

# DEVELOPING THE THERAPIST'S INSIGHT IN SUPERVISION

CĂDARIU, Ioana-Eva<sup>1,2</sup>, VÎȘCU, Loredana-Ileana<sup>1,2</sup>  
WATKINS, Jr., C. Edward<sup>3,1</sup>, PINTEA, Florentina-Anica<sup>1,2</sup>

<sup>1</sup>Institute of Psychotherapy, Psychological Counselling and Clinical Supervision,  
Reșița, Romania

<sup>2</sup>Tibiscus University of Timisoara, Timisoara, Romania

<sup>3</sup>Department of Psychology, University of North Texas, Denton

## Rezumat

The concept of insight has been approached through the prism of several psychotherapeutic approaches and is a variable of interest in the field of psychotherapy and supervision. During psychotherapy training and supervision, cultivating and practicing insight in trainees will contribute to personal development and increase the effectiveness of psychotherapy with clients.

**Key words:** insight, pyramid of supervision, supervision in psychotherapy.

## 1. INTRODUCTION. DEFINITION OF INSIGHT

Insight has had varying conceptualizations, and to date there is no consensus on its definition [1;2]. For example, Moss, Kotovsky, and Cagan [1] describe insight as when customers come to a new understanding of the event they have experienced. Levi et al. [2] define insight as a person's ability to reflect on events and generate new explanations for the present problem.

In psychodynamic approaches, insight is linked to the transference relationship between therapist and client, and the interpretation of the content brought by the client is the main way in which change is achieved [3].

In cognitive-behavioural psychotherapy insight occurs when the client changes their cognitions about themselves and others [4].

Castonguay and Hill [5] offer another definition for insight: 'most of us agreed that insight is usually conscious (as opposed to unconscious or

implicit) and involves both a sense of novelty (i.e. the client understands something in a new way) and making *connections* (e.g. understanding the relationship between past and present events, therapist and others, cognition and affect or disparate states). Therefore, most of us agreed that we could define insight as a conscious change in meaning involving new connections (e.g., "this is related to that" or some sense of causality) (p.442).

According to Castonguay and Hill [5], insight has several characteristics that will be outlined in the following lines: Complexity (e.g. richness, number of neural connections, degree of elaboration of a schema, scope of understanding, degree of integration of different elements, level of abstraction or depth); Intensity of feelings, emotions that are triggered in the client upon receiving insight; Sudden or gradual nature of insight acquisition, the therapist needs intuition to assess the most appropriate moment for the client to have insight, as a discovery of her/him own.

Another relevant aspect of insight is the visual metaphors the client has when discovering things that make sense to them: "wow, now I see....", " yeahaa, I see so clearly now...." or "yes, I feel in my body now how the tension is going away from....", "I feel how I relax and how it goes away. Clients speak in visual, sensory metaphors to describe their insight and to take steps towards change together with the psychotherapist. The quality of insight is given by: accuracy (how well the insight matches the client's experience), coherence, consensus (how well the client and therapist agree with the client's insight), usefulness (does the insight gained help or not).

In the literature, we identified another study that studied insight [6] on a sample of 123 Australian psychologists, of whom 80.5% were female and 17.9% were male, and 2 participants did not report their gender (1.6%). In this study, the Self-Reflection and Insight Scale (SRIS) instrument was validated, which shows us that there is a growing interest in measuring insight for psychologists as well, not just clients.

The concern of the authors in the present study is to determine whether during the min 2-year period of psychotherapy supervision, the insight of the supervised psychotherapist develops using supervision tools. When we refer to supervision tools, we mean what we do and apply in working with supervisees in individual and group supervision sessions. Thus, in individual and group supervision, we usually use a tool presented by Watkins, Callahan and Vişcu [7] and developed in a later paper [8]. In the supervision stage, we present to the supervised therapists different models of supervision, we support the supervisees with synthetic sheets to be filled in after the supervision session by the supervised therapist (sheet of questions formulated by the supervisor, mentioning the most relevant questions, sheet of answers formulated by the supervisee to the questions in the previous sheet, etc.). We also paid attention to the Critical Events Model developed by Ladany, Friedlander and Nelson's [9], we operationalized the model

by designing a Support Sheet where the needs of supervision are mentioned vertically, and horizontally are listed: exploration of feelings, focus on the therapeutic relationship, focus on countertransference, focus on the supervision alliance and focus on parallel processes.

The description of what we considered representative and useful for the development of insight in therapists in the supervision internship, using the Supervision Pyramid and the Critical Incident Model, will be made in the following.

## **2. THE SUPERVISION PYRAMID**

The supervision pyramid is in our view a supervision tool with which we supervise cases during the supervision period. The supervision pyramid is conceptualised in four levels: problem identification and clarification; problem exploration and elaboration, experimentation and consolidation and the last level, problem review and resolution. Supervision of a case, using the supervision pyramid as a supervision tool, requires the supervisor to go through all levels, asking questions appropriate to each level, in dialogue with the supervised therapist. As supervisors, we have found over the years that through the Supervision Pyramid, the supervised therapist gains insights through dialogue with the supervisor at each level. Thus, moving from one level of the pyramid to another requires understanding, clarification of the problem on the part of the supervisee.

The Supervision Pyramid has four levels [7]. Below are the levels of the pyramid with the most common questions corresponding to each level:

### **I. Identifying and clarifying the therapist's problem:**

- What are your supervision needs?
- How would you reframe your need for supervision?
- What do you mean when you say that you feel...working with the client?
- What do you think the customer expects from you?
- Why do you think you are not meeting your customer's requirements?

### **II. Exploration and elaboration of the problem:**

- Now that you've identified what your need, worry, fear means, tell me about another time when you were stuck? What did you do then?
- When you approached the client about ... how did he react? What did you feel, think? How did you experience what the client said?
- Tell me about those times in therapy or other sessions when you felt you had to do something when the client talked to you about...?
- What else did you experience then? Etc.

### **III. Experimentation and consolidation:**

- What do you think went wrong with...?
- What could you do or say in the future when...?
- How do you now imagine your next meeting with the customer when the identified problem arises?
- What alternative thoughts might you have if in the future...?

### **IV. Review and problem solving:**

- How do you feel now after the discussion?
- Do you think the issue is clearer or not?
- What other concerns do you have about the issue?
- What would you add? What would you add? Etc.

These questions are used by the supervisor in the dialogue with the supervised therapist to facilitate their reflection on problematic situations in therapy.

### **Ladany, Friedlander and Nelson's [9] critical events model**

Psychotherapists, before guiding the client to gain insight, teach themselves how to gain insight about their clients. Training in any therapeutic orientation emphasizes training and practicing the ability to gain insight. Personal therapy and supervision programmes also emphasise insight development.

The literature on the supervisors' insight development and practice is still scarce. Ladany believes that the supervisee's insight causes a change in the connections the supervisee makes about self and others (connections between past, present and future thoughts, feelings, behaviours); insight is "a matter of degrees of interconnections". A supervisee, at a superficial level may cognitively understand how their mode of behavior will influence a client's reactions, but at a deeper level, the supervisee will include not only cognitive understanding, but also emotional understanding of how his or her style of therapy will influence the client's reaction. Furthermore, the supervisee's understanding and insight into his or her style of working cognitively and emotionally in therapy with the client will also determine the adjustment of the style to meet the client's needs.

Supervised insight includes:

- Thoughts, revelations and self-revelations;
- Conceptualizing the case on an intellectual level (Ladany considers insight about conceptualizing the case as superficial, intellectualized insight);
- Empathic conceptualisation of the case (in-depth insight, which is beyond the client's problems).

### *Supervisory Alliance*

To facilitate the development of supervisee insight requires a strong

supervision alliance, providing insights to the supervisee before the alliance is strong enough can cause the supervision alliance to be shaken or broken because it does not withstand the emotional charge of supervision. The supervisory alliance --- supervisor-supervisee bond, mutually agreed upon goals, and mutually agreed upon tasks [10] --- is considered the foundation on which the event may or may not lead to a resolution..

### *Bookmark*

In Ladany, Friedlander and Nelson's [9] model, the marker is the critical event signalled by the supervisee, we consider that the marker can sometimes be explicitly formulated but, it can also be "hidden" from the supervisee's awareness explicitly formulated in the need for supervision.

### *Work environment or task environment*

The task environment [9] consists of the totality of the interaction sequences between supervisor and supervisee. The authors of the model include 12 sequences of interaction: focus on the supervisee alliance, focus on the therapeutic process, exploration of feelings, focus on countertransference, participation in the parallel process, focus on self-efficacy, normalization of experience, focus on skills, assessment of knowledge, focus on multicultural awareness, focus on evaluation, and case review.

At this stage, the supervisor's attention is focused on exploring the feelings of the supervisee to get to the emotional components of the insight through:

- Emphasizing the link between the supervisee's affect and cognitive understanding;
- Underlining countertransference, transference, identified parallel processes and with the identification of parallel processes, the supervisor also provides the supervisee with a corrective emotional experience.

### *Resolution*

Solving in Ladany, Friedlander and Nelson's [9] model actually refers to several degrees of insight gained, with respect to knowledge, self-awareness, etc. A solved problem means having insight, and an unsolved problem or a problem with less solving refers to less insight.

In the supervision programme we presented the Ladany, Friedlander and Nelson [9] model and in the supervision sessions we applied the Insight Sheet based on the model mentioned above.

So, we presented a brief description of the Supervision Pyramid and the Critical Incident Model, considering that the use of the pyramid and the operationalization of the model can develop insight in supervised therapists.

### 3. METHODS

We used Scala IOS to measure insight.

To determine if there are differences between the insight and insight dimensions of the IOS scale in the training group and the supervision group, we used the Supervision Pyramid and the IOS Critical Incident Model of Ladany et al. as supervision and insight development tools, tools applied only to subjects in the supervision group.

Thus, if we register significant differences in the insight dimensions of the IOS scale in the supervision group, then the Supervision Pyramid and the Supervision Worksheets can be considered as means/tools to develop and practice insight during supervision and not only

#### 3.1. STUDY ASSUMPTIONS

The hypotheses of the study are:

1. Trainees in supervision will have a higher level of Awareness than those in training.
2. Trainees in supervision will have a higher level of problem solving than those in training.
3. Trainees in supervision will have a higher level of restructuring (Behavioural Change) as opposed to those in training.
4. Trainees in the supervision group have a higher level of self-reflectiveness than those in training.

#### 3.2. PARTICIPANTS

In our study we included students in the Integrative Psychotherapy orientation training program at a psychotherapy training institute. Training at the institute lasts three years. Students who agreed to be part of the study participated in the study.

Supervising therapists were also included in the study. The supervision period lasts, as mentioned, at least two years and supervised therapists who gave their consent to participate in the study participated in the study.

The IOS scale [11] was applied to 45 trainees in the integrative psychotherapy orientation training program and 45 supervised therapists (9 from the first and second year of supervision).

The average age of the whole sample is 41.1 years. In the supervision group, the average working time per week with clients in the office is 13.53 h. We also wanted to see how many hours per week the supervising psychotherapists spend on study and further training, and the average is 7.51 h. Regarding the gender of the participants, 90% female and 10% male.

### 3.3. INSTRUMENTS

*Insight orientation scale* (IOS; [11]). This scale consists of 7 items and is designed to assess what type of insight each person has, as well as their behaviours, feelings and opinions about this concept. The response format adopted was a five-point Likert scale (1 = "not at all;" 2 = "a little;" 3 = "to some extent;" 4 = "a lot;" 5 = "very much").

Each item measures one component of insight: Item 1- Awareness, Item 2- Problem solving, Item 3- Surprise, Item 4- Complexity, Item 5- Level of consciousness, Item 6- Restructuring, Item 7- Self- reflectiveness.

*Supervision tool called the Supervision Pyramid* [7]. The Supervision Pyramid as a tool used in individual and group supervision in order to generate the most benefit to the supervisee is first of all necessary to be understood by the supervisee: what is intended by using such a tool, what is the purpose of each level of SP, and how can the purpose of each level be achieved. The supervisor guides the dialogue and has at hand the word, the pause, personal questions, exclamations (as in the therapy session) and exercises each time one of the three roles, counsellor/ consultant/ teacher, according to the personality and learning style of the supervisee. The participants in the supervision group benefited from this tool, which is designed to increase their insight and awareness skills unlike the group in training who are preparing for a future profession as psychotherapists.

### 3.4. DATA ANALYSIS

In the present study, SPSS software was used to make differences between the two groups of participants (training and supervision) in terms of insight components.

## 4. RESULTS

Table 1

Results between the 2 groups in terms of insight components

OIS test items	Independent samples t-test	Training group		Supervision group		p	Cohen's d
		M	SD	M	SD		
1. I am aware of the things I do. (Awareness)	-3.586*	4.51	0.589	5.02	0.753	<.001	- 0.756
2. I am able to solve difficult problems. Problem solving)	-3.444*	4.24	0.645	4.80	0.869	<.001	- 0.726
3. I am often surprised by the connections I can make between my thoughts and emotions. (Surprise)	0.636	4.11	0.804	3.96	1.429	0.526	0.134
4. I am aware of my inner thoughts about things. (Complexity)	-2.366	4.60	0.539	4.96	0.852	0.020	- 0.499
5. I am in tune with my feelings. (Level of consciousness)	-1.876	4.16	0.796	4.51	0.991	0.064	- 0.395
6. I can change my behaviour when I realise things are not going well. (Restructuring)	-3.533*	4.16	0.852	4.82	0.936	<.001	- 0.745
7. I am able to reflect on myself (Self-reflectiveness)	-4.967*	4.67	0.603	5.38	0.747	<.001	- 1.047

Participants in the supervision group reported a statistically significantly higher level on the Awareness variable as opposed to participants in the training group ( $t=89$ )= -3.586\*,  $p<.001$ ,  $d= -0.756$ , with a medium effect size. There were also statistically significant differences between trainees in the training and supervision groups in the following psychological variables: Problem Solving ( $t=89$ )= -3.444\*,  $d= -0.726$  (medium effect size), Restructuring ( $t=89$ )= -3.533,  $d= -0.745$  (medium effect size) and Self-Reflexivity ( $t= 89$ )= -4.967,  $d= -1.047$  (strong effect size).

### STATISTICALLY SIGNIFICANT HYPOTHESES:

1. Trainees in the supervision group have a higher level of Awareness as opposed to those in training.
2. Trainees in the supervision group have a higher level of problem solving than those in training.



3. Trainees in the supervision group have a higher level of restructuring (Behavioural Change) as opposed to those in training.
4. Trainees in the supervision group have a higher level of self-reflectiveness than those in training.

## 5. DISCUSSIONS

Our study focuses on both insight as a process and insight as a supervisor skill. We found that supervisees have higher insight than peers in the training program, and the dimensions where significant differences were found are: awareness, high level of problem solving, restructuring and behavioral change, and self-reflexivity (dimensions from the IOS scale). The supervisees who completed the scale are in the supervision program and have two of the study authors as supervisors. The dimensions mentioned above are intentionalities of the training program for psychotherapists, and in supervision we use at least two supervision tools that potentiate the dimensions mentioned. For example, the tool called the Pyramid of Supervision [8] and a set of questions derived from Ladany's Critical Events Model.

- a. *How do you explain the significant differences for awareness, high level of problem solving, restructuring and behavioral change, and self-reflexivity for supervisees due to the use of the supervision tool called the Supervision Pyramid?*

In supervision practice, regardless of the therapeutic orientation, there are common steps that are taken before the supervision session is completed. That is, supervision as a process goes through several stages, regardless of the therapeutic orientation [8]:

- Formulation of supervision needs by the supervisee;
- Identify the problem behind the formulation of the need for supervision. Does the problem belong to the supervisee, is it generated by the therapeutic relationship, does it belong to the client?
- Solving/improving the problem.

Watkins, Callahan and Viscu [7] proposed and described the Supervision Pyramid, with the 4 levels mentioned above.

The Supervision Pyramid has four levels [8]:

- Identification and clarification of the problem - the supervised therapist focuses at this level of the pyramid on: case formulation or case conceptualization with description of the client's situation, how many sessions were conducted, what goals were set with the client in therapy, when the problem arose for the therapist. The problem underlies the formulation of the therapist's supervision needs. This stage corresponds

to the awareness dimension of the OIS scale. Supervisees in our sample are familiar with expressing supervision needs and are open to accept that sometimes what is meant by a formulation of supervision needs is not the definitive version. The supervisor through repeated questioning , helps the supervisee to become aware of their supervision needs, to reframe them and to accept that behind a problem there may be others being formulated and solved.

- Problem development and exploration is the step in the Supervision Pyramid Once the problem is defined, details are allowed to be added. By identifying the problem, the outlining of the elaboration of the problem has also been achieved, thus we strive to construct a broader meaning for the identified event [12,13]. This is the stage when the supervisee responds to questions posed by the supervisor, is encouraged by the supervisor to ask questions of him/herself, gains insights, discovers other facets of the problem, discovers new problems in him/herself, has a greater vision of what he/she will present in individual therapy, etc. At this stage the way is paved for restructuring and behavioral change and the stimulation of self-reflexivity in the supervisee (as dimensions of insight in the OIS scale).
- Experimentation and consolidation of the solution within the Supervision Pyramid [8] is characterised by brainstorming, discussion and further reflection. The supervised therapist sees and analyzes how the sessions with the client have gone so far and projects future sessions with the client. The therapeutic goals, for the work with the client, from the previous level are detailed at this third level of the Supervision Pyramid. It is a projection of the work with the client based on the established goals. At this stage, a possible roadmap for future steps in therapy to solve the problem identified in the first level of the pyramid is outlined for the supervisee, and the corresponding OIS are: problem solving; restructuring and behavioural change; stimulating self-reflexivity.
- Review and resolution as the final level of the Supervision Pyramid must answer the basic question "Have we sufficiently addressed the problem?". Have we clarified the problem or is it only clarified for the moment?" If the supervised therapist's answer is yes, then the issue is moved on to another supervision issue, and if the answer is no the issue is resumed. From our perspective, this last level of the Supervision Pyramid stimulates and reinforces all four dimensions of the IOS scale on which significant differences were found (problem solving; restructuring and behavioural change; stimulating self-reflexivity).

b. *How do Ladany's Critical Incidence Model explain the significant*

*differences for mindfulness, high levels of problem solving, restructuring and behavioral change, and self-reflexivity for supervisees?*

Therapists who completed the OIS scale [11] as mentioned, are in the supervision program and in group supervision sessions or individual sessions are familiar with the aforementioned tool Pyramid of Supervision but also with the Critical Events Model developed by Ladany, Friedlander and Nelson [9]. The supervisees were introduced to the model and told that the supervision will follow the framework behaviours of the model: exploration of the supervisee's feelings, focus on the therapeutic relationship, focus on countertransference, focus on the supervision alliance and focus on parallel processes. We briefly describe the behaviors of the critical events model:

- ***Exploring the supervisee's feelings about the client they are working with*** - the supervisee focuses here and now on the supervisee's feelings about the client, the therapeutic process, the supervision process, the supervisee's progress, the supervisee's personal issues. Relevant questions for exploring the supervisee's feelings and gaining insights are: How do you feel about the client? How would you describe the therapeutic relationship with your client? What was the moment in therapy when you felt most affected? How do you think the client felt at that time? How did you feel before the client came to therapy? How do you feel after you have finished therapy with your client? Prioritise the feelings you have about the client.
- ***Focus on the therapeutic relationship*** - the supervisor focuses on and invites the therapist into explicit discussions about the therapeutic relationship, whether or not the therapist intended to invite the client to be a co-therapist/co-researcher in therapy, what characteristics of the therapist would influence the therapy and the therapeutic relationship, etc. Questions asked of the supervised therapist to gain insights are: How do you collaborate with the client? What were the goals set with the client? Were there any difficulties in setting tasks? What role do you think the client assigned you? What role do you think you have predominantly played so far in therapy with the client? How authentic have you been in your interaction with the client? What have you done to provide reassurance to the client in therapy?
- ***Focus on countertransference*** - the supervisor discusses with the supervisee how the supervisee's feelings or personal problems are triggers for the client's behaviour, attitude. Sometimes the supervised therapist also mentions in the case formulation about emotions, feelings they are aware of concerning the supervisee.
- Useful exploratory questions for gaining insights from the supervisee are: what was the emotion, the strongest feeling you felt towards the client? How did you manage that feeling/emotion for yourself and in

therapy? What did you notice in your client after experiencing the emotion, feeling mentioned above? Did it influence the course of therapy? What changed in the client? If in the future you will feel this way, how will you recognise the emotion, the feeling, what will you do so that it does not influence the therapy and the client? In what other situations have you experienced these emotions/feelings?

***Focus on the supervision alliance-*** the supervisor discusses with the supervisee the agreement [10] on: tasks, objectives, evaluation of the supervision, the emotional bond between them, what elements, materials are brought and how they are brought into the supervision. Through questions such as: What did you experience when we set the goals and tasks of supervision in this supervision session? What do you think there is more to say, did you try not to mention or did you "pack" in this supervision session? The supervised therapist is helped to gain new insights about him/herself and the issue he/she brings to the supervision.

***Focus on parallel processes*** - the supervisor is careful about what may or may not be a parallel process in supervision. It happens that the supervised therapist brings into the supervision a problem that belongs to him or her, but projects it onto the client; what is not yet known is brought into the supervision, thus, supervision as a whole is a process that facilitates insight. Questions such as: If there is something not mentioned or has concerned you how to tell me about the supervision alliance do you consider that "something" to be present in the therapeutic relationship? In what other situations in your life have you experienced similar emotions/feelings in your interaction with the client.

Questions of this kind identify situations in the client's story that are similar to situations in the therapist's personal life. If the supervisor sees similarities, he/she identifies the problem with the supervised therapist and suggests additional individual therapy to the supervisee. The supervisee "offers him/herself" and mentions what he/she feels, what he/she believes the supervisee has conveyed to him/her regarding the supervisee's needs for supervision (the stated needs of the supervisee are an extension of the client's therapy needs). The focus on parallel processes is an opportunity to stimulate self-reflection of the supervised therapist.

We have practiced in individual and group therapy sessions the administration to supervisees of an Insights Sheet (our term) designed after Ladany, Friedlander and Nelson's [9] Critical Incidence Model. The sheet is completed after the conclusion of the supervision session and by completing it, the supervisee has the opportunity to gain new insights. The supervisee's need for supervision mentioned at the beginning of the supervision session is written on the Insights Sheet. The need for supervision is "verified" with the supervisor through dialogue between supervisor and supervisee, through questions, through rephrasing the need. In fact, we consider the final need for supervision that the supervisee has agreed on (it is equivalent to Level 1 of the Supervision Pyramid). The supervisor-supervisee dialogue continues with questions on each of the

behaviours specified by the authors (exploration of feelings, focus on the therapeutic relationship, focus on countertransference, focus on the supervision alliance, focus on parallel processes). Insights gained from the questions for each of the model behaviors develop the insightfulness ability of supervisees. Insightfulness in supervisees is also enhanced by the supervisor's discoveries/insights about the supervisee's problem; it is the supervisee who will appreciate the usefulness of the supervisor's insights.

Supervision needs	Exploring feelings	Focus on therapeutic rela	Focus on counter-transfer	Focus on the supervisory alliance	Focus on the parallel process
Need 1....					
Insights Supervisor <i>What was the key question that prompted the insight to the supervisee?</i>					
Insights Supervisor What was the key question asked of the supervisor that gave the supervisor insight?					

Fig. 1: Supervisory insight sheet

The use of Ladany's Critical Incidence Model in supervision has been adjusted by us as a tool of supervision with the role of dynamizing the gaining of insights in supervisees. The fact that significant differences were obtained on the OIS Scale dimensions of: awareness, high level of problem solving, restructuring and behavioural change and self-reflexivity in the sample of supervisees, we believe that the constant use of the Supervision Pyramid and Ladany's Model in supervision brings development and encourages the supervisee to gain insights during and at the end of the supervision session. We will refer below to the clarification of the meanings of the OIS scale dimensions.

Awareness is the process of becoming aware or being aware of something, and the meanings of awareness are:

- Perception or realization of a state of affairs;
- Attention and observation directed towards a phenomenon or aspect;
- Understanding of oneself, deep understanding of one's own thoughts, emotions, behaviours;
- Raising awareness of social issues, i.e. becoming aware of social problems, what social injustice means or what it means to be relevant in society;

- Mental wakefulness, being awake and aware in the present;
- Increased awareness, knowledge of certain subjects

Awareness therefore refers to the perception or realisation of information or a state of affairs. It is related to being aware of or carefully observing something. In a personal context, it can mean a deeper understanding of oneself, including thoughts, emotions and behaviours.

Insight is a form of deep perception or understanding that occurs suddenly in the mind and leads to gaining new perspectives, discovering unexpected connections between ideas, quick clarity on a problem, thus changing the way a person looks at a situation or concept.

Awareness and insight are cognitive processes, self-awareness (of one's own thoughts and emotions creates the conditions for a deeper understanding of oneself). Awareness is an ongoing process of being aware of what is happening, and insight is a sudden illumination, a deep understanding that comes from awareness.

High problem-solving refers to a person's ability to analyse, understand and effectively solve problems that may arise in various contexts. High problem solvers are able to manage complex situations and find effective solutions systematically and creatively.

The aspects that define a high level of problem solving are:

- Critical analysis or the ability to analyse a situation or problem critically, identifying both the relevant factors acting on the problem and evaluating the available information.
- Ability to think creatively and generate innovative ideas to solve problems;
- Make decisions effectively so that as many aspects of the problem as possible are assessed;
- Ability to plan and organise the steps required to solve a problem, including setting priorities and managing available resources;
- Ability to adapt to change and adjust problem-solving strategies as the situation evolves;
- Ability to communicate clearly and effectively with all those involved in solving the problem and presenting proposed solutions;
- Identify the root causes of the problem, not just treat the symptoms;
- Openness to continuous learning and personal development to face challenges and understand new perspectives

Restructuring and behavioural change refers to the processes by which the supervisor can bring about changes in the supervisor's work with the client. Restructuring involves changes in the supervisee's behaviour, in their interaction with the client and with the supervisor, in the way they manage the therapy

session. The aim of reorganisation is to make the supervisee's work in the practice more efficient.

**Behavioural change** Behavioural change refers to changes in therapists' behaviour, including changes in the way they carry out their tasks, interact with clients and manage their resources. The goal of therapist behavioural change is to meet the goals agreed with the client

Self-reflexivity is a person's ability to reflect on: their own experiences, thoughts, emotions and behaviours, the consequence of self-reflexivity is self-awareness and self-exploration in different life situations or work environments. The characteristics of self-reflexivity are:

- Self-observation-being aware of your own thoughts, emotions, behaviours, reactions in various situations;
- Self-analysis - examining and analysing the motives, values, beliefs that underlie actions and choices;
- Self-awareness - a deep understanding of oneself, one's qualities, weaknesses and how they influence relationships and decisions;
- Adaptability and personal development - the ability to be open to change and continuous development;
- Empathy- the person who understands their own experiences is more receptive to the perspectives of others;
- Improved relationships - through self-reflection a person develops healthier, more productive relationships and has a greater understanding of the impact of their actions on others;
- Conflict management - self-reflective people are able to manage conflict by being more aware of their own reactions.

The client and supervisee mark the presence of insight with metaphors like "I see.." or the therapist and supervisor mention "...it has come to me that...". The client and supervisee are led towards insight by people who have been concerned with leading the other towards insight. Insight is overlapped with empathic understanding occurs when the therapist understands on an intellectual or emotional level what the client is conveying [14;15]; here empathy and therapist understanding are overlapping concepts; both are related to insight. Understanding deep enough to become insight has a great deal of subjectivity and in fact it is the therapist and the client who decide when insight has occurred). However, in order not to fall into error, let us not forget that our assumptions about the insight of the other are our own and must be verified in dialogue with the other. The therapist and supervisor sometimes understand what the client or supervisee has not yet revealed or is hiding; the information leading to insight is also obtained from other previous sessions, the practitioner puts the information together and the latent meaning associated

with the client/supervisee's verbalizations is constructed. To get here the specialist "leads" the client.

From Hayes and Cruz's [16] perspective, insight is a broader construct than empathy in that it refers to the therapist's understanding of what the client has communicated, intentionally or not, in almost any form.

Insight can be achieved on one's own or through a relationship with a specialist, in our case the therapist or supervisor. To reach insight on our own we need self-reflexivity, to see ourselves as accurately as possible. This is difficult to achieve, as we tend to project onto others what we consider to be undesirable or unacceptable in us, to use defence mechanisms such as repression, intellectualisation, denial in order to gain insight. Maslow mentioned that one of the biggest obstacles in gaining insight is the fear of self-discovery, when we want to gain insight without the help of a specialist. In the supervision programme, supervisees are encouraged to self-observe. Thus, self-reflexivity, which we believe includes self-observation, is necessary for gaining insight. Through self-reflexivity, supervisees:

- sharpen their intuition to quickly spot what needs to be changed in them;
- learn the ability to practice self-reflection;
- become more courageous to stand face-to-face with themselves;
- invites self-reflexivity from clients in therapy.

Further emphasizing the self-discovery capacity of human beings, Rogers [17] suggested that individuals variably tend toward self-actualization. When a person begins to discover internalized value conditions, the gap between the real and ideal self widens. The greater the discrepancy between one's real and ideal self, the more threatening the experience of gaining insight becomes. Thus, the process of gaining insight generates an internal struggle between fear and curiosity. Tillich [18] spoke openly about the aforementioned tension and the consequences of avoiding such a struggle, at one pole is anxiety and at the other pole is hopelessness, and to be courageous is to face hopelessness by assuming anxiety. We humans are invited to take our anxiety courageously, not to escape into pathological anxiety. Tillich [18] mentioned that behind a neurotic self there is no lack of self-assertion (it can be very strong) but the asserting self is a reduced one, many of the potentialities of the self are not actualized. An actualized self involves accepting non-being and its anxiety (p.66). So from self-reflexivity we come to self-observation, self-awareness and the assumption of anxiety. Supervised therapists, especially at the beginning of their professional journey, are gripped by anxiety, by the fact that they are not working "well", that they are "collecting money without doing much!". We believe that one of the explanations for this anxiety is that at the root is the fear of taking on anxiety



and becoming courageous. The consequence is that the supervisees are driven towards hopelessness, believing that they are not cut out to be therapists. Expressing the needs of supervisees translates this assumption of ours. Often the need for supervision is directed towards "what should I do with this client? What should I apply?" a more or less explicit request for a prescription. The supervisor needs tact, empathy to support the supervisee, to encourage him/her through self-analysis, to assume his/her anxiety and to start working. We have all heard the expressions "I don't feel ready to start working with clients yet" from colleagues or "I'm still waiting a little longer before I feel ready", and here we see the consequences of an anxiety that has not yet been taken on board, but also the difficulty of acquiring a professional identity as a therapist. A therapist who lacks insight has no way of creating the framework and accompanying a client to gain insight. The absence of insight can be a temporary or a permanent condition in a therapist. Hopefully the latter exists in very few cases or not at all, the training period is also one where only those who can make it to the end and take on the role of future therapist remain in the race.

*Cultivating insight in supervisees in the supervision programme*

The psychotherapy supervision programmes propose a training curriculum, a number of hours of individual supervision, group supervision, hours worked in the office with clients, individual training, continuing professional development. Each state and each training provider will have a minimum number of hours of each component listed in the supervision curriculum. But one of the common difficulties faced by training providers is the competencies by which to design the curriculum of the supervision programme. Our interest in establishing and developing a scheme of therapist and supervisor competencies was prompted by the lack of agreement on the framework competencies required of the supervisor [8;19]. In our proposed competency scheme, we consider that at the basis of a training standard are cross-cutting intellectual, methodological, personal and social and communication competencies. For example, for the training of the clinical supervisor (here we include the psychotherapy supervisor), for the first area of transversal competences, the intellectual one, we have as general competences: information exploitation, solving issues, critical thinking, practicing critical thinking. From the general competences mentioned, derive specific competences: updating with new information in the supervision domain, solving issues in supervision, reading, research, publishing studies in the supervision domain.

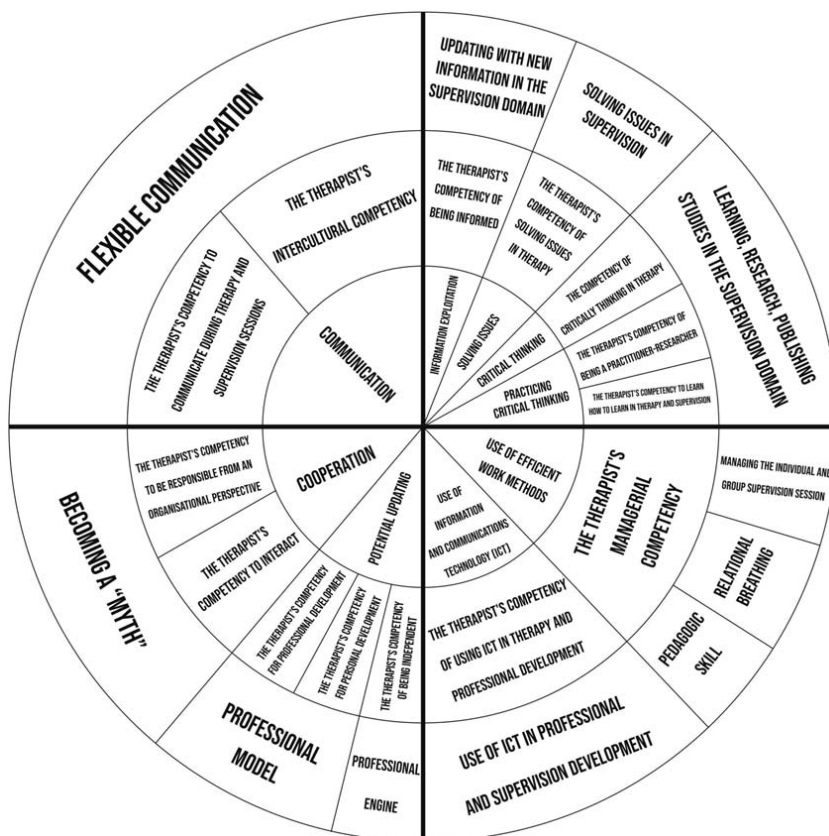


Fig. 2: Competences scheme (Vişcu & Watkins, 2021, p.11)

Training programmes in psychotherapy and supervision, through the curricula they propose depending on the therapeutic orientation, can focus on the training of specific competences in the middle circle.

Where in the Competence Framework would we fit the development of the therapist's (and by implication the supervisor's) insight ability? How would supervision programmes develop and practice the therapist's ability to have insight?

In order for the client to have insight in therapy sessions under the guidance of the therapist, we assume that the therapist needs the ability to have insight about the self. By applying the IOS Scale to the two samples, we obtained that differences related to insight are in supervising therapists compared to their peers in training. An explanation of the results obtained is also given by the fact that in the supervision programme, the therapists benefited from training modules, the use of supervision tools, the recommendation of bibliographical sources through which they were stimulated in their desire for self-awareness, change of behaviours, problem-solving skills, etc. The authors of the study designed the curricula for training and supervision programmes in integrative psychotherapy,

having as guidelines the specific competences derived from the cross-cutting competences mentioned above. In our previous work [8;19] we mentioned that a firm delineation between competencies is not possible. The competency scheme is conceived as a methodological benchmark in the training and supervision of therapists. Thus, insight as a skill, we consider it as a permanent objective of training and supervision programs and of the training and development of therapist competences. If we consider insight as having two components, intellectual and emotional, then its practice and development is part of the objectives of training and development of transversal competences of intellectual, methodological, personal and social order, but insight is also communicated verbally, corporeally, metaphorically and then, its framing is also to the competences of communication order. Practising and developing insight in therapists is an intentionality of training programmes, regardless of the therapeutic orientation.

## **6. LIMITS, CONCLUSIONS AND PROPOSALS**

The present study has several limitations that we wish to highlight. A first limitation is the low number of participants in the two samples (45 participants in the training group and 45 participants in the supervision group). Only psychotherapists from the integrative psychotherapy orientation were included in the present study, and in the future it would be interesting to study the insight of specialists from other orientations.

The development and practice of insight as a therapist's skill about self and client is not yet grounded in the curricula of training and supervision programmes. We refer here to the formative, pedagogical, learning aspects of insight in psychotherapy training programmes.

Practicing and developing insight in therapists is not only achieved through training and supervision programs, personal therapy is another important component of training programs. Therapists' personal therapy begins as early as the therapist's training, or even before, and continues throughout life.

Future studies can address longitudinal insight in trainees and supervisors to see how insight develops over time as trainees gain experience from training modules and as they begin working in individual psychology practice.

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