

SOLVING SOME PROBLEMS OF THE PSYCHOTHERAPIST THROUGH SUPERVISION

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Abstract

The supervision process provides an opportunity to develop the skills, attitudes and attitudes of the supervisee, to prompt the supervisee to reflect on the information, behavior and communication provided during the psychotherapy session and to obtain feedback from the supervisor on strengths, technical suggestions and possibilities for growth and development.

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The supervision process provides the possibility to develop the skills, abilities and attitudes of the supervisees, to make them reflect on the information, behaviour and communication produced during the psychotherapy session, as well as to obtain feedback from the supervisor regarding their strengths, technical suggestions and growth and development possibilities.

Many years ago, the supervisor-therapist relationship was based on the authority of the master over the disciple, a kind of dictatorship where the student/supervised therapist had to follow every little wish or suggestion of the supervisor. The latter was a superman who possessed all the knowledge, skills, attitudes and wisdom, while the supervisee had to do as told without any hesitation or discussion.

Nowadays, in most advanced training centers or institutions that provide supervision services, this no longer happens as we live in a society where access to knowledge is almost unlimited, and the prevalence of the teacher over the supervisee is fundamentally based on experience rather than on access to knowledge.

Supervision is probably the most important part in the development of a responsible practitioner. There is supervision mainly to facilitate the professional development of the supervisees, regardless of their level of experience, with the goal to improve the therapy outcomes with their clients.

The British Psychological Society (BPS) describes supervision as a professional activity and an ethic of reflection on the work of the therapist. *Supervision is a process of “continuous learning through collaboration, experience and transformation”, which is established on practice and research-based knowledge. It is a “flexible” relationship of “mutual trust, respect and integrity” that considers the learning needs of the supervisee.*

Following supervision, good therapists will be fully aware of their own values, beliefs, attitudes, and weaknesses, which lessens the danger of having a negative impact on the therapeutic relationship.

A model proposed by the University of Maryland encourages supervisory relationships to begin with the provision of a one-on-one counseling session, before the supervisees start working in the practice, discussing the supervision model, approach, and expectations. It is important that the supervisor and supervisee talk about their relationship and their expectations for both the clinical and supervisory experience.

At the end of each session, the supervisor asks questions such as: *How do you feel about today's supervision session? Is there anything you disagree with? Anything you would like to do differently for the next session?* Such questions lead learners to realize that the relationship is one of collaboration and they will also be able to provide feedback. *“I model what I would like them to do in a therapy session,”* says Beck. *“I give them experience about structure and collaboration.”*

The necessary elements for an effective supervision process are based on *the creation of a relational context* in which a balance is reached between the necessity of the therapists to be supported by an experienced supervisor and their need for autonomy; on *listening to the emotional needs of the therapist* who is experiencing difficult moments in the relationship with a client at a certain time; as well as on *how the supervisor can adapt* to the style of the therapist by listening empathetically, and showing flexibility. They provide a new learning context for the therapist, better self-understanding, and the willingness to learn from mistakes by reflecting on what they feel. ***Supervision is first and foremost a relational context.***

The present paper introduces a new concept of **situational supervision**. This theory is based on the dispositions (*psychotherapy outcome-oriented* behaviour) and socio-emotional support (*supervisor-therapist relationship-oriented* behaviour) that a supervisor must offer therapists in given situations, as well as on the therapists' *“level of experience”*.

The identification of the psychotherapy outcome-oriented behaviour and of the supervisor-therapist human relationship-oriented behaviour, as two critical dimensions of the supervisor's conduct, is an important achievement of the research in the field of supervision. These two dimensions cover a range from "autocratic" to "democratic", respectively from "orientation towards the therapist" to "orientation towards the results of psychotherapy".

For a while it was believed that orientations towards tasks or relationships were mutually exclusive ways of supervision, which could be represented as a "continuum" going from a very authoritarian behaviour of the supervisor (focus on tasks) on one hand, to a very democratic behaviour (emphasis on relationships among people) on the other hand.

Observing the behaviour of supervisors in a wide variety of situations revealed that most of their activities can be classified in two distinct behavioural categories or dimensions: "**Structure Initiator**" (psychotherapy outcome/tasks-oriented behaviour) and "**Consideration**" (supervisor-therapist relationship/relationships-oriented behaviour):

- The psychotherapy outcome/tasks-oriented behaviour is a dimension in which a supervisor engages in one-way communication (I say, you listen, then you do) explaining to each therapist when, where, and how to perform their tasks.
- The supervisor-therapist relationship/relationships-oriented behaviour is a dimension in which a supervisor engages in oriented communication providing feedback, recognition, and socio-emotional support, facilitating the expression of various behaviours.

The situational supervision theory is based on the interaction among all the issued instructions (psychotherapy outcome/tasks-oriented behaviour) (1), the socio-emotional support (supervisor-therapist relationship/relationships-oriented behaviour) that a supervisor provides (2) and the "level of experience" that the therapists show in carrying out a counseling session, function or specific objective that the supervisor expects to be fulfilled either by the individual or by the entire counseled group (3).

Within the theory of situational supervision, the "level of experience/maturity" is defined as the ability of the therapist to set difficult but achievable goals (achievement motivation), the desire and ability to assume responsibilities, and individual or group education or experience. These experience level variables should only be considered in the psychotherapy outcomes to be met.

Psychotherapists have different levels of experience/maturity depending on the specifics of the psychotherapeutic outcomes, on the objective or the function that the supervisor wants to achieve. Thus, a therapist may have a good level of experience in dealing with general psychotherapeutic issues but may not have the same level of experience/maturity in counseling specific cases of clients. In this case, the supervisor of this therapist will give little guidance and support in the general psychotherapy work and more guidance in specific psychotherapy, closely helping the therapist to improve in order to become the most complete psychotherapist.

According to the situational supervision theory, when the experience level of a psychotherapist continuously increases in terms of delivering a particular therapy, the supervisor should begin to decrease the psychotherapy outcome-

oriented behaviour and increase the supervisor-therapist relationship-oriented behaviour. This is until the therapist reaches a certain level of experience. When the therapist starts to reach the higher level of experience, the reduction of both the psychotherapy outcome-oriented behaviour and the supervisor-therapist relationship-oriented behaviour is indicated. The therapist becomes "mature" (high level of experience towards the maximum) not only from the performance point of view but also from the psychological point of view.

Since the therapists can self-evaluate and self-appreciate themselves, a lot of socio-emotional support from the supervisor is no longer needed. At this level of experience (maturity) the supervised therapists will perceive the reduction in supervision but will accept it as a positive indication of trust. The situational supervision theory focuses on the suitability of the supervision style to experience/maturity in relation to the psychotherapeutic outcome/task of the therapist. This cycle is illustrated by a bell curve superimposed over the four quadrants of supervision - Figure 1.

The figure shows the connection between experience/maturity in relation to the task and the supervisory style used when the psychotherapist passes from lower to higher experience/maturity. The overlapping of two different phenomena should be noted:

- The appropriate supervision style (the style of the supervisor) for given levels of the therapist's experience/maturity is illustrated as a curvilinear function in the four quadrants.
- The experience/maturity level of the therapist is represented in the form of the supervision model as a continuum from immature to mature.

Regarding the supervision styles presented in the figure, the following abbreviations have been used:

- (1) the behaviour with a high emphasis on the psychotherapeutic tasks/outcomes and low emphasis on the supervisor-therapist relationship is referred to as S1 supervision behaviour
- (2) the behaviour with a high emphasis on both the psychotherapeutic tasks/outcomes and the supervisor-therapist relationship is identified as S2 supervision behaviour
- (3) the behaviour with a high emphasis on the supervisor-therapist relationship and low emphasis on the psychotherapeutic tasks/outcomes is identified as S3 supervision behaviour
- (4) the behaviour with low emphasis on both the supervisor-therapist relationship and the psychotherapeutic tasks/outcomes is identified as S4 supervision behaviour.

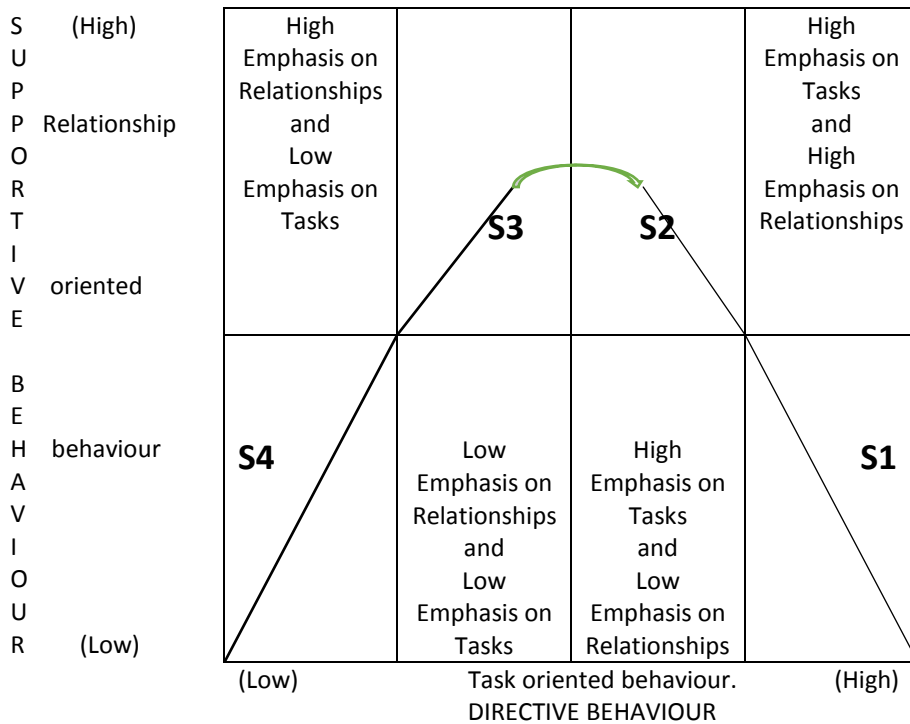


Fig 1. Experience/maturity connection in relation to task and supervisory style

The experience (maturity) of the therapist is not only discussed in extreme terms (mature or immature) but gradually. One can correlate levels of experience (maturity) to the appropriate supervisory style by dividing the content of experience (maturity) into four levels:

- M1 – low levels of experience/maturity in relation to the task
- M2 – low to moderate levels
- M3 – moderate to high levels
- M4 – very high levels of experience/maturity in relation to the task

What does the bell curve mean in the supervision style part of the model? It means that the experience/maturity level of a therapist runs along the maturity bell curve from immature to mature, and the appropriate supervisory style is the one along the curve function.

The experience/maturity level of the therapist must be first established in relation to the specific task the supervisor wants to be performed in order to determine whether the supervisory style is appropriate to be used in a particular situation.

Once the maturity level is established, the appropriate supervisory style can be determined by drawing a right angle (90°) from the point on the continuum that identifies the experience/maturity level of the therapist to the point where it intersects the curve function shown in the model. The quadrant where this

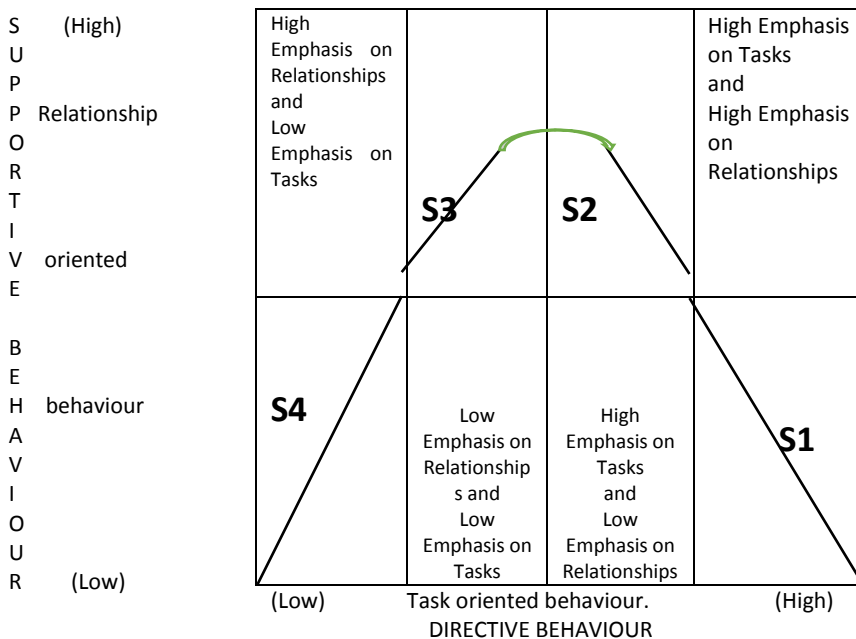
intersection occurs suggests the specific style that can be used by the supervisor in this situation with the respective experience/maturity level of the therapist.

Suppose the supervisor has determined that the experience/maturity level of the therapist in counseling activities is low. Using the Situational Supervision Theory the supervisor has placed an X on the maturity curve as in Figure 2. (above M1)

Once the supervisor has determined the intention to influence the behaviour of the therapist in this activity, they can determine the appropriate initial style of supervision by drawing a line (dotted on the figure) at right angles from this point to the point where it intersects the bell curve (point marked with O on the figure).

The intersection occurring in the S1 quadrant suggests that while working with this therapist who demonstrates M1 Maturity for this specific task, the supervisor should use an S1 style (the behaviour with high emphasis on the psychotherapeutic outcome/task - low emphasis on the supervisor-therapist relationship).

If this technique is used to determine the appropriate supervisory style for all four experience/maturity levels (M1, M2, M3, M4), it is obvious that they correspond to the four supervisory behaviours (S1, S2, S3, S4); which means that M1 maturity level needs S1 style, M2 needs S2, etc.



Maturity	HIGH	MODERATE		LOW	Maturity of subordinates
	M4	M3	M2	M1	

Fig. 2. The situational supervision theory for the four styles

In the present example the behaviour with low emphasis on the supervisor-therapist relationship does not mean that the supervisor is not sociable or friendly with the therapist. It means that observing how the therapist performs the counseling, the supervisor must spend more time coordinating the therapist on what, how, when and where to do the activities, rather than providing socio-emotional support. The behavior which is more oriented on the supervisor-therapist relationship should be used when the therapist starts to handle these counseling activities. At that point, the switch from S1 Style to S2 Style is advisable.

The situational supervision theory suggests that:

- while working with therapists with low experience/maturity (M1) in order to accomplish a given task, a supervision style with a high emphasis on tasks and low emphasis on the supervisor-therapist relationship (S1) has the highest probability of success.
- in the relationships with therapists who demonstrate low to moderate experience/maturity (M2), adopting a style with a high emphasis on tasks and the socio-emotional aspect (S2) is indicated.
- with those who have a high degree of experience/maturity (M3) in the context of performing a specific task, the leadership style with a high emphasis on the supervisor-therapist relationship and low emphasis on tasks (S3) has the highest probability of success.
- a leading style with low emphasis on both the supervisor-therapist relationship and tasks (S4) is most likely to be successful while working with therapists with high experience/maturity in relation to the task (M4).
- The four behaviours can be renamed according to Figure 6.5.:
- S1 + M1 The behaviour with a high emphasis on the task and low emphasis on the supervisor-therapist relationship (S1) is called "**transmission / command**". The style is characterized by a one-way communication in which the supervisor defines the role of the therapists and tells them what, where and how to solve a particular task.
- S2 + M2 The behaviour with high emphasis on both the task and the supervisor-therapist relationship (S2) is called "**persuasion / explanation**" as most of the instructions are transmitted by the supervisor through this style. However, it provides two-way communication and socio-emotional support to involve psychologically the therapist in the decisions that need to be made.
- S3 + M3 The behaviour with a high emphasis on the supervisor-therapist relationship and low emphasis on tasks (S3) is called "**participation**". Using this style the supervisor and therapists share decision-making through two-way communication and facilitating behaviour on the part of the supervisor, while the therapist has the necessary skill and knowledge to accomplish the task.

- S4 + M4 The behaviour with low emphasis on both the supervisor-therapist relationship and the task (S4) is called "**delegating**" as the style gives the therapist the freedom to solve tasks "in his own way". The supervisor delegates while the therapist, with a high level of experience/maturity, is both willing and able to take responsibility for directing their own behaviour.

In order to improve a therapist accountability, a supervisor must be careful not to increase the socio-emotional support (supervisor-therapist relationship-oriented behaviour) too early. In this case the therapist will consider the supervisor as "soft". The supervisor must compensate, using less task-oriented behaviour and more supervisor-therapist relationship-oriented behaviour as the therapist develops accountability.

When the efficiency of a therapist is low, essential changes cannot be expected overnight. In order to obtain the most appropriate behaviour, the supervisor must reward the smallest approximation of the expected behaviour from the therapist and continue this process as long as the therapist moves closer and closer to the expectations.

This is a behaviour modification concept. If a supervisor wants to improve the maturity level of a therapist in order to be able to take on more responsibility, the best option is to reduce directing/coordinating, thus giving the therapist the opportunity to take on increasing responsibilities.

If these responsibilities are well carried out, the supervisor needs to develop this supervisor-therapist relationship-oriented behaviour. This is a two-stage process: first, to reduce authority and, if appropriate performing follows, a second stage, to increase socio-emotional support as a confirmation of the achieved performance and help.

This process is continuous until the therapist takes significant responsibilities, thus leading to moderate experience/maturity. This does not mean that the work of the therapist will be totally unguided, but that it will be self-imposed (internal) much more than by the supervisor (external). When this process occurs, therapists will not only be able to find their own solution direction for many of the situations in which they are engaged, but they will also begin to provide their own satisfaction of interpersonal and emotional needs.

In this phase, positive help in achieving the objectives will not come from a supervisor who is "always looking over their shoulder" but from a supervisor who lets them manage more and more on their own. It does not mean that there is less mutual trust and friendship (in fact there is even more), but that it requires less direct effort on the part of the supervisor to demonstrate it to mature therapists.

Even though this theory seems to suggest the necessity to adopt an effective style for different levels of experience/maturity, it is not that simple. When psychotherapists begin to behave less maturely, whatever the reason (a family crisis, a change in work technology, etc.), it becomes imperative for the supervisor

to adjust the behaviour by returning to the bell curve in order to find out the current experience/maturity level of the therapist.

Suppose a therapist who is currently working well without much supervision and suddenly a family crisis begins to affect his work performance. In this situation, it may be very appropriate for the supervisor to moderately increase both guidance and support until the therapist regains composure.

To sum up, effective supervisors should know their supervised therapists well in order to be able to meet potential changes in their skills and act accordingly. Over time, therapists adopt their own patterns of behaviour and ways of acting, such as norms, habits, etc. A supervisor may use a certain style for the group as a whole and at the same time often has to behave differently from one individual to the other due to their different levels of maturity.

In such cases, the change of style from S1 to S2, S3 and S4 must be made gradually! By its nature this process cannot be revolutionary but must be evolving, with changes developing gradually, resulting in planned growth and in the creation of mutual respect and trust.

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