

Irena Jelonkiewicz

## CRITICAL POINTS IN SUPERVISORY RELATIONSHIP<sup>1</sup>

Institute of Psychology, The Maria Grzegorzewska University

*The mediocre teacher tells. The good teacher explains.  
The superior teacher demonstrates. The great teacher inspires.*

J.C. Wade, J.G. Jones [1]

Strength-based clinical supervision: a positive  
psychology approach to clinical training. Springer 2015

**psychotherapy supervision  
supervisory relationship  
psychotherapist training**

### Summary

*Supervision is described as a process containing the working alliance, intervention and supervisory relationship. This relationship exists from the beginning to the end of the supervision and has a large impact on the development and the establishment of the supervisory alliance as well as applying transference and countertransference experiences. The supervisory relationship is currently considered as the most important factor of effectiveness of supervision and supervisee's satisfaction during the training. The strength of the alliance and perceived support from the supervisor are positively related with supervision efficacy, whereas experiencing criticism in supervision is negatively associated. The supervisor's criticism increases supervisee avoidance coping, e.g. reluctantly treating the patient's problems, blaming the patient, thinking about ending the therapy or showing frustration towards the patient. According to the supervisees, a good supervisory relationship is supportive, caring, open, collaborative, sensitive, flexible, helpful and non-judgemental. The question arises: what is the process of the supervisory relationship and are there any critical points that can restrict the cooperation between supervisor and supervisee? The aim of this article is to determine these critical points that could trigger reflection of the supervisor as well as supervisee. The presented topics are based on the author's subjective choice, enriched with a review of relevant literature and own experiences of supervision. The aims of supervision, supervision tasks, supervisee's fear, and the role of supervisor were discussed. Each topic was illustrated by an example from supervision practice.*

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### On supervision – Introduction

Supervision is considered a fundamental element of training in psychotherapy, partly because it allows the development of competencies and the professional identity of the therapist [2]. Watkins [3] describes supervision as a type of intervention applied by a senior, more experienced professional towards a younger, less experienced one. The relationship between these two individuals is hierarchical, spans over time, and has an evaluative character. The purpose of supervisory meetings is to improve the functioning of the supervisee in their role as a psychotherapist, as well as to observe and control the psychotherapeutic services offered to the client [4]. Similarly, Bomba [5] defines supervision 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” [5, p. 47].

In supervisory work, the focus can be on issues of the discussed patient, cognitive case conceptualisation, enhancing cognitive and behavioural skills of the supervisee, and analysing phenomena occurring in the therapeutic and supervisory relationship. Supervision is sometimes referred to as an activity that lies halfway between training and treatment [6]. This statement also describes the supervisor’s role as someone between an educator and a therapist.

According to Shaffer and Friedlander [7], two styles of supervision can be distinguished. The first is the interpersonally sensitive style, where emphasis is placed on relational aspects of supervision. The other one is task-oriented, focusing on the material presented by the patient, and the supervisor acts as an evaluating expert. Different issues can arise with specific supervision styles [3]. *The Mister Rogers Supervisor* is nice and warm but fails to provide feedback to the supervisee. *Atilla the Supervisor* presents one, always correct view on supervision, appears infallible and does not allow questioning of their opinions. On the other hand, *The “How do you feel” Supervisor* mainly focuses on the therapist’s emotions and well-being.

The above description of supervision styles shows the drawbacks and imperfections of maintaining a too-rigid way of performing the supervisor role.

Other unfavourable supervision styles are listed by Wade and Jones [1] – restrictive (the use of specific work techniques by the supervisees is dogmatically questioned by the supervisor); shapeless (supervisees do not receive sufficient guidance for therapeutic work and their further personal development); unsupportive (the supervisor is perceived as cold, reserved, insensitive, or hostile); therapeutic (the supervisor focuses on the supervisee as a patient and on their personality structure).

Other data illustrating the negative impact of supervision can also be found. Rønnestad, Orlinsky, Schroder, Skovholt, and Willutzki [6] write about the sensitivity of the supervisee, the evaluative function of supervision, power imbalance between the supervisor and supervisee, the development of mainly technical skills of the supervisee, lack of adequate organisational supervision structure, and insufficient competencies of the supervisor. They also mention the significant toxic state of double traumatising of the supervisor for novice psychotherapists when negative patient experiences overlap with negative experiences in supervision. In such cases, supervisors should be especially attentive and strive to improve the therapeutic alliance.

So, how can one avoid the traps that arise during supervision?

### 1. Goals – What am I aiming for? Reflections on the supervisor and supervisee

Watkins [8] states that teaching goals are crucial in psychotherapy supervision. Without them, confusion, anxiety, and disorganisation arise on both sides of the supervisory relationship. It is necessary to involve the supervisor in decisions regarding the goals, methods, and style of supervision. In this way, a metasupervisory dialogue emerges [9]. A meta-analysis of 15 supervision studies indicates that supervisors who accept and explore the differences between themselves and the supervisees are highly rated. This approach allows for mutual learning during supervision. Special importance is attributed to the alignment of goals and topics between the supervisor and supervisee – especially in the initial stage of supervision, mutual agreement and understanding of the supervisor’s form, scope, and specific methods of work are crucial [10]. Therefore, it is valuable to encourage discussions that consider the supervisee’s hopes and expectations of supervision [11]. An interesting proposal for analysing tasks that arise in different stages of the supervisory relationship has been put forward by Kennedy, Keaney, Shaldon, and Canagartnam [12]. It is presented below in a graphical form.

When difficulties arise in the supervisory relationship, they are situated within the space between the supervisor and supervisee rather than in a “bad supervisor” or “incompetent supervisee.”

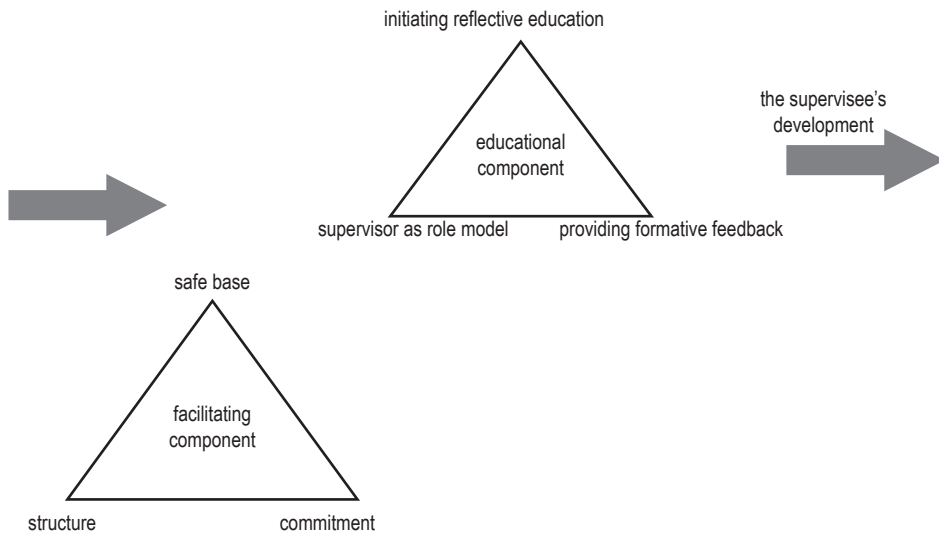


Figure 1. Supervisory relationship [adapted from 12]

Another proposal that supports supervisors and supervisees in aligning their goals is the tool of supervision personalisation described by Wallace and Cooper (Supervision Personalisation Form – Assessment) [9]. The instruction for this questionnaire is simple:

On each of the scales below, indicate how you would like the supervisor to work with you. Please circle the appropriate number along the scale. 5 – indicates a strong preference in this direction, 1 – indicates a slight preference in this direction. If you have no opinion, leave the scale blank.

Failed to offer theoretical input		I don't know		Offered theoretical input						
5	4	3	2	1	0	1	2	3	4	5

I would like my supervisor to:

- Offer theoretical input in supervision
- Focus on my strengths/abilities
- Focus on the relationship between us
- Provide more structure to supervisory sessions
- Focus on my clients' issues and experiences
- Offer self-disclosure
- Draw on more than one theoretical approach to understand the patient
- Use active techniques/exercises
- Suggest reading and contemplation outside of supervision
- Talk more
- Be more directly challenging of me

Research [10] indicated that supervisees' expectations relate primarily to receiving guidance and understanding the transference and countertransference process, gaining knowledge and familiarity with analytical techniques, learning supervisory methods, and understanding the impact of supervisee's personality traits on the psychotherapy process. Supervisees had higher expectations during supervision than their supervisors. Interestingly, regardless of job seniority and supervisory experience, supervisors were more critical in self-assessment than supervisees. For example, they perceived themselves as more vulnerable, withdrawn, and more disruptive than their supervisees. The disparity in these assessments can partly be related to the initial idealisation of supervisors.

### **Example – Supervision and certification? Discrepancy in goals**

A. enrolled in current supervision after completing training for psychotherapists. It seemed that the next step would be preparing for certification. I assumed (incorrectly) that this was a mutually agreed-upon goal. A case was selected for description, but difficulties arose. The patient was unsuitable, the supervisee lacked computer writing skills,

and supervisory sessions were frequently rescheduled. Due to severe life problems, the supervisee was referred for personal therapy. We decided to take a break in supervision – time was needed to make a decision about the certification’s path. The supervisee’s return led to a shared goal – she will not be taking the certification exam in the near future; currently, she needs and would like to benefit from the supervision of therapeutic processes.

## 2. Tasks – What do I deal with? Supervisor’s reflections

In terms of tasks and content of supervision, we can refer to Newton’s proposals [13]. She distinguishes three fundamental functions of supervision: management – which involves analysing the fit of therapy to the psychotherapy context and contract content, compliance to ethical principles, and conducting sessions according to standards (also referred to as directing); support – which allows for discussing emotions, needs, issues, symptoms (such as burnout) that arise in the supervisee’s work with the patient; teaching – which involves fostering the growth of the supervisee’s existing abilities of and creating their own unique therapeutic approach. These functions form the so-called “supervisory triangle” (see Figure 2). As illustrated in the diagram below, one of these functions might become more emphasised during supervision.

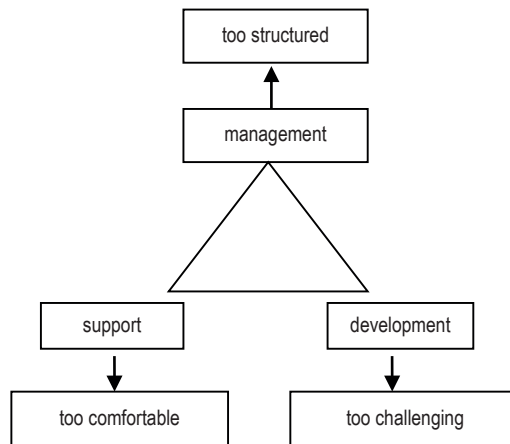


Figure 2. “Supervisory Triangle” [source: 13]

In supervision, these three functions should be balanced, which promotes greater effectiveness in the actions taken by the supervisor. Of course, during the supervisory process, there may be moments when one of them becomes dominant. For example, a particular event in psychotherapy triggers a crisis in the supervisee’s assessment of their own competencies, leading to a focus on detailed planning of the therapy’s further course. According to Newton [13], each supervisor prefers one of the types of functions placed in this triangle. This is related to the characteristics of the particular supervisor: some enjoy

helping others, while others are interested in issues of responsibility or are intrigued by new ideas and the supervisee's development. Understanding their preferences helps the supervisor avoid the risk of staying within one area of the supervisory triangle. The above diagram allows reviewing the current course of supervision and provides guidance for potential modifications of tasks undertaken during it.

Omand [14] suggests that four essential elements are required in supervision: a) an account of what happened and was said in the session between the therapist and the patient, b) a discussion of the thoughts and feelings of the supervisee at a deeper level, both in the therapy session and later, e.g. during supervision, c) a reflection on what happened in therapy as well as on the dynamics of supervision, d) a plan of appropriate interventions for the future work with the patient (in light of what was discussed).

Another way of assessing tasks in supervision is by observing the oscillation of roles adopted by the supervisor. These roles are variable and depend, among other things, on the stage of the supervisory relationship. The oscillation of roles can be described as a fluid transition through different working methods and a shift from one training goal to another [15]. The role of a teacher, expert, therapist, supportive colleague, or containing figure is conditioned by the type of supervisory work, such as focusing on the presented patient and/or on the supervisee's needs and/or on the supervisory relationship.

### **Example – From educational psychologist to psychotherapist**

B. – an educational psychologist during psychotherapeutic training. The beginning of the collaboration involved frequent consultations and conversations with students, analysing the initial psychotherapy cases. Over time, the pool of patients grew, as did the time dedicated to supervising psychotherapeutic processes. Subsequent stages included preparing a patient description for the exam, obtaining certification, and taking a break from supervision. B. needed the necessary time to establish professional priorities (“being an educational psychologist” versus “being a psychotherapist”). He decided to continue training as a psychotherapist and returned to ongoing supervision. The roles I assumed depended on the stage of our supervisory relationship — I was a teacher, an expert, a supportive person, a mentor, and a supervisor. The subsequent tasks in the supervision process can be described as a blend of management, providing support, and initiating further development of the supervisee.

### **3. Anxiety – What am I afraid of? Reflections on the supervisee**

The most common fears of supervisees are related to how they analyse their work with the patient, their interaction with the supervisor, and their readiness to accept feedback from the supervisor [16]. In the literature, the evaluative function of supervision, i.e. how the supervisor evaluates supervisees' competence, is often overlooked. In analysing the supervisory process, the focus is often on supervision as a relationship or process while avoiding the discussion of the discomfort experienced by both the supervisor and supervisee concerning evaluation.

Supervisees know that a specific amount of power is assigned to the supervisor's role – supervisors can evaluate daily and often provide opinions or recommendations that determine the supervisee's further professional development. One of the most crucial factors in a good supervisory relationship is the supervisor's respectful and responsible management of this power [17]. The supervisor's task also involves strengthening openness and the ability to discuss the supervisory relationship [16]. The supervisee should feel comfortable enough to comment on what occurs between them and the supervisor.

The perceived power of the supervisor can lead to disregarding the supervisee's ideas and feelings, the imposition of the supervisor's plans, or even their intrusive actions [11]. During supervision, it is necessary to normalise the supervisee's anxious feelings. Tension and anxiety arising during establishing a relationship are common reactions. For the supervisor, it is crucial to create a safe environment for the supervisee [18]. Their lack of a sense of security leads to a lack of self-disclosure.

Another reason for blocking or not disclosing one's own experiences is the shame experienced by the supervisee. The fundamental principle of supervision is to present a complete account of psychotherapy sessions to the supervisor. However, the shame experienced by the supervisee, coming from the desire to conceal oneself from the supervisor, can result in incomplete information presented during supervisory sessions. This can result in a discrepancy between what happened in the psychotherapy and what is being reported to the supervisor [19]. Relatively often (even up to 91% of respondents) [19], the supervisee fails to inform the supervisor about patient interactions that, in the supervisee's assessment, the supervisor would not approve, conveys information that they think the supervisor would want to hear (86%) and avoids the descriptions of clinical errors in the psychotherapy process (44%). Lack of openness is often associated with a negative attitude towards supervision but is also reinforced by the shame experienced by the supervisee.

Murr, Niclas, and Harper [20] conducted partially structured interviews with supervisees to identify possible difficulties in supervisory work. After analysing the collected data, it became evident that one of the themes concerned supervisees' resistance to giving negative feedback or constructive criticism to their supervisors. Supervisees were afraid to tell their supervisors what they did not like during the sessions. The surveyed psychotherapists believed that such information might impact the assessment of their supervision and disrupt the relationship with the supervisor. They believed that the supervisory meeting was not an appropriate place for giving feedback to supervisors. Resistance to criticising supervisors prevented supervisees from requesting a change in the formula of their collaborative work.

Another danger comes from the tendency to resemble the supervisor excessively. This can weaken the supervisee's sense of self when the pressure from the supervisor is felt as an obligation to transform into a clone of the supervisor. One of the tasks in the development of advanced professional psychotherapist skills is overcoming dependency on teachers and supervisors [7].

The escalation of the supervisee's fear can also be caused by violations of ethical standards by supervisors, which is also documented in research. In a survey study, over 50% of respondents stated that their supervisors had violated at least one of these standards [21]. The most common examples of violations include not reviewing recordings, not providing feedback, and excessive self-disclosure or criticism by the supervisor.

### **Example – How will she evaluate me?**

C. – a psychology graduate from the same university where the supervisor works. After completing psychotherapy training, she seeks supervision. In the subsequent meetings, the topic of fear of patient assessment resurfaces. She is certain that the patient notices her lack of competence and limited therapeutic experience. After discussing these situations, it becomes apparent that the source of the problem is the therapist's transference reaction. She fears the supervisor's evaluation and suspects that every interaction and account of the therapeutic process will lead to an unfavourable opinion of her professional abilities. Despite the passage of time, she still perceives the supervisor through her past role as an academic teacher. Our mutual task becomes the precise definition of my supervisory role and the reduction of the supervisee's anxiety.

### **4. Role – How to be a supervisor? Reflections on the supervisor**

In understanding the role of a supervisor, Drake's [22] considerations can be helpful. The author introduces three ways of understanding supervision. The first one is called "artistry", which is the art and skill of supervision. Here, achieved results are important. The second is "identity", which is the craftsmanship of supervision. In its practice, the supervisor's educational, developmental, supportive, normative, and integrative roles are important. The third way of understanding supervision is referred to as "mastery" – knowledge of how to be a supervisor. Answering questions such as, "What do I know about myself, and what can I offer others?", "What do I believe in?", "Who am I?", "What do I do?", "How do I function in social relationships?", and "What is the context of the relationship, the strength I bring to working with the supervisee?" becomes significant.

To see oneself as a supervisor, a psychotherapist must incorporate this new image into their professional role. Acquiring a supervisory identity necessitates learning to think in line with that role. In supervisory training, there are not many opportunities to learn how to think and behave differently from what we have done so far. On the other hand, the supervisee's ability to be themselves develops during supervision. The supervisor can certainly serve as a model for the new role of the supervisee, but with more practice, the therapist individualises their approach to psychotherapy.

Data from a certain study indicates how challenging the process of individuation and separation is within the training of supervisors. One psychotherapist, despite 20 years having passed since their collaboration, still heard their supervisor's internalised voice [23]. However, paradoxically, equally important for a developing psychotherapist is the internal reference to the supervisor who has influenced them by asking oneself, "What would my supervisor say/do in this situation...?"

When we recall supervisors who taught and shaped us, their influence was undoubtedly more than just introducing some techniques or conveying insightful conceptualisations. In supervisory work, the goal is not only to develop the competencies of the supervisees but also to foster their professional and personal growth [1]. Both sides of the interaction – the supervisor and the supervisee – are subject to influence, development, and learning [18]. They share responsibility for the learning process and can be transformed by supervision.



It is important to note that effective supervisors can identify and enhance their supervisees' strengths. However, supervisors should also know their own strengths to improve their effectiveness [1]. Learning (and teaching) is a reciprocal activity. If a supervisor cannot learn from the supervisee's experiences, the supervisee probably will not learn from their supervisor. In effective supervision, the supervisor also develops and changes, becoming aware of their shortcomings or unsatisfactory reactions [14]. The role of a supervisor evolves over the course of supervisory sessions – from an advisor, consultant, observer, and teacher to that of a senior collaborator and senior colleague. Such change is necessary to adapt to the specific needs of the supervisee [16].

Watkins [24] states that the metaphor of development can be applied in explaining supervisory experiences. As in psychotherapy, one goes through a series of specific stages – from the first stage of limited abilities and experience, high anxiety, lack of security, and dependency to a stage of deeper experiences and skills, trust, and independence.

The process of becoming a supervisor is also aided by the supervisor's self-disclosure, which can encompass a broad range of statements from their positive therapeutic experiences to non-therapy-related experiences and opinions on supervisory issues. Supervisors who engage in self-disclosure more frequently are perceived by supervisees as friendly, warm, and flexible [11]. Particularly well-received is self-disclosure regarding the supervisor's own experiences, knowledge, and values. Psychotherapists indicate that the more open supervisors are, the stronger their sense of alignment in terms of the goals and tasks of supervision and the stronger the bond they feel with their supervisors. Interestingly, the most effective supervisor self-disclosure does not necessarily revolve around their therapeutic successes but also reveals their vulnerabilities, uncertainties, or doubts in psychotherapy [25].

It is worth adding one consideration – supervisor self-disclosure is not always effective in the supervisory process, as it can lead to unnecessary and excessive closeness with the supervisee. Therefore, the key question the supervisors should ask themselves is, "Who am I doing this for?", "Is my self-disclosure a response to my own or my supervisee's needs?"

### Commentary – Evolving as a supervisor...

Following Drake's [22] suggestions, I was able to observe my own process of becoming a supervisor. The **artistry**, which involves achieving results, was evident in actions such as overcoming crises in therapy, effectively preparing for certification, engaging in a shared (independent of presented modalities) dialogue with the supervisee, learning meta-communication and meta-dialogue with them, recognising my own limitations, and finding satisfaction in discovering new shared meanings in therapeutic interventions. The **craftsmanship** involved developing the role of a teacher, educating and supporting the supervisee's development while upholding the norms associated with the profession of a psychotherapist. Meanwhile, the **knowledge** of my resources emerged alongside the shift in my role – from an initially uncertain, searching for my identity as a supervisor to becoming a calm companion and guide for supervisees on their therapeutic development path.

It was necessary to find answers to questions such as: “What is supervision?”, “How should I supervise?”, “What exactly does my role as a supervisor involve?”, “How do I begin this process?”, “What should I do in the first supervisory session?”

Placing importance on the supervisory process, discovering key aspects of the patient’s therapy and recognising strategies and potential risks are skills that can be acquired through supervisory practice while learning together with supervisees.

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Email address: [ijelonkiewicz@aps.edu.pl](mailto:ijelonkiewicz@aps.edu.pl)