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## **WHAT IS GOING ON IN THE SUPERVISION RELATIONSHIP?**

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**psychotherapy supervision  
supervision relationship  
alliance working**

### **Summary**

The aim of the study was to indicate the character of the relationship in psychotherapy supervision. A review of the literature on supervision psychotherapy was carried out for the years 1983-2015. Different ways of approaching this issue were introduced in this article. Roles, typical tasks, and functions of a supervisor's activities were also explained. The supervision matrix (Watkins, 1997) and supervision triangle (Newton, 2012) were used to describe the roles and functions of the supervisor. Being a teacher, an expert, a therapist, a colleague depends on the stage of the supervision process. Working alliance, parallel process, self-disclosure, and countertransference were described in the context of developing the supervision relationship. Working alliance can improve the quality of the supervision relationship. The similarities between psychotherapy and supervision contribute to the formation of the parallel process and countertransference of the supervisor. It is important to determine the scope of the supervisor's self-disclosure. More frequent self-disclosure can strengthen the bond with the supervisee. Some major ethical categories that should be present during supervision are also presented. Currently, the supervision relationship is considered to be a crucial and probably the most important factor that impacts the effectiveness of the supervision process.

### **What happens in the supervision relationship?**

Psychotherapy supervision is currently a way of monitoring the psychotherapeutic process and a method of training psychotherapists [cf. 1]. It requires systematic encounters – sessions in which the supervisor and psychotherapist or psychotherapists (typically a junior colleague or colleagues) are involved.

In order to describe the specific nature of the relationship between the supervisor and the supervisee, it is worth considering the characteristics of the relationship, different from that between the therapist and the patient. During the encounter, the supervisor and the psychotherapist are simultaneously inside several described and realistically experienced worlds. One of them is the world of the patient's experiences brought to the psychotherapeutic session, another one is the world of experiences of the encounter between the therapist and the patient, and yet another one is created while discussing psychotherapy with the supervisor, and the last one is the world transformed after a supervisory intervention [2].

The author's comments and remarks found in this text are the results of reflection on several interesting studies of various aspects of supervision. It is not my intention to describe the entire supervisory process, its course, limitations and goals, but rather to gain a better understanding of the relationship between the supervisor (mentor) and supervisee (student) developed during the supervisory session. To answer the title question, I shall start by trying to explain how the supervisory relationship is described.

### **Understanding and the specific nature of the supervision relationship**

Arguments for this explanation are provided by an analysis of how to define the supervisory relationship in different languages. Kalai [4] wrote that in English "supervision" means "looking from above", in French it means "controlling", in Arabic it means "leading to knowledge" and in Hebrew, "directing, leading". In the definitions given, one can see a different way of describing the relationship between the supervisor and the supervisee. If one looks at the semantic range of these terms, they can notice that they relate primarily to two aspects of the supervision relationship – the transfer of knowledge and the exercise of control or power.

Various types of supervisory relationships may result from the combination of these two aspects: based on the supervisor's deep knowledge and his/her strict control, on the supervisor's deep knowledge and the supervisee's little control, on disregarding knowledge but on the supervisee's strict control, or on disregarding knowledge and little control over the supervisee. Another additional dimension describing a type of relationship could be the level of concentration of the supervisor on the supervisee.

It is also worth recalling the scope of activities undertaken by the supervisor. Watkins [5] described the most important tasks of supervision. He mentioned a) the **relationship** between the junior and the senior (treating this aspect of supervision as crucial), b) **evaluation** – providing feedback on the therapist's work, his/her strengths and weaknesses, c) **time frame** (it should last for one academic year and be provided by more than one supervisor), d) **enhancing** the professional functioning of the therapist, e) **monitoring** the quality of professional services, f) **protecting** the profession – a situation where the supervisor serves as a "gatekeeper" of the norms associated with the psychotherapist's profession.

Supervisory encounters focus most often on: a) diagnosing problems presented by the supervisee, b) cognitive case conceptualisation, c) acquiring basic skills of counselling, d) structuring therapy sessions, e) developing cognitive and behavioural techniques of the trainee.

What problems arise in different supervision styles? *The Mister Rogers Supervisor* – nice, warm, but failing to provide feedback. *Attila the Supervisor* – presents only one view on supervision. *The "How do you feel" Supervisor* – focuses mainly on the emotions of the therapist.

The way of describing supervision presented by Watkins [5] allows for a division into functions and tasks performed by the supervisor. These functions include: monitoring/

evaluating, advising/instructing, modelling, consulting, and supporting. The supervisor's tasks include: shaping the supervisee's therapeutic ability, case conceptualisation, maintaining the therapist's professional role, shaping his/her own emotional awareness in contact with the client and the supervisor, facilitating the supervisee's self-evaluation through, for example, making a realistic evaluation of his or her competences or limitations. Tasks (defined by the question "what?") and functions (defined by the question "how?") characterising the supervision process may create a certain type of matrix if considered together (see Figure 1). The supervisor, using this matrix, can assess how often the tasks and functions are used.

Figure 1. Supervision process matrix (in: Watkins, 1997)

Supervision functions (how?)	Supervision tasks (what?)				
	Therapeutic skills	Case conceptualisation	Professional role	Therapist's emotional awareness	Self-evaluation
monitoring					
advising	XXXXX				
modelling					
consulting					
supporting				XXXXX	

XXXXX – activities occurring often in supervision

Watkins [5] described supervision as *an intervention provided by a more senior member of a profession to a more junior colleague or colleagues who typically (but not always) are members of that same profession. This relationship is evaluative and hierarchical, extends over time* [emphasis added], and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s), monitoring the quality of professional services offered to the clients [p. 242].

According to Watkins, the actual supervisory relationship is a key component of supervision. He believed that the supervisory situation was considered in the past a two-part process consisting of the supervisory alliance and supervisory interventions, which underestimated the supervisory relationship. The supervisory relationship exists from the moment supervision begins until its end and has a considerable impact on the development and the establishment of the supervisory working alliance and the utilisation of the transference-countertransference experience in the supervisory situation. According to Watkins [5], this relationship is characterised by at least two dimensions: realism and genuineness that vary in terms of valence and magnitude. Realism means conflict-free, transference-free, undistorted interactions or experiences (internal and external) of the supervisor and the supervisee that occur in the supervisory relationship. Genuineness describes a type of supervisor-supervisee

relationship and, just like in humanistic psychology, may be central to the therapeutic change process.

Watkins [5] wondered why, if we deal in supervision with a wealth of distorted transference-countertransference material resulting from the therapeutic relationship, would we not give attention to nondistorted (or minimally distorted) data related to the real supervisor-supervisee relationship? If taken into account, the supervisory relationship should consist of three interrelated components: the working alliance, the transference-countertransference configuration, and the real supervisor-supervisee relationship. Each of these three components is a vital piece of the supervision relational matrix. The term "real" may be controversial. What is "real", for whom does it become "real" and how does it manifest in the supervisory interaction? Examples of a real supervisory relationship include greetings, salutations, tactful and polite behaviour, friendly interest, self-expression, expressing feelings about events that impact the supervisee's life or events that result from the supervisory process.

Gelso [6-8] has added two elements to the dimensions of a supervisory relationship: magnitude (how much realism and genuineness of the supervisor-supervisee relationship exists) and valence (to what extent those behaviours are positive or negative). The stronger the real relationship, the higher and better the realism and authenticity of the supervisor and the supervisee are evaluated, which in turn favours better results achieved in supervision.

According to Chinnock [9], the scope of involvement in the supervisory process of the supervisee's thinking and emotional processing, and actions taken by the supervisor form a relational field located in the present "here and now". However, both the supervisor and the supervisee are surrounded by their own time dimensions – the external present (before the supervisory encounter) and the past. If the idea of the relationship has a central position in therapeutic and supervisory work, then the supervisory relationship is a relationship about (yet another) relationship. Chinnock believes that maintaining interest in the relational process between the supervisor and the supervisee helps the supervisee to recognise his/her own limitations of not hearing, not speaking, and not noticing certain issues in therapy.

A somewhat different understanding of the tasks and content of supervision is presented by Newton [10]. She brings attention to three main functions of supervision: *management* – matching a therapy to the context of psychotherapy and the content of the supervision contract, compliance with ethical principles, and conducting therapeutic sessions in accordance with standards; *support* – providing an opportunity to discuss emotions, needs, problems, symptoms (e.g. burnout) that may occur while interacting with the patient; *education* – developing the supervisee's existing skills and creating his/her own unique working style as a therapist. These three functions make up the "supervisory triangle" (see Figure 2). There may appear too much emphasis on any of them in the supervision process, as shown in the figure below.

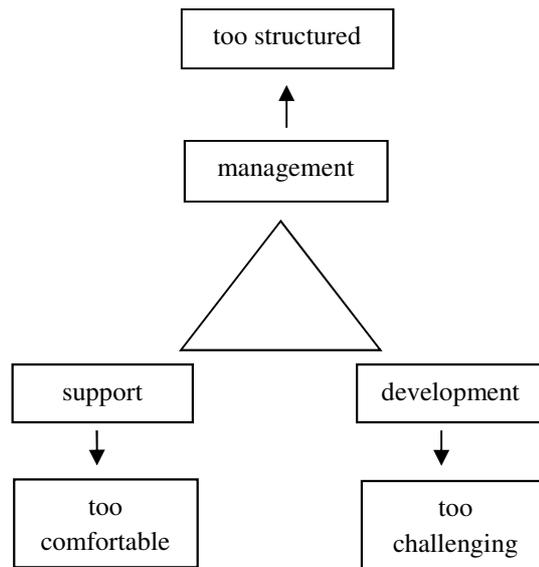


Table 2. The "supervisory triangle" [as cited in Newton, 2012]

These three functions should be kept in balance for actions taken by the supervisor to be more effective. During the supervisory process, there are moments when one of the functions begins to dominate – for example, a particular event in psychotherapy may cause the supervisee to doubt his/her competence which in turn makes him/her plan the further course of therapy in great detail. According to Newton [10], each supervisor has a tendency towards one of the functions placed in the triangle. This is all to do with the characteristics of a given supervisor: some like to help other people, others are concerned about responsibility or find new ideas and the supervisee's professional growth exciting. Understanding their own preferences helps the supervisor avoid the risk of staying in one area of the supervisory triangle. The triangle is not just a simple list of aspects of supervision – it creates a meta-perspective, becoming a reference point and providing a check of the current course of supervision for experienced supervisors or guidelines for less-skilled supervisors.

Weinstein, Winer, and Ornstein [11] speak about "oscillation of roles" that the supervisor plays depending on the model of supervision used and the stage of the supervisory relationship. It can be assumed that the roles of a teacher, expert, therapist, supportive colleague, and container are determined by the type of the supervisory work focused, for example, on the patient and/or on the supervisee's needs and/or on the supervisory relationship. It is possible to oscillate between the roles and to shift from one training goal to another. It seems that a smooth transition between working methods is valuable – this is what can be called the "oscillation of roles". If this process is accompanied by observation and discussion of various supervisor's methods and roles, this may encourage the establishment of a good therapeutic alliance in supervision. Watkins [12] also wrote that the supervisor should vary his/her supervision to match the needs of his/her supervisee according to the strength and quality of the supervisory relationship.

Ladany, Mori, and Mehr [13] hypothesised that most effective supervisors, in comparison with those considered less effective, create a stronger working alliance, disclose more, facilitate the supervisee's disclosure and develop a more favourable evaluation process. In the study (questionnaire and qualitative), carried out on a group of 128 supervisees, it was shown that the supervisory relationship is a critical component and foundational competency of the supervisee, which suggests that it has an important impact on the supervisee's learning. Empowering the supervisee occurs through increasing the supervisee's autonomy and facilitating the supervisor's openness to the supervisee's ideas. A good supervisor should develop a strong supervisory alliance by working towards mutually agreeing with the supervisee on the goals and tasks of supervision.

Bomba [14] quotes a definition of supervision in the summary of research from the 1990s. *Clinical supervision is as a form of education and training requiring organised, intensive, case concerned **relation** in which an experienced practitioner supports, directs, and leads the work of colleagues.* I believe that the legitimate conclusion is that the most important factor of good supervision is **relation**, often called a non-specific factor in psychotherapy.

## **1. What are the phenomena worth paying attention to in building the supervisory relationship?**

### **1.1. Working alliance**

It should be explained what importance for the supervision process and the supervisory relationship the **working alliance** has [15]. This alliance (according to Bordin's model from 1983) is created when there is a mutual agreement between the supervisor and the supervisee as to the goals and tasks of supervision, and emotional bonding between them based on mutual concern, trust, and sympathy [16]. The supervisory alliance takes about 3–5 supervision sessions to develop.

The dynamics of the alliance is that during the first sessions, when the relationship is strengthening, the supervisor is focused on establishing the alliance. In the further course of supervision, the supervisor becomes less focused on the alliance and more on the supervisee's professional growth [17]. Such behaviour, just like self-disclosure, is beneficial for strengthening the alliance in the initial phase of the supervisory process, whereas facilitating the conceptualisation of the supervisee's problem is needed when the alliance is already strong.

Research indicates that the working alliance is positively related to the competences of supervisees, effective practice of evaluation, openness, and satisfaction of the supervision participants. Beginning or less experienced supervisors often forget about the importance of the working alliance. They want to play a significant role in shaping the therapeutic abilities of their "students", that is, to perform controlling functions rather than focus on their emotional needs and the quality of emotional bonding in supervision.

Watkins [18] in the review of 17 articles from the 1970s to 2010 affirmed the importance of the supervisory **working alliance**. The analysed studies show that the supervisory working

alliance, self-efficacy, and the supervisee's satisfaction with supervision are positively related. In conclusion, the positively perceived working alliance leads to a positive perception of supervision experiences. Although the evidence has been correlational, cross-sectional, and ex post facto in nature, Watkins [18] concludes that *the supervisory alliance is at the heart of effective supervision*.

## 1.2. Parallel process

Another important phenomenon affecting the supervisory relationship is the **parallel process**. This concept, introduced by Ekstein and Wallerstein in 1958, is used in the psychoanalytic explanation of phenomena occurring in supervision situations [19]. A specific issue originating in the psychotherapeutic relationship is reflected in the supervisory relationship and vice versa – an issue originating in supervision may be reflected in the psychotherapeutic session. Nowadays, the term is also used in rational emotive behaviour therapy, counselling and systemic therapy.

Cassoni [20] describes the parallel process as two symmetrical interactions between the therapist and the client, and between the therapist and the supervisor. These two relational processes influence each other. The therapist represents the world of therapy in supervision and the world of supervision in therapy. The patient and the supervisor exist in these two worlds, they do not meet directly but they stay in touch with the therapist. According to Cassoni [20], the concept of the parallel process links the psychoanalytic approach and other theoretical orientations. It may also empower the didactic and therapeutic functions of the supervision process. In psychoanalytic literature, this term dates back to around 1980. Both processes can be noticed in non-verbal communication and unconscious repetitions of relational patterns used in meaningful primary relationships. The decision to present a particular patient in supervision is explained in such a way that the therapist may unconsciously internalise the patient's projections or the therapist may consciously internalise the parts projected by the patient and after working through in supervision, "return" them to the patient.

If the supervisor is interested in the parallel process in supervision, he/she should shift focus from the interpretation of the patient's transference to the analysis of the therapist's countertransference and to the therapeutic relationship. Quoting Clarkson [as cited in 20], Cassoni writes that therapists often behave in supervision in the same way as patients behave in therapy. The mechanism of this "repetition" can be projective identification which is understood as a series of hypnotic inductions that are in reciprocal interaction and occur unconsciously.

To explain this phenomenon, one can refer to a) the universality of topics or similarity between the therapy and the supervision, b) the therapist's transference in both processes, c) the therapist's identification with a critical or authoritarian attitude of the supervisor and behaving in a similar way towards the patient. The bilateral nature of the supervisory process and the active presence of both people create more opportunities to formulate new hypotheses in favour of the patient. It occurs as a result of changes in the internal words of both the therapist and the supervisor. By observing the relational exchanges between the two people, supervision

becomes a reflexive process. The common goal is to formulate new hypotheses and increase the supervisor's and the therapist's autonomy and creativity so as to strengthen the patient's developmental process.

### **1.3. Supervisory countertransference**

According to Walker [21], one of the most important elements of psychotherapy supervision is **supervisory countertransference**. Supervisors are usually aware of their supervisees' countertransference when working with clients, but they often fail to notice their own supervisory countertransference that manifests in strong positive or negative reactions to the supervisee's personality, focusing on the process or content of the therapy, and strong positive or negative reactions to the client's personality. What are the signs of countertransference in the supervisor's behaviour? He/She is distracted by external events, such as feeling sick, tired or thinking about personal issues not related to supervision. He/She experiences feelings related to the supervision process, such as being unsure about the supervisee's intentions or feeling guilty for lack of involvement. He/She acknowledges his/her own reactions to the supervisee's behaviour, such as being frustrated or distressed by the supervisee's clinical choices. He/She reacts negatively to the supervisee's behaviour, such as getting late to supervision or not being motivated to learn. Such countertransference reactions can remind us of what is happening between the therapist and the client.

In psychotherapy supervision, it is important to distinguish whether the therapist's countertransference reaction is related to the material brought by the client or the therapist's own material [cf. 22]. One of the difficulties in the analysis of countertransference is that it can have its sources both in the client and in the therapist – they both react to the present situation in therapy with material from the past. A similar remark may refer to the analysis of the supervisor's countertransference.

In supervision, a three-stage process takes place – identifying, analysing, and apprehension of the benefits of countertransference. Initial identification is the search for moments or places where the therapist loses empathetic communication with the patient and begins to have problems with basic skills that he/she has previously mastered, for example with paraphrases. There may also be surprisingly intense emotions, unusual behaviour, excessive openness or giving advice and making suggestions to the patient. Once countertransference signals are recognised, one can go on to determine their source, the stimulus that caused them and evaluate their possible impact on the therapy process. Such analyses, in the first place, serve to strengthen the therapeutic relationship, but may also be beneficial for the supervisory relationship.

#### 1.4. Supervisor self-disclosure

The next important factor determining the quality of the supervisory relationship is **self-disclosure**. It covers a wide range of statements: from positive therapeutic experiences to non-therapeutic experiences and views on issues related to supervision. The number and the frequency of a supervisor's personal statements illustrate the supervision style and are related to his/her students' observations. Supervisors who self-disclose are frequently perceived by supervisees as friendly, warm, and flexible.

The supervisor's self-disclosure is also related to the supervisory alliance. Students report that the more open supervisors are, the more they acknowledge the compliance of their own objectives with the supervision tasks of the supervisor, and the more they feel attached to him/her. The supervisor's self-disclosure is not always effective in the supervision process, because it may lead to unnecessary and excessive closeness with the supervisee. The key question that the supervisor should ask him/herself is: "Who do I do this for? Does it address my own needs or the needs of my supervisees?"

Weinstein, Winer, and Ornstein [11] consider a range of behaviours called "self-disclosure." Does the therapist's clothing, office furnishings, or characteristic symbols present in the space of supervisory encounters constitute self-disclosure or rather does verbal disclosure of facts about own experiences, thinking, and feelings of the therapist? Disclosing personal experiences, e.g. those related to other therapeutic processes, raises serious ethical questions. Disclosure of personal experiences may introduce a promise of greater, unspecified intimacy with the therapist in the future. Such expectations, however, will not always be met. We also know that empathising with patients fosters closer ties and deeper therapeutic relationships. A similar mechanism appears in the supervisory relationship. Disclosure of the supervisor's own experiences can be used to get close to the supervisee and strengthen the supervisory relationship.

The supervisor's self-disclosure can also be related to the problem of boundaries in the supervisory relationship. Therapeutic boundaries are part of the structure defining the properties of the therapeutic relationship. The supervisor, just like the therapist, creates this structure by, for instance, arranging the time and venue of supervision. The maintenance of boundaries is essential for the effective and trusting supervisory relationship. Incidents of therapeutic boundary violation usually concern the development of a sexual relationship or violent behaviour towards the supervisee [cf. 23].

To sum up, it can be said that, as long as it does not involve boundary violation in supervision, the supervisor's self-disclosure may be beneficial for strengthening the supervisory relationship.

### **1.5. Ethical aspects of the supervisory relationship**

A serious drawback of supervision, documented in research, is the violation of ethical guidelines. In a survey, more than 50% of respondents reported that their supervisors violated at least one of them [15]. The most common examples of violated guidelines include not playing back the recordings, failure to provide feedback or excessive disclosure and criticism of the supervisor.

The so-called "bad" supervisions result from the combination of several factors [15]. One of them is the supervisor's lack of experience and training. Another is the lack of a sense of responsibility, which is also an outcome of insufficient mechanisms assessing and controlling the supervisor's work, and greater tolerance towards supervisors because there are still fewer supervisors than supervisees in need of training. In some cases, one may even talk about the supervisor's abnormal behaviour when he/she tries to build a sexual relationship with the supervisee or behaves in an abusive way.

Ladany [17] lists exemplary ethical categories which the supervisor should bear in mind. Some of them can be directly related to the process of shaping the supervisory relationship. The supervisor should, among other things, pay attention to:

- the way of performance evaluation and monitoring of the supervisee's activities;
- confidentiality issues discussed in supervision;
- taking into account alternative theoretical perspectives in supervision;
- maintaining session boundaries and showing respect for the supervisee;
- maintaining a professional role by the therapist;
- disclosure to clients;
- modelling the therapist's ethical behaviour and responding to ethical concerns occurring in psychotherapy;
- maintaining multicultural sensitivity towards the patients and the supervisee;
- differentiating supervision from psychotherapy.

### **Recapitulation**

In the light of the presented analyses and reflections, the supervisory relationship can be considered a central component of supervision. The roles of a teacher, adviser, expert, or mentor are variable and adapted to the stage of the supervisory process. The required ability to choose the roles can be an attribute of the effective supervisor. The combination of various tasks and functions of the supervisor, described in Watkins' supervisory matrix [4] or Newton's supervisory triangle [10] necessitates constant reflection and the analysis of actions taken by the supervisor. The broadly understood role of the supervisor is not limited to the transfer of knowledge and control of psychotherapeutic interventions but requires focusing on maintaining the relationship and getting close to the supervisee. The supervisory relationship is a real, genuine and specific relationship developed over many years of training. In addition, it is

perceived as the foundation for forming the working alliance and making supervisory interventions. Perhaps this particular power and significance of the relationship are also related to the coexistence of various worlds during the supervisory encounter. We are dealing with the reality recounted by the patient, recounted by the therapist and developed during the supervisory session. Staying in the "here and now" position and the "meta" position requires a special ability to stay in touch with oneself (the supervisor), with someone else (the therapist) and to understand someone else (the client).

Focusing on the relationship is also indirectly related to the problem of the effectiveness of supervisory activities, both in the context of an increase in soft skills of supervisees and the impact on the condition of patients provided with supervised psychotherapy [cf. 24].

If the phenomena occurring in a non-therapeutic reality, in the relationship between the supervisor and the psychotherapist, may have a beneficial effect on the patient, this is all the more interesting to strengthen this part of the training work.

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