical supervision, 2 students did not have supervision at the practicum site, 37.5% of the students said that supervision definitely helped them to be more effective in their role as counsellors, and 17.5% of the students recommended that they have more supervision. Most of the students were satisfied with the supervision provided at the practicum site. The students found that the supervision received helped them to be more effective in their role as counsellors. Furthermore, not all students had supervision at the practicum site. However, those who received supervision recommended that they have more supervision.

Keywords: clinical supervision, counselling supervision, satisfaction with supervision, students’ satisfaction, students’ recommendation, Kenya
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ABBREVIATIONS

APA – American Psychological Association

ASPPB – Association of State and Provincial Psychology Boards

KU – Kenyatta University

UONBI – University of Nairobi

USIU - A – United States International University – Africa
CHAPTER ONE

INTRODUCTION AND BACKGROUND

1.0 Introduction

Clinical supervision is an indispensable part of training assisting professionals and is one of the ways in which trainees can develop the skills needed to accomplish their professional duties. Supervision is perhaps the most critical part in the development of a competent professional. It is during supervision that trainees start developing an impression of their professional identity and to explore their own beliefs and attitudes regarding clients and therapy (ODonovan, Halford & Walters, 2011). According to the American Psychological Association (APA), supervision is a collaborative relationship with facilitative and collaborative characteristics that evolve over time, which has the goal to improve the professional competencies (APA, 2014). Supervision also requires that a supervisor inspects the work of a supervisee with three main objectives: (1) to enhance the skills and knowledge of a supervisee, (2) to ensure the well-being of the supervisee’s clients, and (3) to serve as a gatekeeper for the profession (Rockville, 2009). In addition, supervision in psychology is a continuous process. For instance, for a psychologist to maintain professional stature, he or she not only needs to do their continuing education units (CEUs) but also needs to be willing to obtain periodic supervision when faced with ethical or clinical dilemmas (Rockville, 2009). When supervisees consult with their supervisors, they show high levels of commitment in obtaining the help necessary to provide the highest quality of care for clients. Professionals and trainees in psychology can never know all that they might like to know, nor can they learn all the skills required to help all client populations and solve all kinds of problems. This is where the process of supervision and consultation come into play (Corey, Callanan & Corey, 2011).
Heppner and Roehlke (1984) found that when supervisees are satisfied with their supervision, they experience high levels of self-efficacy. Self-efficacy allows a sense of professionalism to develop, and supervisees feel more confident with the skills they learn during supervision. Satisfaction with clinical and counseling supervision is crucial for trainees’ skills and knowledge development. Therefore, it is important to define the minimal standard for adequate clinical supervision to make it possible to define inadequate supervision and its consequences for supervisees and their clients (Ellis et al., 2013). The criteria for minimally adequate clinical supervision across disciplines are: proper credentials as defined by the supervisor’s discipline or profession; appropriate knowledge of and skills for clinical supervision and an awareness of his or her limitations; obtains a consent for supervision or uses a supervision contract; provides a minimum of 1 hour of face-to-face individual supervision per week; observes, reviews, or monitors supervisee’s therapy/counseling sessions, provides evaluative feedback to the supervisee that is fair, respectful, honest, ongoing, and formal; promotes and is interested in the supervisee’s welfare, professional growth and development; is attentive to multicultural and diversity issues in supervision and in therapy/counseling; maintains supervisee confidentiality (as appropriate); and finally the supervisor is aware of and attentive to the power differential (and boundaries) between the supervisee and supervisor, and its effects on the supervisory relationship (Ellis et al. 2013).

Furthermore, the next section discusses the functions and roles of clinical supervision, and the guidelines of adequate supervision according to the American Psychological Association.

1.0.1 Functions and Roles of Clinical Supervision

Clinical supervision has many roles. One of the roles of supervision is to provide leadership and act as the connection point between supervisee and state regulatory board. For instance, supervisors serve as teachers and role models. Supervisors usually teach practical
skills and act as mentors. In addition, supervisor’s skills and knowledge affect the process of supervision in both parties: the supervisor and supervisee (student). According to O’Donoghue (2006), supervision is crucial for providing skills, knowledge and competence for supervisees. Also, supervisors should teach their supervisees how to use the most effective theories in their practice. In addition, evidence-based practice is expected to be taught to the supervisees by their supervisors. Evidence-based practice means the consciousness in terms of selecting the best methods to help the clients (Milne & Reiser, 2011). Therefore, guidelines on supervision are crucial in making sure supervisees and trainees are delivering high standard services to their clients, and to the public. Guidelines also guide and support supervisors in the supervision process. A comprehensive guideline on clinical supervision was developed by The APA Board of Educational Affairs (BEA), and it is described in the next section.

1.0.2 The American Psychological Association Guidelines on Supervision

The APA Board of Educational Affairs (BEA) has developed guidelines on supervision. The guidelines provide for professionals (supervisors) in psychology structurers that allow them to see their own development, and they assist them in areas where they need to develop. For supervisees, the guidelines on supervision promote the delivery of competence-based supervision with the goal of supervisee competence development. These guidelines on supervision are also adjusted for trainees. The APA BEA guidelines are based on several critical areas of supervision: supervisor competence, relationships, diversity, professionalism, ethical, legal, regulatory considerations, and problems of professional competence. Finally, assessment, evaluation, and feedback are also part of the critical areas of supervision (APA, 2014).

1.0.3 Supervisor Competence

Supervisors are responsible for the services delivered by their supervisees or trainees. Therefore, when supervisors are supervising an area that they are less familiar with, they take
adequate measures to make sure that they are competent on the work they are supervising. In addition, they make sure that the well-being of others is protected from harm. Supervisors need to be up-to-date in the areas they supervise: psychotherapy, psychological theories, culture related dimension (diversity, national origin, language), professional guidelines and standards, and other areas (APA, 2014). In addition, supervisors should be aware of the individual differences and intersections of these with diversity dimensions, because individual differences make the supervision even more complex in nature. Supervision competence also requires that the supervisor demonstrates evidence-based practice, knowledge and skills to work with one individual as well as with groups, ability to work with family, and demonstrate knowledge in different theories and skills. More so, supervision training requires education in models and theories of supervision, relationship formation, maintenance, rupture and repair, and relationship alliance. These requirements are considered at minimum levels of supervision competence APA (2014).

1.0.4 Diversity

Diversity competence is essential for supervision. Diversity competence allows supervisors to work with diverse issues and diverse individuals. Usually, these competencies refer to dilemmas that have different background than one’s own background. Thus, diversity competence includes the complexity of understanding multiple identities of each individual such as client, supervisee, family, and community (American Psychological Association, 2014).

1.0.5 Supervisory Relationship

Many authors agree that the supervisory relationship is crucial to the effectiveness of clinical supervision (Bernard & Goodyear, 2014; Falender & Shafranske, 2004; Holloway 1995; O’Donovan et al., 2011). Supervisors initiate a collaborative relationship with their supervisees or trainees by discussing the supervision goals, challenges and tasks of supervision.
The supervisor needs to discuss clearly with the supervisees the important aspects of supervision such as program goals, roles and responsibilities; individual learning goals; description of structure of supervision; performance review and evaluation, and limits of supervision confidentiality. Supervisor should develop relationships with whom they work with that shows professionalism, honesty, and attentiveness. More so, supervisors need to show flexibility, humility, engagement, and dignity in the professional relationships. Furthermore, this relationships should evolve over time. Thus, supervisor should conduct assessments to measure the areas that were improved and areas that need more attention and development. All these discussions, activities, and assessments of supervision are done during the supervisory relationship (APA, 2014).

1.0.6 Professionalism

Supervisors have the responsibility to conduct their work with professionalism. Some of the essential components of supervision professionalism are: accountability, honesty, concern for the well-being of others, and professional identity (APA, 2014). According to Tarvydas (1995), modeling is an effective tool to teach attitudes and behavior; and according to Cruess, Cruess, and Steinert (2009), modeling also teaches professionalism. Due to the modeling effect, supervisors should be aware of the way they conduct their work, their attitudes, and their behavior when they are supervising. However, according to Grus, and Kaslow (2014) modeling is not sufficient to teach professionalism. It is important to combine modeling with a broad training curriculum which incorporates important aspects of professionalism such as, accountability, honesty, concern for the well-being of others, and professional identity.

1.0.7 Assessment, Evaluation, and Feedback

This domain in the guideline on supervision requires attention. Assessment, evaluation, and feedback are crucial on clinical supervision. However, according to many authors such as
Ellis et al. (2014), Hoffman, Hill, Holmes, and Freitas, (2005), Friedlander, Siegel, and Brenock, (1989), assessment, evaluation, and feedback in supervision have been provided relatively infrequently, and according to Thomas (2010), this is very worrying because it leads to failure in protecting the profession, and failure of supervisors in informing their supervisees about their competence development. In addition, these failures open doors for creation of potential ethical complaints (Falvey & Cohen, 2004; Ladany, Hill, Cobett, & Nutt, 1999). Therefore, the American Psychological Association (2014), suggests that it is very important to establish and maintain a supervisory relationship which provides the basis for adequate assessment, evaluation, and feedback. The most common used tool for supervisees’ assessment is supervisees’ self-report (Scott, Pachana, & Sofranoff, 2011; Noelle, 2003; Goodyear & Nelson, 1997). Some of the limitations of the self-report tool is that it depends on human memory, and it is not free of supervisees’ self-protective distortions and biases (Haggerty & Hilsenroth, 2011; Pope, Sonne, & Green, 2006; Ladany, Hill, Cobett, & Nutt, 1996; Yourman & Farber, 1996). Thus, supervisors should use more comprehensive methods to evaluate supervisees’ work. They can use video or audio review techniques, and live observation whenever possible. These methods of evaluation are associated with enhanced supervisees’ and clients’ outcomes (Haggerty & Hilsenroth, 2011; Huhra, Yamokoski-Maynhart, & Prieto, 2008). Furthermore, these measurement techniques of supervisees’ and clients’ development should be in line with the objectives of supervision and should focus on specific competence development. Supervisors have the responsibility to give direct and clear feedback to their supervisees. During supervision feedback, supervisors need to be aware of the following: the power distance between supervisor and supervisee, culture diversity dimensions such as gender, age, and socio-economic status and other factors of oppression or privilege, supervisee developmental level, the possibility of miscommunication or feeling of shame in response to negative feedback, and the amount of feedback given at the time (Westberg & Jason, 1993).
At each feedback session, it is important that the supervisor gives feedback that are positive and corrective. More so, the feedback sessions should take place at frequent intervals. Thus, feedback becomes a process with positive and corrective guidance which supervises would expect in the supervisory relationship (Bennett et al., 2006). When supervisees have problems regarding their competence, supervisors are supposed to give feedback and guidance whenever necessary. However, it must be done in a direct and positive manner. In multicultural supervision, it is very challenging to give difficult feedback (Burkard et al., 2012). To overcome this challenge, it is important that supervisors have collaborative discussions, consultations, and examination biases because these measures are seen as helpful in multicultural supervision (Shen-Miller et al., 2012).

1.0.8 Professional Competence Problem

Professional competence problem during supervision is not common. Only a small part of supervisees shows significant problems in terms of professional competence. When this issue occurs, it is very important to consider the nature of the problem. For instance, cultural beliefs, licensure and accreditation, peers, faculty, and supervisors may be the source of the professional competence problem (Forrest, Elman, & Shen-Miller, 2008). Therefore, it is the responsibility of the supervisor to protect the well-being of the clients and other people and the public, at the same time supporting supervisees in the skills development. According to Goodyear and Rodolfa, (2012) and Thomas, (2007) the management of professional competence problem begins with the supervision contract. The supervision contract makes clear goals of supervision, the skills required for a satisfactory performance in the supervised experience, and the methods used for performance evaluation. The performance evaluation conducted by supervisors must be done with respect, including professional behaviours and attitudes that are relevant to the professional practices. In addition, supervisors should document the areas where supervisees have deficits, and document a plan showing how the
A supervisor would assist the supervisees to overcome the professional competence problem (American Psychological Association, 2014).

### 1.0.9 Ethics, Legal, and Regulatory Considerations

This domain is considered the highest duty of the supervisor, protecting the public. According to ASPPB (2013) the most common disciplinary action reported by the licensing boards is inadequate supervision. Misunderstanding of the supervisory structure and failure of supervisors to provide informed consents to the supervisees, may portray the supervisor as being unethical (Ladany, Ellis, & Friedlander, 1999). Supervisors should assist supervisees to acculturate into the ethics of the profession. More so, supervisors should make sure that supervisees develop skills that are important for ethical performance of psychology. Similarly, supervisors need to know that they are the role models for ethical and legal responsibilities. Other supervisors’ responsibilities include: supervisors work as gatekeepers of the profession by taking appropriate measures in response to supervisees’ performance problem; supervisors should communicate clearly the expectations for and parameters of supervision to supervisees, and supervisors should document the supervisees’ performance. The seven domains of supervision provide clear recommendations to the supervision practice. The most important goal of this guideline on supervision is to provide a framework for supervisors and supervisees that help them perform their work at high standards by making sure the well-being of others is protected. Furthermore, since the guidelines evolve overtime, they are expected to adjust to current trends in health service psychology and in education. Even though these guidelines on supervision are easily available, inappropriate supervision is one of the most common reported issues for disciplinary actions by the licensing boards (ASPPB, 2013).

According to Bernard and Goodyear (2014) inadequate supervision may occur when the supervisor is unwilling or unable to meet the criteria for minimally adequate supervision,
to provide adequate feedback to the supervisees, to monitor the quality of the supervisees’ work provided to his or her clients, or to serve as a gatekeeper for the profession. In addition, according to Ellis et al. (2013) ineffective or poor supervision can be characterized by one of the following: the supervisor’s indifference and lack of investment in supervision, the supervisor’s failure to provide feedback or evaluation of the supervisee’s skills, the supervisor’s inattention to the supervisee’s concerns or stuck points, the supervisor does not consistently work toward the supervisee’s professional training needs or growth, or the supervisor does not listen and is not open to the supervisee’s opinions or feedback.

According to Ramos-Sánchez et al. (2002), the possible negative consequences of poor supervision can affect supervisees’ clinical work, developmental skills, motivation to ask for help, satisfaction with training, and future career decision. In addition, if trainees are not satisfied with their supervisors, and the supervision they are receiving, they are likely to avoid asking for guidance. Thus, trainees may not learn the adequate skills and knowledge in psychology nor deliver the appropriate services to their clients, and therefore clients can be negatively affected (Corey, Callanan & Corey, 2011). Hence, educational institutions need to make sure that psychology trainees are receiving adequate supervision at the practicum site.

Some of the universities in Kenya which offer degrees in clinical and counselling psychology require a number of practicum hours before the students can graduate (KU, 2015; Uonbi, 2018; USIU-A, 2018). At the United States International University – Africa (USIU-A) all the students doing master’s degree in clinical or counselling psychology need to go for practicum before graduating. Clinical psychology students need to have 600 hours of clinical practice, and counselling psychology students 400 hours (USIU-A, 2018). In Kenya, there was no research in clinical and counselling psychology supervision. Thus, it was difficult to determine whether clinical and counselling psychology students had a supervisor at the
practicum site or not. Also, there was no research in Kenya that investigated the clinical and counselling psychology students' satisfaction with supervision provided at the practicum site.

1.1 Background of the Study

Clinical supervision in psychology is very important. It is not only important for psychology students but also for qualified professional psychologists and social workers. Supervision for students is essential for skills and knowledge development in the real fieldwork and it prepares them for professional practice. Furthermore, supervision is a specialized skill that requires from the supervisors a high level of respect for the work and for their supervisees. Empathy, genuineness, flexibility, openness, and personal and professional commitment are also required from supervisors. Therefore, a positive supervision process should allow supervisees to be authentic, responsible, respectful, and committed to the supervision process (Carifio & Hess, 1987). Supervision is described as the most important process whereby (1) the culture and practice of the profession are transferred, (2) trainees and beginner counsellors and psychologists have the opportunity to develop and enhance their skills, (3) the professional personality is nurtured and established, (4) the well-being of clients and the public is protected, (5) and the professional practice is protected and monitored (Nel & Fouche, 2016). More so, supervision is crucial in training psychologists, and for the maintenance of high quality standards of services provided by specialists already in the field of psychology. Unfortunately, counsellors and psychologists in Kenya do not have a board that regulates the profession (Otieno, 2015).

Lack of adequate supervision has been found to create interpersonal relationship problems between supervisors and their supervisees, and it contributes to problems and harmful consequences in the supervisory relationship (Bernard & Goodyear, 1998). In addition, lack of adequate supervision can contribute to dual relationship, and ethical and legal issues. For
qualified professionals, supervision is crucial in monitoring and making sure that professionals are ethical and are delivering services with high quality standards (Openshaw, 2012).

At the time of doing this study, there was no literature on clinical and counselling supervision in Kenya. Therefore, it was not possible to determine whether the supervision provided to the students was appropriate or not. Also, without literature on supervision in Kenya, it was not possible to know whether the students were satisfied with the supervision received at the practicum site or not. Thus, students’ satisfaction with clinical supervision was not known. What is known according to the USIU-A procedures is that when students are registered for the practicum class, they meet a lecturer at USIU-A once a week, who guides the students based on challenges they face at the practicum site. However, the practicum lecturer from USIU-A does not know what happens in the practicum site because he or she neither visits nor communicates with the students’ supervisors at the practicum site. Therefore, it was extremely important to determine whether the clinical and counselling psychology students had supervisors at the ground, and whether or not the students were satisfied with the supervision provided.

1.1.1 Supervision in the USA, UK, Australia, South Africa, Uganda, and Kenya

Supervision in the USA

In the 1970s, supervision was a known practice in counselling psychology. In this period, supervision was adopted in the USA and it found its home there for the next twenty years. In the USA, supervision gained a lot of attention and as a result, a lot of research and models in supervision were developed. There is no doubt that even today, the USA is the leading country in research on clinical supervision, particularly in counselling psychology supervision.

Supervision in the United Kingdom
In the 1980s, clinical supervision started in the UK, and it had its framework based on the USA models. The British Association for Counselling and Psychotherapy (BACP) made supervision mandatory for all practitioners. The BACP was the first counselling organization to require all its practitioners to have a minimum of 1.5 hours of supervision a month. In addition, Britain saw the importance of psychology supervision. There, supervision is part of the ongoing skills development, and it is also mandatory for those who are qualified as professional psychologists. In the UK supervision became a profession by itself. There is a specific training that psychologists undertake to become clinical supervisors. The supervision training can be in different areas such as in coaching, individual, and group supervision and organizational consultancy. With supervision training, supervisors can work in hospital, universities, schools, clinics and other sittings (Carrol, 2007).

**Supervision in Australia**

The Psychology Board of Australia (PBA) has the responsibility to protect the public by ensuring that only practitioners who are suitably qualified and trained to practice are registered in the PBA. Thus, professionals in psychology who are not registered at PBA cannot practice in the Australian territory. Clinical supervision plays an important role in the training, and in assessing psychologists’ competence. In addition, supervision of psychology professionals is mandated by law in Australia ("Psychology Board of Australia - Supervision", 2017). In Australia, supervision has three main functions: Normative, restorative and formative. *Normative* function monitors the competence of psychology professionals and it ensures the well-being of clients; *restorative* function supports supervisees and their professional and personal well-being; and *formative* function supports supervisees in terms of education and guidance in their profession (Analise, Kim W, & Walters, 2011). According to the Psychology Board of Australia, the number of Board approved supervisors is 8,500. It is
approximately one quarter of psychologists’ total number in Australia. This number has been increasing since the Australian National Scheme began in 2010 (Supervision, 2017).

The Psychology Board of Australia has developed its own guidelines for counselling and clinical supervision and for training supervision. This guideline is in 23 pages and discusses in depth various components of supervision such as: the supervisor competencies, general and specific requirements of supervisors, supervisors’ qualifications, and continuing professional and supervisor training ("Guidelines for supervisors and supervisor training providers", 2013)

**Supervision in South Africa**

In 2008, South Africa established the professional board for psychology regulation No. R1249, dated 28 November 2008 ("Professional Boards - HPCSA", 2017). Thus, supervision became part of the formal requirements for the psychology profession in South Africa. The South Africa professional board for psychology has the responsibility to protect the well-being of clients/patients, society, professionals and the profession. In addition, it monitors and regulates the following: registration of psychology students, registration as an intern psychologist, registration as a psychologist, community service, independent practice, foreign practitioner, registration of students’ psychometrics, registration as a psychometrist, registration as a student registered counsellor, and registration as a registered counsellor ("Professional Boards - HPCSA", 2017).

**Supervision in Uganda**

Developing countries are less likely to offer supervision for psychologists/trainees than the developed countries (Hall, Kasujja & Oakes, 2015). In Africa only 28.8% of the countries offer supervision for psychologists/trainees (ATLAS on substance use, 2010). This may happen because of the insufficient human resources, and lack of boards which regulate and provide supervision (Jenkins, Baingana, Ahmad, McDaid & Atun1, 2017). In Uganda
supervision is lacking, and there are only four clinical psychologists qualified in the state-run mental health institutions caring for more than 34 millions of people needing mental health care ("Uganda Bureau of Statistics", 2017). Therefore, professionals of the mental health care in Uganda are over stretched. Burn out has been defined as the emotional exhaustion of professionals in the area, as the excessively negative response or detached, and reduced work/personal accomplishment (Seidler et al., 2014; Newell & MacNeil, 2017). According to Edwards et al. (2006) and Scott (2011) supervision is suggested as a way to reduce burn out and emotional exhaustion among professionals working in areas of mental health care. Hence, it is expected that the mental health professionals in Uganda are working under a lot of pressure. They do not have in place a system of clinical supervision, which assists them in treating emotional and physical challenges that they face due to the nature of their profession (Hall et al., 2014).

**Supervision in Kenya**

At the time of doing this study, the researcher did not find research on clinical supervision in Kenya. In addition, counsellors and psychologists in Kenya do not have a board that regulates the work they provide to their clients/trainees. The Kenyan counsellors and psychologists Act 2014 determined that the counsellors and psychologist board should have been established by August 18, 2015 (Otieno, 2015). It also determined, that a person shall not practice as a counsellor or psychologist unless he or she has complied with the requirements for continuing education and supervision and has been issued with a valid practice license by the Board in accordance with regulations made under the Act 2014 (The Counsellors and Psychologists Act, 2014).

Supervision is described as the most important part of the clinical psychology training, since most of the time it allows the students to interact with real clients for the first time (Esposito & Getz, 2007). Therefore, it was important to determine whether or not the USIU-A
psychology students had clinical supervision at their practical site. It was also important to determine whether or not the students were satisfied with the clinical supervision, and if they found supervision useful in helping them perform effectively in their role as counsellors.

1.2 Statement of the Problem

At the time of doing this research, the researcher did not find any study done in Kenya that assessed psychology students’ satisfaction with clinical supervision. In addition, there was no formal supervision guideline for supervisors, counsellors, or psychologists in Kenya as mandated by law in other countries such as USA ("APA Office of Program Consultation & Accreditation", 2006); UK (Dooley, & Peyton–Lander, 2014), and Australia ("Psychology Board of Australia - Accreditation", 2017). Finally, counsellors and psychologists in Kenya do not have a board that regulates the profession (Otieno, 2015).

At USIU-A, all clinical and counselling psychology students have to do their practicum before graduating. The problem was, it was not known whether students were satisfied with the clinical supervision offered at their practicum site or not; and if all psychology students from USIU-A had a supervisor. If the students were not satisfied with the supervision provided or did not have a supervisor; they were likely to miss all the benefits that supervision can bring to them (Nel & Fouche, 2016). If the students had clinical supervision at the practicum site, it was not known if they found it useful in helping them perform more effectively in their role as counsellors. Finally, it was not known the students’ recommendation on how clinical supervision could be improved.

1.3 Purpose of the Study

The purposes of this study were to establish counselling and clinical psychology students’ satisfaction with the clinical supervision provided at the practicum site; to determine
if all students from USIU-A had a supervisor or not; to find out the percentage of students who found supervision useful in helping them perform effectively in their role as counsellors; and to summarize the students’ recommendations on how clinical supervision could be improved. This was with the hope to give a rich description of the students’ satisfaction with the clinical supervision provided.

1.4 Research Objectives

The research objectives were:

1. To determine the percentage of students who received clinical supervision at the practicum site.
2. To investigate students’ satisfaction with clinical supervision.
3. To find out the percentage of students who found supervision useful in helping them perform effectively in their role as counsellors.
4. To summarize the students’ recommendations on how clinical supervision could be improved.

1.5 Research Questions

The research questions were:

1. What is the percentage of students who receive supervision at the practicum site?
2. Are clinical and counselling psychology students satisfied with the supervision provided?
3. Do they find supervision useful in helping them perform effectively in their role as a counsellors?
4. What are the students’ recommendations on improving clinical supervision?
1.6 Justification of the Study

1.6.1 For the Psychology Learning Institutions

Psychology learning institutions in Kenya can benefit from this study by having local data about students’ satisfaction with clinical supervision. Thus, this study provides data on areas that could be improved to provide a better supervision program.

1.6.2 For the Future Kenyan Counsellors and Psychologists Board

This study can benefit the future Kenyan Counsellors and Psychologists Board, Kenya board of mental health, Kenya psychological association, and Kenya counselling and psychology association by demonstrating the importance of clinical supervision, and its benefit for clients/patients and for the public. In addition, it presents local data about psychology supervision for professionals and students in the psychology field.

1.7 Scope of the Study

This study was conducted to determine, the USIU-A clinical and counselling psychology students’ satisfaction with clinical supervision provided at the practicum site. The focus of the study was the students’ satisfaction with supervision. Only graduate students in psychology (clinical and counselling) doing their practicum participated in the study. The reason for conducting the study only at USIU-A was because the researcher did not get approval from other institutions to conduct the research. Thus, the research was conducted only at USIU-A, and the duration of the research was one year (Summer 2017 – Summer 2018).

1.8 Limitations of the Study

One of the limitations of this study was the lack of material on clinical supervision in Kenya. This research could be the first one done on psychology supervision at the local level.
Another limitation was on the method of data collection. A questionnaire was used to explore and determine the clinical and counselling psychology students’ satisfaction with the supervision provided. The students may have felt intimidated to give information that they thought their supervisors would not be satisfied with. Another limitation of this study was found in the tool – The Satisfaction with Supervision Questionnaire (SSQ) which was used for data collection. The authors of SSQ Ladany, Hill, Corbett, and Nutt (1996) did not mention the validity of the SSQ. They only discussed its reliability, but not validity. However, SSQ has been used in several studies such as: The Supervisory Relationship: How Style and Working Alliance Relate to Satisfaction Among Cyber and Face-to-Face Supervisees (Bussey, 2015), Supervisory Styles and Satisfaction: Genetic Counselling Student and Graduate Views (Shuss, 2012), Examining the Relationship Between Supervisory Styles and Counsellor Skills and Personal Development Perceived by the Supervisees (Meissner, 2012), and Supervisory Working Alliance and Job Satisfaction in Community Mental Health Settings (Weigelt, 2015).

1.9 Definitions of Terms

Supervision: Supervision is a collaborative relationship with facilitative and collaborative characteristics, that evolve over time, which has the goal to improve the professional competencies (APA, 2014).

Satisfaction: Fulfilling of one’s expectations, needs, wishes or pleasure ("satisfaction | Definition of satisfaction in English by Oxford Dictionaries", 2017).

1.10 Chapter Summary

This chapter focused on the history of supervision which started as an informal meeting done by psychoanalysts to discuss their clients’ work during Freud’s period; and in the 1920s,
Max Eitingon made supervision formal. More so, this chapter covered the statement of the problem, which argued that there is no research on clinical and counselling supervision in Kenya. Without research on this area, it was not possible to know whether or not students were satisfied with clinical supervision. In addition, the main purpose of this research was to establish counselling and clinical psychology students’ satisfaction with the supervision provided at the practicum site. This chapter also looked at the research questions. There were four research questions that this research responded to: what is the percentage of students who receive supervision at the practicum site? are clinical and counselling psychology students satisfied with the supervision provided? do they find supervision useful in helping them perform effectively in their role as a counsellors? what are the students’ recommendations on improving clinical supervision? In addition, the justification of the study was described.
CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

In understanding the importance of supervision in clinical programs various studies have used different ways to highlight this. Supervision not only give support to the students and clinicians but also enables them to increase in knowledge and expertise. Similarly, if the students are satisfied with supervision received, they are likely to ask for help when they have challenges in their role as counsellors or therapists (Corey et al., 2011). With this in mind, the attachment theory proposed by Ainsworth and Bowlby (1991), suited well on the theoretical review, and it will be discussed in this chapter. Bowlby was a psychiatrist born on 26th February 1907 in the UK, and he coined the term ‘attachment’. The term attachment can be defined as a unique emotional bond between carer and child that involves an exchange of comfort, care, and pleasure (Ainsworth & Bowlby, 1991). Mary Ainsworth was 6 years younger than Bowlby. She finished her graduate studies at the University of Toronto just before World War II (Bretherton, 1992). When Ainsworth was studying in Toronto before World War II, she had a course with William Blatz who introduced her to security theory (Blatz, 1940). Ainsworth contributed to his theory by challenging Freudian ideas in the theory (Ainsworth, 1983).

This chapter also covered the conceptual framework, which was based on the supervision quality model suggested by Bennett, BrintzenhofeSzoc, Mohr, and Saks (2008). In the empirical review section, it discusses research findings on clinical supervision in the following countries: the USA, Australia, New Zealand, South Africa, and Uganda. In addition, research suggests that supervision implementation varies widely across regions, local councils, organizations, professional boards, and health trust (Owen-Pugh & Symons, 2011). Therefore,
in this chapter the researcher describes the functions and roles of clinical supervision, and the American Psychological Association Guideline for psychology supervision.

2.2 Theoretical Review

The attachment theory was proposed by John Bowlby, a psychoanalyst and psychiatrist and Mary Ainsworth (1991). Their theory focuses on the role of close relationships in coping with stressful experiences, novelty, and challenges in relationships. The most important point of the attachment theory is that children need to develop a close relationship with at least one adult so that they can develop adequate social and emotional skills (Ainsworth & Bowlby, 1991).

Social work educators and psychologists have argued that the attachment theory can offer a useful framework for understanding trainees’ and supervisors’ contributions to the quality of the supervisory relationship. In addition, the dynamics of the supervisory relationship is very similar with the attachment relationship, especially when supervisees are in the early stage of training. For instance, social worker graduate students quite often seek a close relationship with their supervisors when they are faced with issues in their work such as, stressful experiences and uncertainty (Bennett et al., 2008). Therefore, when students feel supported when they need help, they may feel more motivated and encouraged to engage in the exploration that is required for new skills development (Bennett et al., 2008). Usually in fieldwork training, supervisees are likely to face challenging experiences, novelty, and uncertainty. Due to this, Bennett and Deal (2009) hypothesized that students’ patterns of attachment may influence their perception of and behaviour in their supervisory relationship. Therefore, it was important for the current research to determine the USIU–A psychology students’ satisfaction with clinical supervision; and how clinical supervision can be improved so that students are able to develop their clinical knowledge and skills.
2.3 Conceptual Framework

*Figure 2.1:* Conceptual Framework. Source: (Bennett, BrinzenhofeSzoc, Mohr, & Saks, 2008).

Figure 1 represents the quality of supervision model suggested by Bennett et al., (2008). They argued that when students feel supported by their supervisors when they are faced with stressful experiences, novelty, and uncertainty, they are more likely to seek guidance and support from their supervisors. On the other hand, when they do not feel supported when they need it, they are less likely to seek support and comfort when they face stressful experiences, novelty and uncertainty.
2.4 Literature Review

The search for materials for the literature review was conducted through the use of several online database. The online database used were: Africa Journal Online, Cambridge Journals, Sage Journals, Taylor and Francis Online, and National Center for Biotechnology Information. The key words used during the search were supervision, satisfaction with supervision, counselling supervision, and clinical supervision. More so, the search performed selected journals from 2000 to 2018; however some of the journals used in the literature review were archives and were published before 2000.

2.4.1 History of Supervision

Supervision of social work started before that of psychology. The first text about social work supervision was published in 1904. It is titled Supervision and Education in Charity and was authored by Jeffrey Brackett (as cited by Kadushin & Harkness, 2002). On the other hand, supervision in clinical and counselling psychology is not a new practice. Clinical supervision in psychology has been around for over a century and it has evolved into three stages. In stage one, supervision was informal. There is evidence (as cited by Carroll, 2007) that psychoanalysts met to discuss and review each other’s clients’ work. Hess (1980) suggested that the first clinical supervision occurred after the first therapy session, with a lone clinician observing the feedback, either positive or negative, from the interventions he provided, and correcting his work so that it was more effective. In the 1920s, Max Eitingon a Belarusian-German medical doctor and psychoanalyst, was thought to be the first person to make supervision formal for those who were in psychoanalysis training. The second stage of supervision started in the 1950s when new areas of psychology emerged. The type of supervision that developed in the 1950s was called counselling bound or psychotherapy bound models of supervision. This supervision style had its theory and intervention allied to the counselling and psychotherapy accepted in that time. In other words, the supervision style was
basically a counselling session. It was only in the 1970s, clinical supervision began to move away from counselling. Supervision took a different path moving towards a more educational process than just counselling sessions. This was considered the stage three of supervision. In stage three of supervision, the focus was moved from the person doing the work to the work itself. As a result, developmental frameworks for supervision became popular (Carroll, 2007). Thus, clinical supervision is increasingly being recognized as a core professional competency within the mental health field (Brosan, Reynolds, & Moore, 2008). However, according to Smith (2009) supervision started out much like apprenticeship. Students or trainees learnt and developed new skills and knowledge by just observing seniors, or professionals with more experience in clinical work. It was believed that a “master” professional would be competent enough to supervise students’ or trainees’ work; but in fact, that is not the case. Clinical supervision requires more than just being a master in the field, it requires specific training and knowledge for an individual to become a supervisor (Smith, 2009).

Carroll (2007) work was used several times in the history of supervision. The reason for citing her work many times was that it had a comprehensive explanation in terms of the development of clinical supervision. Furthermore, her work was the only literature available that explained the development of psychology supervision.

2.4.2 Research on supervision in the USA

A research conducted by Bailey, Barber and Nelson, (2017) examined how psychology internship was supervised compared to current experiential learning best practices available in the literature. The researchers contacted many colleges and universities with psychology department throughout the United States (a total of 149 respondents participated in the study). Generally, most of the institutions that replied offered academic credit for internship. Thus, this research examined 1) course design characteristic and typical academic requirement and course structure, 2) and the faculty supervision approach. By examining these two factors, the
researchers were able to compare current practices in internship courses with the recommendation given by the literature on internship and experiential learning (Bailey, et al., 2017). They concluded that analyzing the structure of internship program motivates psychology instructors to reconsider to what extent the internship program structure was in line with the proposed learning goals and outcomes. It also helps internship supervisors to identify activities which are not productive in the internship program and those which are more effective (Bailey et al., 2017). On the other hand, another research done at State University of New York by McIntosh and Phelps (2000), looked at the nature of supervision within the school of psychology. The aim of Bailey et al. (2017) research, was to give an overview of relevant literature review on supervision within the school of psychology, with the objective of providing future direction for supervision research. Their research presents a review of literature based on supervision within the school of psychology. Psychology supervision was defined as an interpersonal activity between supervisor and supervisee with the goal of developing and enhancing the supervisee’s professional competencies (Knoff, 1986). McIntosh and Phelps (2000) concluded that psychology supervision appeared to be weak and uncertain. Despite the promotions school supervision received in the past 15 years, it was not clear if there was a significant increase in the number of students receiving supervision in the following decades.

2.4.3 Research on Supervision in Australia

A study conducted by O'Donovan et al. (2011) argues that supervision has three important functions: normative, restorative, and formative. Normative function has to do with monitoring and making sure that clients’ well-being is protected, and monitoring and evaluating supervisee competence; the restorative function supports supervisee personal and professional well-being; and formative function educates and guides supervisee’s professional practice. However, they argued that supervision provides to some extent the function of
formative, but supervision has not been effective in its normative functions which is monitoring and making sure that clients’ well-being is protected, and monitoring and evaluating supervisee competence. In this research, O’Donovan et al. (2011) analyzed 14 aspects of supervision: 1) the importance of supervision, 2) function, and 3) processes of supervision, 4) contracting for supervision, 5) evaluating therapy outcomes for supervisee’s clients, 6) evaluating supervisee’s therapeutic competence, 7) and 8) the supervisory relationship. In addition, they analyzed 9) the development supervisee’s knowledge and skills, the 10) effects of supervision, 11) supervision and clients’ outcomes, 12) supervision and supervisees’ therapeutic skills, and finally the 13) supervisory relationship and 14) supervisee’s well-being and satisfaction. After analyzing all these aspects of supervision, they concluded that supervision is crucial in the training of clinical psychologists. The authors also argued that supervision might often compromise its normative functions in supervision practice to achieve its restorative and formative functions. In the research finding, O'Donovan et al. (2011) suggested that the benefits of supervision can be enhanced through increasing the use of systematic data collection. Through systematic data collection, it would be possible to assess clinical outcomes for supervisees’ clients, and to assess trainees’ competencies by direct observation of supervisee therapy by their supervisors.

Gonsalvez and Mcleod, (2008) also analyzed in their research supervisors’ competency, and supervisors’ assessment of trainees. They argued that little was known about the key elements of effective supervision, and the relationship between supervision and patients’ outcome. There were two objectives in their research: (1) to provide a view of clinical supervision and its developments in the Australian context; and (2) to outline vital gaps in the research literature on clinical supervision, emphasizing areas considered important to the advancement of the scientific practice of clinical supervision. The method of analyzing data in this research was meta-analysis. They found out that in terms of the effectiveness of
supervision the research findings discussed only subjects’ perceptions. Key questions to measure whether psychologists had a direct impact on the supervisees’ competencies or a better outcome of trainees’ clients were ignored or not studied deeply (Kavanagh, Bennett-Levy, & Crow, 2002; Stein & Lambert, 1995). In some isolated studies they found out that trainees drop out less frequently when they had a more experienced and trained supervisor, and more drop outs occurred when their therapists were less experienced and trained (Okiishi, Lambert, Nielsen, & Ogles, 2003; Stein & Lambert, 1995). Both researches employed the same methodology, and both seemed to agree that there was little evidence available on supervision effectiveness. One of the limitations of both studies was the research methodology. The authors only used retrospective data, and they did not mention the criteria for inclusion and exclusion of the articles used in the research.

2.4.4 Research on Supervision in New Zealand

A research done by Britt and Gleaves (2011) measured the satisfaction of psychology students with clinical supervision. This research was conducted with graduate students from the University of Canterbury Post-Graduate Diploma in Clinical Psychology. The total number of subjects were 85 (75% were female and 68% were male students). The researchers asked the subjects to provide a rating of their clinical supervisors and the supervision they received using a Supervision Checklist, developed by Bernard and Goodyear (1998). The checklist had two sections: Section one measured the general supervision procedures, and section two measured personal and professional characteristics of the supervisors such as genuineness, warmth, professionalism, and report. In this research, the students gave positive evaluation to the supervisors’ ability to provide feedback, which is required for effective supervision. The results of this research showed that supervisors sometimes provided a supervisory agenda, but it was not always implemented. Even cognitive behavioral therapists did not provide a systematic supervision agenda. In addition, the authors of this research suggested that
supervisee’s satisfaction with clinical supervision does not necessarily mean that the supervision’s quality is high. Finally, this research concluded that collaborative and mutual understanding was the best predictor of general satisfaction with clinical supervision (Britt & Gleaves, 2011). One of the limitations of this research was the method of data collection. The research participants may not have provided completely honest rating about their supervisors, despite the assurance that the research participant’s information would be kept anonymous. Another limitation was the study focused only on cognitive behavioral supervision. Thus, the generalization of these findings to other types of therapies may be limited.

2.4.5 Research on Supervision in South Africa

A research done in South Africa explored and described the experience regarding clinical supervision of master’s students in professional psychology (Nel & Fouche, 2016). The research data was collected through reflective writing and in-depth interviews. This research had only four subjects, and they were purposively selected from four different universities in South Africa. The research findings suggested that supervision was the essential component for the professional development journey of the four research subjects. In addition, this research identified four themes in supervision: emotional support, self-acceptance, autonomy and personal growth. One of the limitations of this study was the number of subjects (four) thus, it may not be possible to generalize its findings due to the small number of research subjects (Nel & Fouche, 2016).

The findings of this research were in line with the one done by Molepo (2016). Molepo (2016) conducted a research with the aim to provide an overview of the literature pertaining to the topic of clinical supervision and feedback in South Africa. The total number of research participants was 6 psychology supervisees, who were selected using convenient sampling. The researcher used interviews to collect qualitative data from the research participants at the University of the Witwatersrand, Johannesburg. Based on the findings of the research, he
suggested that supervision is a relationship that requires reciprocity, and communication for ideal outcomes to emerge. Through positive feedback, students can feel emotionally supported and accepted by the supervisor (Molepo, 2016). Some of the limitations of this study were in its number of research participants, and in the convenient sampling. Due to the low number of subjects, and the limitation of the sampling method, the research findings may not be generalized.

2.4.6 Research on Supervision in Uganda

A research done in Uganda, aimed to explore the experience of supervision for clinical psychology students. This research was done with the hope to give a rich description of students’ experience with clinical supervision (Hall, Kasuija & Oakes, 2017). The researchers organized a thematic group discussion to collect qualitative data. Thus, in a focus group 12 students of clinical psychology were asked about their experience with supervision at the practicum site. Some of the questions asked were: how often do you receive supervision? what have been the benefits of supervision? what have been the most useful aspects of supervision? and what have been not so useful? how has supervision helped you to learn? how has supervision given you emotional support? and how has supervision helped you think about your relationship with your clients and your supervisors? The research data analysis created four themes: The first theme was related to the negative effects of supervision, and how the supervisors helped or did not help students to manage stressful experiences. The second theme was about learning through observational experience. The third theme was related to the supervisors teaching the students their role as clinical psychologists and how they should act within the Uganda mental health system. The fourth theme was suggestions from the students to receive supervision earlier in their training, with meetings with the supervisor on a regular basis and have more practical techniques than theory. This research concluded that students found supervision very useful when they received emotional support from their supervisors,
when they were taught on how to conduct therapy in a practical way, and when they were supported on building their own confidence and self-awareness (Hall et al., 2017). They found it not so useful when their supervisors did not address their emotional issues when they needed it. The research findings suggested that clinical supervision for psychology students in Uganda should continue. The researchers argued that supervision program should be reliable and teach students the practical elements of psychological therapy by doing co-therapy, observational experiences, and role-play. One of the limitations of this research was the fact that when the research was conducted the students had few clinical supervision sessions. Therefore, it is not clear whether the students were fully aware of the expectations and demands of supervision. As mentioned in the first chapter, the current study did not find any research in psychology supervision in Kenya. In addition, the Kenyan counselling and clinical psychology board is yet to be established.

2.4.7 Research on Students’ Satisfaction with the Clinical Supervision Provided

A research done by Ramos-Sánchez et al., (2002) investigated the negative supervisory events, and its effects on supervision satisfaction and supervisory alliance. Ramos-Sánchez et al., (2002) tried to answer the following questions: (1) Is the supervisee developmental level related to supervisory working alliance and satisfaction with current supervision? (2) What is the association of trainee attachment style to supervisory alliance? and (4) satisfaction with supervision? The last research question tried (5) to determine whether negative experiences in supervision were associated with supervisory alliance, satisfaction with supervision, and other training experiences at the training site. The total number of respondents in this research was 126 (73% were women, and 27% men). The subjects’ age ranged from 23 to 51 years. To examine the negative supervisory events, and its effects on supervision satisfaction and supervisory alliance, the investigators used four questionnaires: respondent demographics, negative events in supervision, satisfaction with supervision, attachment style using
Bartholomew and Horowitz’s, (1991), relationship questionnaire, supervisory working alliance, using Baker’s, (1990), and supervisee developmental level using the Supervisee Levels Questionnaire — Revised [SLQ–R] developed by McNeill, Stoltenberg, and Romans, (1992). The findings from the first (1) question showed a significant positive relationship between developmental level and the global measure of alliance (r.22) The results from the second (2) question showed that supervisees at higher developmental levels were more likely to report a better working alliance with their supervisor than supervisees at a beginning developmental stage. The findings from the third (3) question showed that 83% of the sample described themselves as secure, 6% as fearful/avoidant, 3% as preoccupied, and 8% as dismissing/avoidant. The findings from the fourth (4) question was predictable (Ramos-Sánchez et al., 2002). Respondents who reported bad experiences tended to have weaker supervisory alliances than respondents who did not report bad experiences. Thus, it was indicating that these supervisory relationships were characterized by different tasks and goals and by the lack of, trust, empathy, and confidence in the relationship. To conclude, the researchers argued that the impact of the negative experiences in the supervisory relationship varies accordingly with the supervisee’s developmental level or the strength of the supervisor and supervisee working alliance (Ramos-Sánchez et al., 2002).

At the moment, there is no literature available on psychology students’ perception on the usefulness on clinical supervision, and on students’ recommendation on how to improve students’ supervision at the practicum site.

2.5 Chapter Summary

This chapter focused on the theoretical framework, conceptualization framework and on the literature review. The theoretical framework was based on the attachment theory created
by John Bowlby, a psychoanalyst and psychiatrist and Mary Ainsworth. This theory suited well in this research because it describes attachment styles that can be seen in the supervisory relationship between supervisees and their supervisors. The conceptual framework was based on the supervision quality model suggested by Bennett, Brintzenhofe Szoc, Mohr, and Saks. The literature review was based on current research on supervision in the following countries: USA, Australia, New Zealand, South Africa, and Uganda. It is very clear that USA is the country that has more research on psychology supervision than any other countries. Since research suggest that supervision implementation varies widely across regions, local councils, organizations, professional boards, and health trust; the literature review of the current study was based on the general satisfaction of supervision. Unfortunately, there was no discussion on clinical supervision in Kenya because there was no research in clinical psychology supervision at the local level.
CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

In choosing how best to conduct the research the investigator begins by describing the four types of research philosophy: positivism, realism, interpretivism, and pragmatism. The research philosophy that was adequate for this research was interpretivism. The research design was based on survey research design, and the population of the study was USIU-A students doing a master’s degree in clinical and counselling psychology, and were enrolled in clinical practicum. Population sampling technique was adequate for this research because the whole population participated in the study. Furthermore, this chapter discusses the pilot study, which took place one week before the research data collection. In addition, reliability and validity of the research instrument, the administration of the research instrument, and the research ethical considerations are discussed. Finally, it explains the research data analysis methodology.

3.2 Research Philosophy

For this study, the philosophy used was interpretivism. In general, there are four research philosophies: positivism, realism, interpretivism, and pragmatism. Positivists believe that reality is stable, and it can be described objectively (Levin, 1988). In the positivism approach, variables are manipulated with variations in a single independent variable so that researchers are able to identify regularities, and form relationships. Usually, the variables studied by positivists reflect the need to understand the causes that influence outcomes. The knowledge developed through this approach is based on careful observation and measurement of the variables. Realism is objective. It exists independent of peoples’ beliefs, knowledge or thoughts of their reality, but it is interpreted through critical realist analysis. According to
Dudovskiy (2016) interpretivism is socially constructed, it is subjective in nature, and it may change multiple times. Interpretivists also believe that through subjective interpretation of a phenomenon it is possible to fully understand a reality. In addition, the study of a phenomenon in its natural environment is key for interpretivist philosophy. Therefore, the research approach is usually inductive (from specific observation to broader generalization), and axiology (judgement of values) is biased. Pragmatism research philosophy allows the researcher to mix different approaches. Depending on the research question, observable phenomenon and subjective meaning can provide acceptable knowledge into the research. This approach focuses on different methods of data analysis to help in the interpretation of data (Dudovskiy, 2016).

Interpretivists usually reject rigid structural frameworks such as in positivist research and prefer more personal and flexible research structures (Carson et al., 2001) which are receptive to capturing meanings in human interaction (Black, 2006) and make sense of what is perceived as reality (Carson et al., 2001). More so, according to the interpretivist tradition it is possible to understand lived experiences by paying attention to how people describe their own feelings, emotions, and relationships towards a chosen aspect of reality (Dudovskiy, 2016).

Drawing upon primary data derived from the Supervisory Satisfaction Questionnaire, the interpretivism research philosophy approach was adequate for the current research, because the research objectives were to determine whether or not clinical and counselling psychology students were satisfied with the supervision provided at the practicum site. The students’ satisfaction with supervision was based on their own perception about the supervision provided, and the research findings were based on the students’ perception of their experience in clinical supervision.
3.3 Research Design

The Supervisory Satisfaction Questionnaire (SSQ) developed by Ladany et al. (1996) was used to determine the USIU-A students’ satisfaction with clinical and counselling supervision. The SSQ was used for data collection. The research design was based on descriptive research design, and quantitative data. Also, due to limited funds to carry out this study, descriptive research design was adequate because it is cost effective. In addition, this method allows data to be collected fast (Wyse, 2012).

3.4 Target Population

The target population of the study was all the master’s degree students doing clinical and counselling psychology at the USIU-A and were registered for the practicum class. The total number of target population used was 21 clinical, and 21 counselling psychology students. Therefore, the final sample size of the study was 42 students.

USIU-A is a private university in Kenya, which offers a bachelor’s degree in psychology, and master’s degree in counselling and clinical psychology, and a doctorate in psychology (USIU-A, 2018).

3.5 Sampling Design

Population study as the sampling design was adequate for this research. Using population design all the students were used in the research.

3.5.1 Sampling Frame

At USIU-A, all the clinical and counselling psychology masters students have to complete their practicum hours before they graduate. Clinical psychology students need to complete a total of 600 hours, and counselling psychology students need to complete a total of
400 hours (USIU-A, 2018). Thus, the research sample was students who were registered and were doing their practicum. The lists with the number of all the clinical and counselling psychology students registered for the practicum classes were provided by the practicum lectures.

3.5.2 Sampling Technique

The study used the population, counselling psychology and clinical psychology students. The whole population was easily accessible, because there were two practicum classes – one class for counselling psychology students, and one class for clinical psychology students.

3.5.3 Sample Size

The researcher used the whole population – 21 counselling psychology students and 21 clinical psychology students. Thus, the sample size for the study was 42.

3.6 Data Collection Methods

Quantitative data was collected through the satisfaction with supervision questionnaire (SSQ) developed by Ladany et al. (1996). This questionnaire was used to measure the students’ perceived satisfaction with supervision. The SSQ questionnaire has 14 items which measure various aspects of the supervisees personal experience during supervision. To score this questionnaire, the researcher had to add the rating from question two to question thirteen. Question one determines if the student has a supervisor or not at the practicum site – possible response for question one is yes, or no. Question fourteen is an open-ended-question which allows the student to give their recommendation on how supervision could be improved. The lowest score possible with the SSQ questionnaire is 12, and the highest score possible was 48. A score of 12 to 36 suggest low satisfaction with supervision, while a range of 37 to 42 suggest medium satisfaction, and a scores of 43 to 48 represents a high satisfaction. Thus, a score of
48 represents the highest satisfaction with the supervision, and 12 represents the highest dissatisfaction with the supervision. Finally, if a student did not have a supervisor, all the answers given by him or her for questions 2 to 14 were not applicable.

According to the authors of the SSQ, the SSQ was adopted from the original Client Satisfaction Questionnaire (CSQ) (Ladany et al., 1996). They argued that the original CSQ’s internal reliability has been measured at .84 to .93 across many studies, and that the internal reliability was .96. There was no literature available about SSQ reliability and validity; but the SSQ by Ladany et al. (1996) has been used in several studies.

3.7 Research Procedures

The lecturers responsible for the practicum classes allowed the researcher to ask the students during the practicum classes if they wanted to be part of the study. The researcher only interacted with the students after he had obtained the IRB approval. The students were informed about the research purposes. They were also informed that participation in the research was not mandatory, and they were free to decide whether they wanted to participate or not. All the students agreed to participate in the research, and they were given informed consents to read and sign. But those who participated in the pilot study did not participate in the data collection. After the informed consent had been signed, the questionnaires were distributed, and once they completed responding to the questionnaires, an educational debriefing form was given. The educational debriefing form had an introduction about the research topic and its aim; it also had some practical information such as the USIU-A counselling center contact.

3.7.1 Pilot Study

The pilot study was conducted one week before the actual date of data collection. During the pilot study, it was possible to adjust and correct the research tools. The sample of
the pilot study was 3 students. The 3 students were from USIU-A and they were pursuing a master’s degree in counselling psychology. The researcher chose 3 students from the counselling psychology program because the number of students doing counselling psychology was 24, and the number of students doing clinical psychology was only 22.

3.7.2 Administration of the Research Instrument

The questionnaires were administered during the practicum classes. The SSQ was given to all the students because they agreed to participate in the research and had read and signed the informed consent. However, three students from the counselling psychology program did not participate in the research data collection because they had participated in the pilot study. More so, one student from the clinical program also did not participate in the research because he was the researcher. The administration of the research instruments took approximately 10 to 15 minutes. When the research participants completed the SSQ they returned the questionnaires to the researcher, and the questionnaires were kept confidential.

3.7.3 Ethical Considerations

The research participants were given an informed consent form which explained the purpose of the research, and the researcher explained to each student that the questionnaire was anonymous, and all the information given in the SSQ would be kept confidential. Once they had signed the informed consent form they were asked to return it to the researcher. In addition, the researcher explained to the students that they were free to decide whether or not to participate in the research, and they were free to withdraw from the study anytime. More so, the questionnaires and the inform consent answered by the students were kept looked, and storage in the researcher’s house. Only the researcher has access to the questionnaires and the inform consents. The questionnaires and the inform consents will be storage and looked for 5 years. After the 5 years, they will be destroyed.
If students felt any discomfort due to the participation in the study, they had a number of options. They could talk about how they felt with their supervisor if they wished to, but if they did not feel comfortable to speak with their supervisor, the researcher suggested they could speak to one of their clinical psychology lecturers. They could also speak with a counsellor on duty at the USIU-A counselling center. The following contacts were given to the students: USIU-A counselling center contact: email counsel@usiu.ac.ke, phone+254-730 116, if within the campus use Ext. 748 or 797.

3.8 Data Analysis Methods

The Statistical Package for the Social Science (SPSS) ® software version 24 was used for the data analysis in this research. SPSS ® was used mainly to investigate the students’ satisfaction with the clinical supervision provided at the practicum site. More so, the researcher was able to determine the percentage of students who had supervision at the practicum site or not. In addition, he was also able to find out if the supervision received at the practicum site helped the participants perform effectively in their role as counsellors; and finally summarize students’ recommendations on improving clinical supervision provided at the practicum site.

The descriptive analysis was used to interpret the data collected in this research. This study analyzed three percentages: the percentage of students who had a supervisor at the practicum site, the percentage of students who were satisfied with the supervision provided at the practicum site, and the percentage of students who found supervision provided at the practicum site useful in helping them perform effectively in their role as counsellors. Finally, SPSS ® was also used to define the percentage of what the students have suggested on improving clinical supervision provided at the practicum site. Therefore, descriptive analysis was adequate for this research.
3.9 Chapter Summary

This chapter presented the research methodology. Therefore, the research philosophy was discussed. There are four types of research philosophy: positivism, realism, interpretivism, and pragmatism. The philosophy used in this research was interpretivism. More so, the research design was based on descriptive research design, and the Supervisory Satisfaction Questionnaire was used for data collection. The target population of the study was all the master’s degree students doing clinical and counselling psychology at the USIU-A. The total number of the target population was 42 – 21 clinical psychology students, and 21 counselling psychology students who were registered for the practicum class.

In terms of sampling method, the researcher had to use the population sampling method. The sample of the research was students who were registered and were doing their clinical practicum – 42 students. The list with the number of all the clinical and counselling psychology students was provided by the practicum lecturers. In terms of research procedures, the researcher had to wait for the IRB approval before interacting with the research participants. The questionnaire was given to the students in their class rooms, and the researcher had to inform them about the ethical considerations of the study.
CHAPTER FOUR

RESULTS AND FINDINGS

4.1 Introduction

This chapter covers the research results and findings. The data was collected in order to understand the research problems that was stated in the chapter one. Firstly, general information on the data that was collected was described. The general information included the total number of research participants, their gender, the master’s degree program they were enrolled in, and the number of years they have been studying psychology. Secondly, the research findings were presented according to the research objectives. There were four research objectives: (1) to determine the percentage of students who received clinical supervision at the practicum site (2) to investigate the students’ satisfied with clinical supervision (3) to find out the percentage of students who found supervision useful in helping them perform effectively in their role as counsellors and (4) to summarize the students’ recommendations on how they thought clinical supervision could be improved.

4.2 General Information

The following table presents the details about the research participants in terms of their gender, and the total number of participants.

<table>
<thead>
<tr>
<th>Gender representation and total number of participants</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>male</td>
<td>7</td>
<td>16.7</td>
<td>16.7</td>
<td>16.7</td>
</tr>
<tr>
<td>female</td>
<td>35</td>
<td>83.3</td>
<td>83.3</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>42</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

*Table 4.1: Gender representation and total number of participants*
All the research sample (42) participated in the research. Seven of the research participants were male, and 35 were female (male 16.7% female 83.3%). In addition, the 42 participants answered all the questions, and all the questionnaires were valid. Two students did not have a supervisor at the practicum site. Thus, the answers given by the two students who did not have a supervisor were not applicable.

Table 2 shows the number of students in the clinical psychology program, and in the counselling psychology program.

<table>
<thead>
<tr>
<th>Number of students in the clinical and counselling psychology program</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical psychology</td>
<td>21</td>
<td>50.0</td>
</tr>
<tr>
<td>Counselling psychology</td>
<td>21</td>
<td>50.0</td>
</tr>
<tr>
<td>Total</td>
<td>42</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 4.2: Number of students in the clinical psychology program, and in the counselling psychology program.

The number of students doing a master’s degree program in clinical psychology was 21 (50.0%), and the total number of students doing counselling psychology was 21 (50.0%). Table 3 presents the number of years the research participants had been studying psychology.

<table>
<thead>
<tr>
<th>How many years have you been studying psychology?</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-4 years</td>
<td>21</td>
<td>50.0</td>
<td>50.0</td>
<td>50.0</td>
</tr>
<tr>
<td>4-6 years</td>
<td>17</td>
<td>40.5</td>
<td>40.5</td>
<td>90.5</td>
</tr>
<tr>
<td>more than 6 years</td>
<td>4</td>
<td>9.5</td>
<td>9.5</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>42</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Table 4.3: How many years have you been studying psychology?
According to the answers given by the research participants, 21 students had been studying psychology for 2-4 years (50.0%), 17 students for 4-6 years (40.5%), and 4 students had been studying psychology for more than six years (9.5%).

Table 4 presents the answers given by the students for question 2 – How do you rate the quality of supervision you have received?

<table>
<thead>
<tr>
<th>How do you rate the quality of supervision you received?</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid poor</td>
<td>4</td>
<td>10.0</td>
<td>10.0</td>
<td>10.0</td>
</tr>
<tr>
<td>fair</td>
<td>11</td>
<td>27.5</td>
<td>27.5</td>
<td>37.5</td>
</tr>
<tr>
<td>good</td>
<td>16</td>
<td>40.0</td>
<td>40.0</td>
<td>77.5</td>
</tr>
<tr>
<td>excellent</td>
<td>9</td>
<td>22.5</td>
<td>22.5</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Table 4.4: How do you rate the quality of supervision you received?

As indicated in table 4, four students said that the quality of supervision was poor (10%), 11 respondents said fair (27.5%), 16 said good (40%), and 9 reported excellent (22.5%).

Question 4 asked to what extent has this supervision fit your needs? Two research participates reported that none of their needs have been met (5%), 14 participants said only a few of their needs have been met (35%), 17 students reported that most of their needs have been met (42.5%), and 6 participants reported that all most all of their needs have been met (15%).

Question 5 was – If a friend were in need of supervision, would you recommend this supervisor to him or to her? The answers got from the students were: 2 students said no, definitely not (5.0%), 10 said no, I don’t think so (25.0%), 17 said yes, I think so (42.5%), 10 said yes, definitely (25.0%), and one students did not answer this question (2.5%).

Question 6 asked how satisfied the students were with the amount of supervision received? – the answers given by the research participants were as follow: 1 student said quite dissatisfied (2.5%), 9 students said indifferent
or mildly dissatisfied (22.5%), 18 students reported mostly satisfied (45.0%), and 10 students said very satisfied (25.0%).

Question 9 asked the following: if you were to seek supervision again, would you come back to this supervisor? The answers given by the students were as follow: 4 students reported no, definitely not (10%), 13 students said no, I don’t think so (32.50%), 14 participants said yes, I think so (35%), and 9 students said yes, definitely (22.5%). Question 10 asked how is the feedback given by your supervisor? The answers given by the students were: 2 of the participants said poor (5.0%), 10 of them said fair (25%), 24 of them said good (60%), and 4 of the students said excellent (10%). Question 11 asked – Does your supervisor show good supervision knowledge and skills during supervision? The answers given by the students are as follow: One research participant reported no, definitely not (2.5%), four of the students said no I don’t think so (10%), 23 of the students said yes, I think so (57.5%), and 12 students said yes, definitely (30%). Question 12 asked – does your supervisor act with integrity and with the highest ethical standards? The responses given by the participants were: One of the reseach participants said no, definitely not (2.5%), 7 participants said no, I don’t think so (17.5%), 18 of the them said yes, I think so (45%), and 14 of the participants said yes definitely (35%). Question 13 asked – Does your supervisor show care and empathy towards you and your clients? The results for this question are as follow: 1 student said no, definitely not, (2.5%), 5 said no I don’t think so (12.5%), 20 of the participants answered yes, I think so, (50%), and 13 students said yes, definitely (32.5%), and 1 students did not answer this question (2.5%).

Questions 1,7,8 and 14 will be discussed in the next sections according to the research objectives.
4.3 Research findings based on the research objectives

4.3.1 Objective one: to determine the percentage of students who receive clinical supervision at the practicum site

The first objective of this research was to determine the percentage of students who had been supervised at the practicum site. In the questionnaire given to the participants the question was: Do you have a supervisor to supervise you during clinical practicum? With this question it was possible to find out the percentage of students who had clinical supervision. Table 5 presents the responses given by the respondents.

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid yes</td>
<td>40</td>
<td>95.2</td>
<td>95.2</td>
<td>95.2</td>
</tr>
<tr>
<td>no</td>
<td>2</td>
<td>4.8</td>
<td>4.8</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>42</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

*Table 4.5: Responses to question one: Do you have a supervisor to supervise you during clinical practicum?*

As table 5 shows, 40 of the research participants had a supervisor at the practicum site (95.2% answered YES) and two research participants did not have a supervisor (4.8% answered NO).

4.3.2 Objective two: to investigate the percentage of students who are satisfied with clinical supervision provided at the practicum site

This research aimed to investigate whether or not the clinical and counselling psychology students were satisfied with the clinical supervision provided at the practicum site. This was the main objective of this research. In the questionnaire provided to the students, question number eight asked: In an overall, general sense, how satisfied are you with the supervision you have received?
Figure 4.2: It represents the results of question eight: In an overall, general sense, how satisfied are you with the supervision provided?

The answers given by the respondents for question eight were as follow: 3 students said they were quite dissatisfied with the supervision provided (7.5%), 8 students said indifferent or mildly dissatisfied (20%), 22 students said mostly satisfied (55%), and 7 reported very satisfied (17.5%).

4.3.3 Objective three: to find out the percentage of students who found supervision useful in helping them perform effectively in their role as counsellors

The third objective of the research was to determine the percentage of students who felt that the clinical supervision helped them perform effectively in their role as counsellors.
Table 4.6: Response given for question seven: Has the supervision you received helped you perform effectively in your role as a counsellor or therapist?

<table>
<thead>
<tr>
<th>Valid</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>no, definitely not</td>
<td>1</td>
<td>2.5</td>
<td>2.5</td>
<td>2.5</td>
</tr>
<tr>
<td>no, not really</td>
<td>4</td>
<td>10.0</td>
<td>10.0</td>
<td>12.5</td>
</tr>
<tr>
<td>yes, generally</td>
<td>20</td>
<td>50.0</td>
<td>50.0</td>
<td>62.5</td>
</tr>
<tr>
<td>yes, definitely</td>
<td>15</td>
<td>37.5</td>
<td>37.5</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Table 6 represents the responses given by the students to question seven: Has the supervision you received helped you perform effectively in your role as a counsellor or therapist? As the table above shows, 1 student reported no, definitely not (2.5%), 4 said no, not really (10%), 20 students reported yes, generally (50%), and 15 students reported yes, definitely (37.5%).

4.3.4 Objective four: to summarize the students’ recommendations on how clinical supervision could be improved

The fourth objective of this research was to summarize the students’ recommendations on how clinical supervision could be improved. In the questionnaire given to the participants, there was an open-ended question asking for their recommendations on how to improve clinical supervision. The recommendations given by the students are as follow: one student suggested to get supervision from a person with higher education, seven students suggested to have more supervision, two students suggested that the supervisor should have more knowledge in supervision, two students suggested supervisors have more training, three students suggested supervisors should be more available for students, one students suggested that the lecturer in class enquire more about the supervision at the practicum site, one student suggested that
USIU-A should ensure that the sites have qualified supervisors, one students suggested that students should learn how to get feedback positively, one students suggested that supervisor should have few clients, one students suggested that supervisors should be ethical when giving feedback to clients and supervisees, one students suggested that supervisor could discuss ethical dilemmas they have encountered before, one students suggested supervisors more empathetic to clients, one students suggested to receive informed supervision, one students suggested supervisor to be more patient and willing to take the trainee through, one student suggested better communication, one student suggested supervisors to have fewer students, one students suggested to have adequate supervision in class, and two students suggested closer monitoring by the supervisor.

4.4 Chapter Summary

Chapter four presented the data analysis. Descriptive and frequency analyses were performed to analyze the data collected in this research. The analysis was done based on general information of the participants, such as number of participants, age, gender and program they are enrolled in. Therefore, the total number of the research participants was 42. Seven of the research participants were male, and 35 were female. The number of students doing a master’s degree program in clinical psychology was 21, and the total number of students doing counselling psychology was 21. In addition to the analysis of participants demographic information, it was conducted statistical analysis based on the research questions and objectives. The objective of this research was to determine the percentage of students who had been supervised at the practicum site, to investigate whether or not the students are satisfied with the supervision provided at the practicum site, to determine the percentage of students who felt that the clinical supervision helped them perform effectively in their role as
counsellors, and summarize the students’ recommendations on how clinical supervision could be improved. All the research objectives were described in this chapter.
CHAPTER FIVE

SUMMARY, DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

Chapter five presents the summary of the key findings, discussion, conclusions and recommendations for the current research. The summary discusses the main findings of the research based on its goals. The discussion critically connected the findings of this research with the literature review presented in chapter two. The conclusion was based on the findings that indicate that the USIU-A students are satisfied with the supervision provided at the practicum site. Finally, recommendations were discussed on the changes that need to take place, and how this research can be explored further in future research.

5.2 Summary of the Study

The current research involved graduate students in clinical and counselling psychology at the United States International University – Africa. The four objectives of this research were: (1) to determine the percentage of students who received clinical supervision at the practicum site (2) to investigate the percentage of students who were satisfied with clinical supervision (3) to find out the percentage of students who found supervision useful in helping them perform effectively in their role as counsellors and (4) to summarize the students’ recommendations on how clinical supervision could be improved.

The data was collected through a survey, where both clinical and counselling psychology students were asked to be a part of. In total, 42 students participated in the research survey. According to the research findings, 95.2% of the students had a supervisor in their practicum site, and 4.8% of the students did not have a supervisor. One of the goals of this research was to determine the percentage of students who are satisfied with the supervision
provided at the practicum site. The research findings showed that most of the students were satisfied with the supervision provided at the practicum site (55%). More so, most of the students found supervision useful in helping them to perform effectively in their role as counsellors (yes, generally 50% and yes definitely 37.5%). In addition, students gave 18 recommendations on how they think supervision could be improved. The most mentioned suggestions were to have more supervision (17.5%) and supervisor should be more available for the students (7.5%).

5.3 Discussion of Results

5.3.1 To determine the percentage of students who received clinical supervision at the practicum site

According to O'Donovan et al. (2011), supervision has three important functions: normative, restorative, and formative. Normative function has to do with monitoring and making sure that clients’ well-being is protected, and monitoring and evaluating supervisee competence; the restorative function supports supervisee personal and professional well-being; and formative function educates and guides supervisee’s professional practice. Based on the arguments by O'Donovan et al. (2011); it is possible to conclude that in the present study two students were not receiving the three important functions of supervision which were the normative, restorative, and formative functions. This lack of supervision functions may have compromised the well-being of the clients that the students were working with, and the student’s well-being as well. In addition, the professional practice may also be compromised due to lack of supervision. Furthermore, according to Hall et al. (2015) low income countries are less likely to offer supervision for psychologists in training than the high-income countries. In high income countries such as USA, and UK there is a strict follow up on students doing their practicum. And one of these strict measures is to ensure that all trainees have a supervisor.
Although, all the students doing their master’s degree in counselling and in clinical psychology at USIU-A were supposed to have a supervisor, we did have students interacting with clients without supervision. Maybe the students who did not have a supervisor eventually had one before graduating. But what brought concerns was that these students were working with clients at the practicum site without supervision. Therefore, we could assume that the functions of supervision – normative, restorative, and formative could have been compromised for those students and their clients.

5.3.2 To investigate the percentage of students who were satisfied with clinical supervision

The findings from this study suggested that the clinical and counselling psychology students were satisfied with the clinical supervision provided at the practicum site (55%). Thus, those students who were satisfied with the clinical supervision provided at the practicum site were likely to have benefited from the functions of supervision such as normative, restorative, and formative (O'Donovan et al. 2011).

Looking at the students’ satisfaction with clinical supervision, the findings of the research done by Britt and Gleaves (2011) were consistent with the findings of the current study. They suggested that supervisee’s satisfaction with clinical supervision does not necessarily mean that the supervision’s quality is high. In the current research, 55% of the students said they are mostly satisfied with the supervision, and 17.5% of the students said that they are very satisfied with the supervision. With these findings, the hypotheses can be, yes, the students were satisfied with the supervision provided, although the supervision may not have been of high quality. This was an assumption based on the students’ recommendation on how to improve supervision. Thus, we could say that the students were satisfied with the supervision in an overall sense, but the quality of supervision the students were receiving needed to be investigated. In addition, according to the Association of State and Provincial
Psychology Boards (2010), ethics, legal, and regulatory considerations are domains considered the highest duty of the supervisor. Therefore, this research investigated if the students’ supervisors acted with integrity and with the highest standards. The findings of this research show that 17.5% of the students do not think their supervisors act with integrity and with the highest ethical standards. Less than half of the students, 45% think that their supervisors act with integrity and with the highest ethical standards. This was another concern identified in this research. It will be very important in future research to investigate what makes the students perceive that their supervisors are not acting with integrity and with the highest ethical standards.

5.3.3 To find out the percentage of students who found supervision useful in helping them perform effectively in their role as counsellors

Unfortunately, there was no literature review that measures students’ perception on the effectiveness of supervision in their role as counsellors. This research however, asked students if they found supervision useful in terms of helping them be effective in their role as counsellors. In response to this, 50% of the students reported that supervision generally helped them to be more effective as counsellors, and 37.5% of the students reported that supervision definitely helped them to be more effective as counsellors. With this in mind, it would be important for future research to investigate the specific factors that make students think that supervision help them be more effective in their role as counsellors. Being able to identify those factors may guide supervisors in the future to focus their supervision on areas that will make the supervisees more effective in their role as counsellors.

5.3.4 To summarize the students’ recommendations on how clinical supervision could be improved.

Finally, as mentioned in the literature review, there was no literature available on the students’ recommendation on how to improve clinical and counselling supervision. However,
based on findings of this research, it is possible to infer that, (1) students were not getting enough supervision, (2) they were satisfied with the supervision provided but the quality of the supervision they were getting may need to be verified, (3) the supervisors needed more training and knowledge in supervision, and (4) supervisors need to be more available for the supervisees.

5.4 Conclusions

The objectives of this research were to determine the percentage of students who received clinical supervision at the practicum site, to investigate students’ satisfied with clinical supervision, to find out the percentage of students who found supervision useful in helping them perform effectively in their role as counsellors, and to summarize the students’ recommendations on how clinical supervision could be improved. All these objectives were achieved.

The percentage of students who had supervision at the practicum site was 95.2%, and those who did not was 4.8%. In regard to satisfaction with supervision provided, 55% was mostly satisfied, and 17.5% very satisfied. The percentage of students who found supervision useful in helping them be effective in their role as counsellors was as follow: 50% found supervision generally useful, and 37.5% found supervision definitely useful. Student’s recommendations on how to improve supervision was 18. The most common recommendations given by the students were: have more supervision (17.5%), supervisor should have more training (5%), supervisors should be more available for students (7.5%), supervisor should have more knowledge in supervision (5%), and closer monitoring by the supervisor (5%).
5.5 Recommendations

Based on these research findings, clinical and counselling psychology students need to have more supervision than what they currently have. Furthermore, the quality of the supervision the students are receiving need to be assessed. USIU-A needs to make sure that all its clinical and counselling psychology students have a supervisor at the practicum site as required. Finally, USIU-A needs to guarantee that the sites the university sends the students for practicum have qualified supervisors.

5.5.1 Suggestions for Improvements

Since the measure of this research was based on self-reporting and respondents could choose whether or not to provide the accurate data, some responses given by the students could not be accurate. More so, the fact that the researcher collected data from the students about themselves and their supervisors, some students could have given data to please their supervisor or hidden some information that they thought their supervisors would not like to know about. Therefore, it would be important to make sure that students give the most accurate information on their experience as supervisees. One of the options to collect data to avoid this issue could be through naturalistic observation.

5.5.2 Suggestions for Further Research

As mentioned earlier in this chapter, it will be important for future research to investigate the specific factors that make students think that supervision helps them be effective in their role as counsellors, and measure if they are actually more effective or not as a counsellors. Being able to identify those factors may guide supervisors in the future to focus their supervision on areas that will make the supervisees more effective in their role as counsellors. It would be important to investigate the behaviours or attitudes of supervisors that make students think they are not ethical or acting with integrity. Finally, it would be important to investigate in future research the quality of the supervision provided at the practicum site.
REFERENCES


APPENDICES

Appendix I: Inform Consent to the Students
Appendix II: Supervisory Satisfaction Questionnaire (SSQ)
Appendix III: Debriefing form
Appendix IV: IRB Approval

APPENDIX I: PARTICIPANT INFORM CONSENT

Participant Inform Consent

*Title of the Study:* Students’ satisfaction with supervision during practicum: A case of USIU-A

*Principal Investigator:* Moises C. Da Silva, Psychology Student

*Supervisor:* Michelle W. Karume, PhD. United States International University Nairobi, Kenya.

*University contact details:* United States International University – Africa. Address: Kasarani area, off Thika Road, Nairobi, Kenya Phone: +254 730 116000

*Researcher contact:* msilva@usiu.ac.ke

**About me**

I am doing my master’s degree in clinical psychology at USIU – A, and it is my second year in the program. I am looking for help from fellow students who are doing a master’s degree in clinical and counselling psychology and are doing their clinical practicum.

**Why have you been invited to take part in the study?**

You have been invited to be part of this research because you are a psychology student, and you are doing your clinical practicum. You are under no obligation to take part in this study.
**What is the aim of the study?**

The aim of the study is to determine the students’ satisfaction with the clinical supervision. This is with the hope to give a rich description of the students’ satisfaction with the clinical supervision in USIU- A. If it is necessary, using data analysis it is be possible to give suggestions on how to improve the clinical supervision provided at the practicum site.

**What will be involved if I take part in the study?**

In case you decide to participate in the study you will first sign this inform consent, and return it to the researcher. Secondly, you will be given a questionnaire. The questionnaire takes approximately 10 to 15 minutes to complete. The questionnaire will have questions about your demographics, years of study, your satisfaction with your supervisor, which psychology master’s degree you are taking, and the period you are in clinical supervision.

**Will the information obtained in the study be confidential?**

YES. The data collected in this study will not be recorded by your university, and will NOT be made available to your supervisor. Because you will NOT provide your name or student ID, the investigator will not know who you are throughout the course of the study. The inform consent will be signed separately from the questionnaire that you will complete. Therefore, your responses will NOT be linked with your name in any way.

**What if I am harmed by the study?**

This study does not present any physical or psychological harm to you. However, the questionnaire may result in reflection about your relationship with your supervisor, which may lead to emotional response. If you feel any discomfort with that, you have a number of options. You can talk about how you feel with your supervisor if you wish to, but if you do not feel
comfortable to speak with your supervisor, I suggest you speak to either one of your clinical psychology lecturers, or with your course director at your university. You can also speak with a counsellor on duty at the USIU-A counselling center. USIU-A counselling center contact is: email counsel@usiu.ac.ke, phone+254-730 116, if you are within the campus use Ext. 748 or 797.

THANK YOU FOR READING THIS INFORMATION

Student Signature __________________________

Date: ______/______/______

Moises C. Da Silva
APPENDIX II: SUPERVISORY SATISFACTION QUESTIONNAIRE (SSQ)

Supervisory Satisfaction Questionnaire (SSQ)

(Ladany, Hill, Cobertt, & Nutt, 1996)

Demographic Information

Gender

Male □  Female □

How many years have you been studying psychology?

2-4 □

4-6 □

More than 6 years □

Others __________

Which master degree program are you in?

Clinical Psychology □

Counselling Psychology □

Other________

Do you have clinical practicum in your course work?

Yes □  No □

If you answered YES in the question above, how many hours of clinical practicum do you need to have before graduating?

100-200 Hours □

200-400 Hours □

500-800 Hours □

More than 1000 Hours □

Other________
How long have you been doing your clinical practicum?

1-6 months

6-12 months

1 year -1 year and 6 months

more than 2 years

other

Please answer the questions by ticking the answer you think is the most appropriate

1. Do you have a supervisor to supervise you during your clinical practicum?

Yes  No

2. How would you rate the quality of supervision you have received?

4                3                2                1
Excellent       Good         Fair              Poor

3. Did you get the kind of supervision you wanted?

1                              2                     3                       4
No, definitely not      No, not really   Yes, generally   Yes, definitely

4. To what extent has this supervision fit your needs?

4                                          3                                2                              1
Almost all of my         Most of my needs   Only a few of my     None of my needs
needs have been met       have been met    need have been met    have been met

5. If a friend were in need of supervision, would you recommend this supervisor to him or her?

1                              2                     3                       4
No, definitely not   Not, I don’t think so Yes, I think so   Yes, definitely

6. How satisfied are you with the amount of supervision you have received?

1                              2                     3                       4
Quite dissatisfied    Indifferent or   Mostly satisfied     Very satisfied
mildly dissatisfied
7. Has the supervision you received helped you perform effectively in your role as a counselor or therapist?

4 3 2 1
Yes, definitely Yes, generally No, not really No, definitely not

8. In an overall, general sense, how satisfied are you with the supervision you have received?

4 3 2 1
Very satisfied Mostly satisfied Indifferent or mildly dissatisfied Quite dissatisfied

9. If you were to seek supervision again, would you come back to this supervisor?

1 2 3 4
No, definitely not No, I don’t think so Yes, I think so Yes definitely

10. How is the feedback given by your supervisor?

4 3 2 1
Excellent Good Fair Poor

11. Does your supervisor show good supervision knowledge and skills during supervision?

1 2 3 4
No, definitely not No, I don’t think so Yes, I think so Yes definitely

12. Does your supervisor act with integrity and with the highest ethical standards?

1 2 3 4
No, definitely not No, I don’t think so Yes, I think so Yes definitely

13. Does your supervisor show care and empathy towards you and your clients?

1 2 3 4
No, definitely not No, I don’t think so Yes, I think so Yes definitely

14. What would be your recommendation(s) to improve psychology supervision?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
APPENDIX III: DEBRIEFING FORM

Debriefing Form

Students’ satisfaction with supervision during practicum: A case of USIU-A students

Supervision in psychology is very important. It is not only important for psychology students but also for qualified professional psychologists and social workers. Supervision of students is essential for skills and knowledge development in fieldwork, and it prepares them for professional practice. The questionnaire you answered will allow the researcher to determine whether USIU-A students have supervision during their practicum; if clinical and counselling psychology students are satisfied with the supervision provided at the practicum site; if they find the supervision received helpful in performing their role as counsellors; and give students’ recommendations on ways to improve clinical supervision.

If you have any complains, concerns, or questions about this research, please feel free to contact the researcher: Moises C. Da Silva, via email: msilva@usiu.ac.ke. In addition, if you experience any distress or discomfort after answering the questionnaire, you can contact the USIU-A counselling center via email counsel@usiu.ac.ke or via phone +254-730 116, if you are within the campus use Ext. 748 or 797.

Your participation in this study is much appreciated. Your input will help improve clinical supervision for psychology students in Kenya.

This study has been granted clearance according to the recommendations of USIU-A

Thank you very much for your participation
APPENDIX IV: IRB RESEARCH APPROVAL

16th February, 2018

Moises Corcivia Da Silva
P.O. Box 1622 Benin Drive
Phone: 0700 9319 656
E-mail: mailza@usi.ac.ke

Dear Mr. Silva,

IRB-RESEARCH APPROVAL.

The USIU-A IRB has reviewed and granted ethical approval for the research proposal titled “USIU-Africa Clinical and Counselling Psychology: Students’ Satisfaction with Supervision at The Practicum Site.”

The approval is for six months from the date of IRB. A Continuing Review application must be approved within this interval to avoid expiration of IRB approval and cessation of all research activities. A mid-term report and a final report must be provided to the IRB within the six months approval period. All records relating to the research (including signed consent forms) must be retained and available for audit for at least 3 years after the research has ended.

You are advised to follow the approved methodology and report to the IRB any serious, unexpected and related adverse events and potential unanticipated problems involving risks to subjects or others.

Should you or study participants have any queries regarding IRB’s consideration of this project, please contact irb@usi.ac.ke.

Sincerely,

Dr. Diniare Silaiteh,
Chair IRB, USIU-Africa
diniare@usi.ac.ke
Office 9730 176 112

CC: Research Office

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