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The “visible invisible” live supervision: The impact of the supervisor’s participation on live supervision

“Vidno nevidna” supervizija v živo:

Vpliv supervizorjevega sodelovanja v superviziji v živo

Abstract

Live supervision (LS) is a special variety of (systemic) supervision which is not only efficient for providing quality supervision to the supervisees, but enables students/observers to experience directly live therapy and actively participate in many therapeutic processes during their practicum and internship. We present a qualitative analysis of 7 LS sessions after which 52 observers evaluated four dimensions of the supervisor’s participation:

1. activity-passivity, 2. non-verbal – verbal participation, 3. the use of the therapeutic space, and 4. the co-creation of the atmosphere. It was possible to summarize the positive evaluations with the concept of the “visible and invisible” way of the supervisor’s cooperation. On this basis, recommendations are given for the use of the constructivist, solution-focused and narrative model of LS, for the systematic evaluation of live supervision and for further research of the LS process in the future.

Key words: epistemology, second-order cybernetics, constructivism, social constructionism, live supervision, participatory position, the River of life model, solution-focused and narrative approach

Povzetek

Supervizija v živo je posebna oblika (sistemske) supervizije, ki ni le učinkovita oblika učenja za supervizante, temveč tudi za študente/opazovalce, ki lahko izkusijo psihoterapijo neposredno in v toku izobraževanja aktivno sodelujejo v

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številnih terapevtskih procesih. V članku je predstavljena kvalitativna analiza sedmih supervizij v živo, po katerih je 52 opazovalcev ocenilo supervizorjev način sodelovanja na štirih dimenzijah: 1. aktivnost-pasivnost, 2. neverbalno – verbalno sodelovanje, 3. uporaba terapevtskega prostora, in 4. soustvarjanje vzdušja. Pozitivne ocene je bilo možno strniti v koncept “vidno nevidnega” načina supervizorjevega sodelovanja. Na tej osnovi so podana priporočila za uporabo konstruktivističnega, k rešitvi usmerjenega in narativnega modela supervizije v živo. Hkrati so podani predlogi za sistematično evalvacijo supervizije v živo in nadaljnje raziskovanje procesa supervizije v živo v prihodnosti.

Ključne besede: epistemologija, kibernetika drugega reda, konstruktivizem, socialni konstrukcionizem, supervizija v živo, sodelovalna naravnost, model reke življenja, k rešitvi usmerjeni in narativni pristop

1. Introduction

Live supervision (LS) is viewed as a special variety of (systemic) supervision which is not only efficient for providing quality supervision to the supervisee, but enables students/observers to experience directly live therapy and actively participate in the therapeutic process during their practicum. LS „... permits the supervisor to see at first hand what the therapist and family do with one another. LS also permits the supervisor’s access to the nonverbal components of the interaction, which is not possible when supervision is based on the audiotapes of a session. Finally, as compared with videotape supervision, LS permits the supervisor to see how the therapist uses data from outside the system (that is, from the supervisor)” (Berger & Dammann, 1982, p. 3).

The main advantages of LS are: direct observation, transparency, the targeted reflection of the presented cases, the supervisees can be directly instructed, supported and corrected if necessary in their use of the learned methods, training institutions can evaluate and improve curricula and, last but not least, the clients benefit from psychotherapeutic work that is delivered to high-quality standards (Ahlburg, 2017).

LS has many advantages over delayed forms of supervision (e.g., retrospectively discussing case reports or listening to audiotapes or videotapes (Jakob, Weck, & Bohus, 2013; Rousmaniere & Frederickson, 2013). For example, Bartle-Haring et al. (2009) reported that trainees rated the progress of therapy significantly higher after having received LS. Moreover, non-disclosure during supervision, which is an important obstacle for the effectiveness of supervision (e.g., Jakob et al., 2014; Sweeney & Creaner, 2014) is not possible during LS.

In the following text we will first outline the epistemological assumptions

that are crucial for our understanding of psychotherapy and supervision. Goals, procedures and the advantages of LS for the client, supervisee and supervisor system will be presented. LS as it has been developed in the training context of the department of systemic psychotherapy at Sigmund Freud University Vienna – Ljubljana branch (SFU Ljubljana) will then be presented. The article concludes with a brief report on the evaluation of a LS session that was done at SFU Ljubljana.

2. Epistemology of (systemic) psychotherapy and supervision

Our understanding of psychotherapy and supervision was greatly influenced by the cybernetic epistemology of Gregory Bateson (1972). In his book “Mind and Nature” he gave the second chapter a funny and ironic title - “Every schoolboy knows” (Bateson, 1979, pp. 32-76), in which he criticises the whole education system because of its epistemological ignorance. As medical students and later residents of psychiatry we experienced for ourselves exactly what Bateson criticises – “the lack of knowledge of the presuppositions not only of science but also of everyday life” (ibid., p. 32). It was not until our systemic psychotherapy training that we were finally encouraged to reflect upon our own epistemological premises. It was only then that we found out that we belong to the schoolboys who don’t know what every schoolboy, according to Bateson, should know about epistemology. We experienced the shift from our secure epistemological position of the linear causality of the medical model to the unsecure epistemological position of circular causality, that is the shift from objectivistic certainty to the cybernetic (circular) “certainty in uncertainty” (Možina, 2010). We also reframed the medical model that we were used to with the “contextual model” (Wampold & Imel, 2015). Our medical professors taught us that we are objective observers of patients and that as experts we should know what to do with them. On the other side, in systemic psychotherapy training we learned about “the participatory position, ethics and research” (Barnes, 1994; Možina, 2009; Možina & Kobal, 2005; Kordeš, 2004, 2005; Šugman Bohinc, 2000, 2003, 2010; Popović, 2013) and about the importance of the context in which the therapy takes place.

In systemic training we experienced three important epistemological shifts. The first was from linear to circular logic. Instead of targeting a specific diagnosis and seeking a specific treatment for a specific diagnosis we learned that diagnostics and treatment are circular processes of sharing interpretations and ideas with the participants in the process of conversation (of supervision or psychotherapy) and that it is of crucial importance to create an agreement about the steps and outcome of this conversation (Šugman Bohinc, 2010).

The second epistemological shift was from the position of objectivistic to constructivist epistemology (Štajduhar, 2010). From the position of the expert who is manipulating the observed system we joined the system and became part of the observed system. The ethical consequences of this shift were that we learned how to share ideas, concepts and responsibilities with other participants in the system (von Foerster, 1993). We learned to build therapeutic or supervision alliances, in which the therapist and the client or the supervisor and the supervisee are empowered and take over responsibility for their own ideas, interpretations and steps through the conversation. Such a therapist's or supervisor's position has been called by Anderson and Goolishian the "non-expert position" (1992). The general assumption is that the supervisee (or the client) has their own potential and resources for change and learning. The position of equality³ creates an openness for curiosity, joyfulness and humour and creates the context which has artistic characteristics (Šugman Bohinc, 2010).

Our third epistemological shift was from focusing on the personal features to the social, cultural and political features. We became acquainted with post-modern ideas of social constructionism, the philosophy of deconstruction and Foucault's discourse analysis of power and ethics (McNamee, 1996; Philp, Guy & Lowe, 2007) looking for subjugated memories, knowledge and alternative narratives. These values and ethics enabled us to form multiple perspectives which enriched the context of therapy and supervision.

As teachers and supervisors we present these epistemological shifts to our students to encourage them to develop a new understanding of relationships, psychotherapy, supervision and training. In supervision we invite them to regularly reflect on our conversations from the perspectives of these epistemological shifts in order to create new choices or possibilities for supervision and therapy.

The basic consequence of our constructivist epistemological assumptions in contrast to the traditional positivistic view of the supervisor as an interpreter of an objective reality, is the shift to the postmodern position that reality is an inherently ambiguous construct (McKinney, 2000, p. 567), which is co-created by the participants in communication. Traditionally all power and authority was attributed to the supervisor and the supervisor's activity was named an "intervention" in an objectivistic sense (for example Berger & Dammann, 1982; Liddle & Schwartz, 1983). From the postmodern constructivist point of view, all participants in LS are part of the LS system. They are therefore in the permanent circular process where they equally share ideas, concepts and responsibility.

3 Tatjana Rožič describes similar concepts to social constructionism in contemporary psychoanalytic theory of intersubjectivity (Brown & Miller, 2002) and relational psychotherapy/supervision (McKinney, 2000).

The value of their conversation is in creating new choices and opportunities for therapeutic changes in the client system. We prefer that through communication with the supervisee and the client system we propose that the supervisee checks our ideas or concepts with the client system. Then, the proposal can be reflected on by the supervisee-client system and they can negotiate or redefine it, utilise it or not.

With the above presented epistemological assumptions one of the methods that we use is the "River of life model", which has superb didactic potential for teaching systemic psychotherapy⁴, coaching and supervision (Možina & Kramer, 2002; Nemetschek, 2006; Možina, 2016, 2021; Theuretzbacher & Nemetschek, 2021). The model was created by German systemic psychotherapist Peter Nemetschek, who succeeded in creating a complex systemic approach based on the work of Milton Erickson (Erickson, Rossi & Rossi, 1970), Virginia Satir (1996), Salvador Minuchin (Minuchin & Fishman, 1981), the solution-focused approach (Berg & Miller, 1992) and others. It is based on establishing rapport, utilisation, focusing on the resources of the client system, creating future perspectives, using conscious and unconscious communication, everyday trance states with open eyes, metaphors, stories and paradoxical interventions, utilising family life cycles etc. For the therapist analogue communication is in the foreground, especially in the creation of family sculptures, family reconstruction etc. From Minuchin's structural therapy Nemetschek included in his model the work on family rules, patterns of behavior and family structure/hierarchies. He integrated heuristics of different systemic practices around the metaphor of the river of life using ropes, symbols and puppets for family and systemic constellations. In the manner of Virginia Satir Nemetschek used the space in the psychotherapy room, moving together with family members, placing on the floor the ropes and symbols in therapy (useful also in a supervision situation) and making family sculptures. All these procedures create context for therapeutic change. He also created many of his own original contributions and punctuations. One of the most important is his emphasis on the creation of a stimulating, energising atmosphere for clients which facilitates a shift from the digital and conscious mode of communication to analogue and unconscious mode of communication.

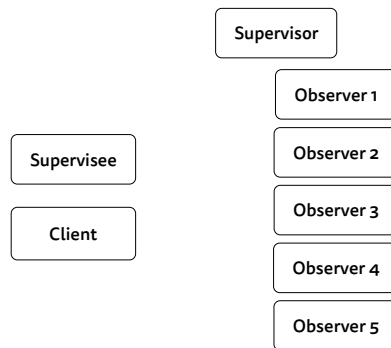
4 The main characteristics of systemic psychotherapy, as we teach students, are: the inclusion of important relatives of the client in the psychotherapy process, respect and engagement of social context, focusing on resources, openness and availability for clients with different expectations, necessities and desires and by the shift of emphasis from the pathogenesis to salutogenesis and salutodynamics (Schiepek, 2001; Schiepek et al., 2005; Bohak & Možina, 2005; Možina, 2011).

At the department of systemic psychotherapy at SFU Ljubljana the River of life model is taught through lectures, seminars, role playing, peer groups and LS (Možina & Kramer, 2002; Možina, 2016, 2021). One of the most important ways of learning systemic psychotherapy for our students, especially for beginners, is to participate as observers in the LS sessions. In this way, students actively participate with their feedback at the end of sessions connecting, consciously and unconsciously, their knowledge and experiences from seminars, role plays and peer groups with live therapeutic situations. The River of life model didactic approach helps the beginners-supervisees a lot to develop enough self-confidence in the pre-session phase in order to competently lead the psychotherapy process in the LS session.

3. Live supervision in psychotherapy training

Unlike other contexts of LS where the supervisor sits behind a mirror, using a phone (voice or text message) or moves around in the therapeutic room (Berger & Dammann, 1982; Liddle & Schwartz, 1983) or LS is computer assisted⁵, at SFU Ljubljana we prefer organising the context for LS in one room, where all (the client(s), supervisee, supervisor and observers⁶) participate together (picture 1). We also make video recordings which are later analysed during the next individual sessions with the supervisees.

Picture 1
Live supervision in one room.



⁵ Computer-assisted live supervision is also known as "bug-in-the-eye" (BITE) supervision (Weck et al., 2015). The supervisor observes the therapy session with the help of a webcam and types messages on his computer. The instructions to the supervisee appear on a second monitor located in the therapy room where the supervisee can view it whenever he wants to.

⁶ In order to participate as a student-supervisee in LS at SFU Ljubljana, students have to complete their bachelor level of psychotherapy study and then enroll onto the second year of education in systemic psychotherapy on the master level. They have to complete psychosocial practice in different institutions which offer different kinds psychosocial help (120 hours) and teaching therapy (self-experience) (minimum 60 hours). In addition to regular monthly individual supervision sessions, student-supervisees have two obligatory LS per school year. Our students are also obliged to observe LS ten times a year. In LS sessions around 10 observers are allowed.

We differentiate three phases of LS: 1. pre-session, 2. during-session, and 3. post-session.

3.1. Pre-session phase

The main goal of the pre-session phase is deepening the supervisee's therapeutic relationship with the client system so that clients feel safe enough to decide to participate in a LS session. A further primary task is also to reduce the supervisee's anxiety in order that they can approach the LS session with self-confidence and competence⁷. It is important that before LS the supervisor and supervisee have already developed mutual trust and supervision alliance in individual supervision sessions (Phillips & Kanter, 1984; Rožič, 2015). Many times before LS an additional individual session is needed (some kind of pre-pre-session) to reduce the supervisee's anxiety.

During the 45 minutes pre-session meeting of supervisor, supervisee and observers the client system is presented by the supervisee with the use of genograms, focusing not only on problems but on resources, outcomes and positive shifts in the psychotherapy process. The possible goals and aims of the live therapeutic session are considered based on the needs of the client system and teaching situation. Students/observers contribute to the treatment plan with questions, ideas and interpretations. The supervisor's task in this phase is to take care of the positive emotional state and "affect regulation" (Rožič, 2015) of the supervisee and also to cultivate a relaxed atmosphere in the therapeutic room for all participants

3.2. During-session phase

At the beginning of the LS session the supervisee together with the client system co-creates the idea of the possible outcome of the session so that during the session they can reflect on the shifts in the direction of the desired outcome. At the end of the session the supervisee and the client(s) in front of the observers reflect upon the therapeutic changes that were achieved during the session.

During the session observers often participate actively in role-playing or creating family sculptures. The supervisor's task is to keep pace and consider different levels of the session's progress, i. e. the levels of the client system, the supervisee and the training situation for the observers in order to achieve the desired outcome for all participants. Simultaneously, the supervisor constantly considers the development in the direction of the desired outcome, observes the

⁷ Wong (1997) reported in his research how important it is from the trainee's perspective to deal with the trainee's anxiety before LS.

important moments of the session, actively participates in sharing responsibility with the supervisee, verbal or nonverbal, utilising the space and time in order to co-create a stimulating atmosphere.

We often use the “reflecting team” (RT) method (Andersen, 1987), in which three observers comment on the process once or twice during the session. We use the evaluation matrix for RT that we developed at SFU Ljubljana and which includes seven factors: reframing, experiments, questions, perspectives, resources, exceptions and stories (Štiherl, 2019).

After approximately one hour, when the clients are asked to leave the room and invited to wait outside, the supervisor, supervisee and observers collect feedback for the client system. Feedbacks are selected according to the solution-focused approach (de Shazer, 1982). The main goal is to motivate the clients for further therapeutic work and change, and also to express gratitude for the unique learning experience that they gave to the supervisee and observers. The supervisor’s task is to stimulate observers to make conscious and describe different aspects of the therapeutic relationship and client system that were expressed during the session: achievements, therapeutic shifts, new resources, future orientation, excitement, joyful, humorous moments or even experiences of relatively rare “moments of meeting” (Stern, 2004). When the clients come back into the room every one (observers, supervisee and supervisor) give their feedback.

3.3. **Post-session phase**

After the clients have left, the observers and supervisor give feedback to the supervisee, focused on their competencies and positive learning. The supervisee is also invited to reflect upon their positive achievements during the session with their clients. The session is then analysed and ideas are gathered for future work with the client system. An important part of post-session is also an analysis of video recordings with the supervisee at the next individual supervision session(s).

4. **Research on live supervision**

Research on LS differs depending on the author’s epistemological view point of psychotherapy⁸ and depending on various contexts in which it is performed,

⁸ German authors von Schlippe and Schweitzer divided three phases of the development of systemic therapies according to the epistemological paradigm: from 1940 -1970 systemic therapies based on the objectivistic epistemology, from 1970-1990 on the constructivist epistemology, and from 1990 until today on social constructionism (von Schlippe & Schweitzer, 2013; see also Dalos & Drejper, 2014).

for example in marriage and family therapy (Wark, 1995ab), social work (Wong, 1997) or genetic counselling (Hendrickson et al., 2002). The focus of the research on LS can be conceptualized in different ways, for example addressing its prevalence and use, the impact of LS interventions, and perceptions of LS by supervisors, trainees, and clients (Champe & Kleist, 2003).

Hendrickson, McCarthy Veach and LeRoy (2002) gathered data on participants’ perceptions of the impact of LS on students, supervisors, and clients. Both students and supervisors reported that LS had a positive impact on the training of genetic counsellors. Students saw LS as enhancing their professional development, including genetic counselling skills and future supervisory skills. They also reported that LS provides concrete feedback and increases their self-awareness, and when the relationship with the supervisor is positive, LS decreases trainee anxiety. Supervisors perceived that LS positively affected trainees by increasing skill level and confidence. Supervisors perceived LS as having a positive impact on their own supervisory and counselling skills by influencing them to reflect on their own work with clients. Both trainees and supervisors reported the time and additional work burdens as negative impacts of LS. Both students and supervisors reported that LS provides a sense of safety and increased attention for clients, although clients may be confused by the nature of the supervisor and student roles.

Linda Wark (1995b) explored the perceptions of supervisors and supervisees regarding helpful events in LS. Based on an analysis of qualitative interviews, Wark developed three supervision areas that are important for supervisee development: (a) teaching/directing, (b) supporting, and (c) collaboration. Supervisors’ perceptions supported all three domains of supervision, whereas students’ perspectives on helpful aspects included only the supporting and collaboration areas. Within the teaching/directing domain, supervisors saw themselves as helpful when they offered directive or structuring interventions, promoted skill development and self-sufficiency in the supervisee, and used phone-ins primarily for client benefit. Supervisors saw themselves operating in the supporting domain when they attempted to make the supervisee feel comfortable and when they affirmed and validated the supervisees. When supervisors perceived a connection with the supervisee, responded to supervisees’ requests, and supported the supervisee’s direction in therapy, supervisors acted within the collaboration domain. In the supporting domain, supervisees perceived LS as helpful when the supervisor expressed validation. In the collaboration domain, supervisees perceived supervisors as helpful when they were flexible, proceeded at the supervisee’s pace, and personalized supervision. Supervisees also perceived supervisors as helpful when they acted as partners or provided

suggestions that supported and enhanced what the supervisee was attempting and when supervisors were not intrusive or over-involved.

In another qualitative study Wark (1995a) examined critical incidents in LS by gathering supervisor and supervisee perceptions of negative and positive supervisor behaviour and interventions. Supervisees perceived supervisor interventions as positive when the supervisee learned from the supervisor, the supervisor supported the trainee's chosen approach in the session, and when the supervisor was encouraging. Supervisors perceived their interventions as positive when they provided concrete instruction, were well informed about the case and the supervisee's level of experience, and had supportive and open relationships with supervisees. For supervisees, negative critical incidents involved the supervisor's overuse of the phone and supervisor's providing direction that was incongruent with the supervisee's theoretical orientation. Supervisors' negative critical incidents involved not giving instructions clearly, being unaware of the supervisee's needs and experiences, or when the supervisee had low self-confidence. Wark noted how the conflicting perspectives of students and supervisors about trainees' need for instruction and need for autonomy and control over their session points to the supervisor's dilemma in boundary definition in the supervisory role.

A pilot study of graduate social work students in their first LS explored changes in trainees' reactions between initial and later stages of supervision and the ways in which trainees evaluated LS (Wong, 1997). Results suggested that the trainees expected and experienced anxiety before and during the early stages of LS and became less anxious as they gained experience and confidence. Towards the end of their field placement, participants perceived LS as a valuable learning experience. Wong reported that trainees perceived LS as economical for themselves and clients and noted that this conflicts with literature that tends to characterise supervision as expensive and time consuming. The trainee's role as beneficiary and the supervisor's role as donor of time and services may explain this discrepancy, notes Wong. "Performance anxiety" and "dependence and independence" emerged as the two major themes from the data collected by interviews. The evaluative nature of LS and the fact that it is a compulsory requirement for social work graduate trainees appear to increase performance anxiety. The theme of dependence and independence is characterised by trainees' expressed feelings of relief when supervisors rescued them from non-productive interventions and trainees' perceptions of frequent supervisor phone-ins, especially in later stages of supervision, as detrimental to the trainees' development of autonomy and authority. Wong also found that trainees' perceptions of LS were positively altered by the positive personal attributes of the supervisor,

including level of experience, understanding, empathy, and support. Trainees reported wanting positive and supportive attitudes from trainers and suggested that trainees be open, flexible, and assertive in order to get the most out of LS. Additional qualitative methods have also been used to explore experiences of LS.

Weck et al. (2016) report that when considering the different LS formats, bug-in-the-eye (BITE) supervision is particularly promising because of its improved and less invasive procedure. Their study compared the efficacy of BITE supervision with that of delayed video-based (DVB) supervision. 23 therapists were randomly assigned to either the BITE supervision or DVB supervision groups. The participants were psychotherapy trainees who treated 42 patients (19 under BITE supervision and 23 under DVB supervision) over 25 sessions of cognitive-behavioural therapy. Two independent raters blind to the treatment conditions evaluated the therapeutic alliance and therapist competence based on 195 videotapes. The therapeutic alliance was significantly stronger among the treatments conducted under BITE supervision than those conducted under DVB supervision. Moreover, a higher level of therapeutic competence was found in the BITE condition than in the DVB condition. However, no differences between supervision conditions were found when the results were controlled for the level of therapeutic alliance and therapist competence demonstrated in the first session. No differences were observed between the supervision conditions with respect to patient outcomes. There is evidence that BITE supervision is able to improve the therapeutic alliance and therapist competence. However, these findings should be interpreted with caution because possible pre-treatment differences between therapists might explain the superiority of BITE supervision.

Ahlburg (2017) examined helpful and hindering factors of LS, as well as the concrete implementation of the findings in the work with clients. Eight supervisees from two educational contexts (SFU Vienna and the Austrian Working Group for Systemic Therapy and Systemic Studies) were included. The LS took place in a group setting together with training colleagues under the guidance of the supervisor. The data collection was done in combination of participant observation and change interviews with additional use of the method of tape-assisted recall (TAR) for the analysis of selected events. The interviews were analysed for content. The coding process was a combination of deductive and inductive approach. It was emphasised by the supervisees that in the LS method in comparison to delayed forms of supervision the interactive process is more objectifiable through direct observation and the relationship dynamics are more visible. Disadvantages were seen in the time and technical effort required and the fear of evaluation due to the supervisor's additional control function as the supervisor. Helpful factors in LS were, among others, an appreciative and cooperative

working atmosphere, broadening of perspectives and deconstruction of existing views, concrete corrective feedback and suggestions for interventions and alternative actions. In working with clients, supervisees subsequently felt more confident, structured, thoughtful, courageous, and competent in their roles. New interventions and perspectives were integrated and the therapeutic relationship was strengthened. An unexpected result of the research was the added value of the TAR method as an additional reflective tool. In particular, interventions that tended to disrupt existing patterns were only recognised through the recall. Second-order reflection through TAR opened up a learning field in which new perspectives could emerge and new relationship patterns could be formed.

In a recent systematic review Maaß et al. (2022) included 138 publications (of which 8 were RCTs; N = 339). Most publications had a family therapy background (59%), were categorised as nonempirical (55%), aimed primarily at describing or comparing specific LS methods (35%), and displayed positive views on LS (87%). Based on the RCTs, LS was superior to no-supervision in 78% of all comparisons, but only in 13% of the cases compared to a delayed supervision (DS) condition (i.e., regarding trainee skills, patient outcomes, or other variables). These results somewhat contradict the overall favourable views in the literature. However, the generalizability is limited due to a lack of high-quality studies and substantial heterogeneity in terms of LS methods, concepts, outcomes, and measurements.

5. Research of supervision and live supervision at SFU Ljubljana

In the literature the influence of supervision on supervisees is confirmed by the results of numerous researches (Wilson et al., 2016). However, the question of the effect of supervision on clients remains insufficiently researched (Rousmaniere et al., 2017). In the psychotherapy outpatient clinic of SFU Ljubljana, we therefore started a pilot project in 2021 to introduce systematic feedback into clinical practice, which is based on the "synergetic navigation system (SNS)" developed by Günter Schiepek (Schiepek et al., 2005, 2015). At the same time, with the help of SNS, we also started research on supervision and meta-supervision (Kovačević Tojnko and Rožič, 2022). The aim is to shed light on the dynamics of the therapeutic, supervisory and meta-supervisory process and to develop a tool for monitoring feedback between three dyads (client – therapist, therapist – supervisor, supervisor – meta-supervisor) and to show how real-time monitoring of the work process can contribute to the outcome of treatment and the personal development of supervisors and therapists. At the same time, the

goal is to develop feedback-informed supervision (FIS) and "deliberate practice" (Rousmaniere et al., 2017) based on SNS. Our plans for the future development of LS are framed inside the FIS and deliberate practice concepts.

5.1. Qualitative analysis of supervisor's participation

For many years we have been participating in the process of LS, first as supervisees and observers, and then as supervisors. Our own participation in the supervisor role was led and inspired by the motto "less is more" and resulted in raising questions about a supervisor's active or more passive participation, creation of the atmosphere, dynamics of cooperation with the supervisee and using the space in the therapeutic room.

We designed an evaluation project to explore the supervisor's approach which could enhance the quality of the LS process. Based on our own experience and on a study of the literature we formulated 4 dimensions of the supervisor's participation: 1. activity-passivity, 2. non-verbal – verbal participation, 3. the use of the therapeutic space, and 4. the co-creation of the atmosphere.

5.2. Sample

The characteristics of the supervisor's participation according to the above mentioned 4 dimensions were described by 52 observers in a qualitative way during 7 LS sessions (Table 1). 80% of the observers were female and the age of the observers ranged from 20 to 55 years.

Table 1
Dates of live supervision sessions and the number of observers

	Dates od LS	Number of observers
1.	16th December 2017	9
2.	2nd January 2018	7
3.	3rd February 2018	7
4.	4th March 2018	8
5.	24th May 2018	6
6.	25th May 2018	8
7.	26th May 2018	7
	Total	52

5.3. **Results**
All 52 observers' observations were collected by open-ended questions, and the results of qualitative analysis for which there were more than 95% concordance are presented in tables 2 to 5.

Table 2
Selected observers' statements on the active-passive dimension of the supervisor's activity.

	Observers' statements
1.	Supervisor found a fantastic relationship between a supportive presence and support for clients and therapists – less active than usual.
2.	Supervisor's unobtrusive, quiet way of activity.
3.	Supervisor was active at the right moments.
4.	Supervisor allowed space for supervisee and client to develop their own way.
5.	Supervisor allowed enough freedom, with minimal entry.
6.	Supervisor was balanced, calm, supportive.
7.	Supervisor ensured greater space of comfort for the supervisee and client which had a positive effect on the atmosphere.
8.	Supervisor did not 'mix' too much, but gave guidelines.

Table 3
Selected observers' statements on the dimension verbal-non-verbal supervisor's participation.

	Observers' statements
1.	Supervisor engaged verbally in a very subtle way.
2.	Supervisor's voice was soft/quiet in relation to the situation (did not speak loudly).
3.	Supervisor used non-verbal language to direct the therapy when needed.
4.	Supervisor established basically non-verbal cooperation.
5.	Supervisor had only a mini-intervention in terms of suggestion for the movement of the rope.
6.	Supervisor's verbal collaboration was very energising.
7.	Supervisor enabled nice integration, clear, short and concise instructions.
8.	Supervisor gave useful tips, sometimes as an open admission so that the supervisee could check with the client,

Table 4
Selected observers' statements on the dimension supervisor's use of the therapeutic space.

	Observers' statements
1.	He used the space of the therapeutic room very gently, with soft movements.
2.	He moved together with the client.
3.	He moved almost invisibly around the room.
4.	He was subtly involved in the process.
5.	His involvement in the space of the therapeutic room was non-invasive, gently and meaningful.
6.	Minimum super-fluidity according to the needs (window, pillows, rope...).

Table 5
Selected observers' statements on the dimension of the supervisor co-creating the atmosphere.

	Observers' statements
1.	Supervisor created a relaxed atmosphere – the best possible learning context.
2.	Supervisor created a pleasant, creative and learning atmosphere.
3.	Supervisor contributed to the creation of solutions.
4.	Supervisor used metaphors, humour, relaxation and safe therapeutic space.
5.	Supervisor was calm, he had a positive attitude, created a positive, pleasant atmosphere.

5.4. Discussion

From the observers' statements we summarised the following main points:

- the observers' positive impressions confirmed our earlier expectations and assumptions about the usefulness of constructivist, solution-focused and narrative conceptualization of a supervisor's participation that the supervisor is the facilitator of LS as much as possible and only in rare cases takes over the therapeutic role (and also in these cases only for the shortest time possible, for example for a minute or some minutes when this is for the benefit of clients and their session outcomes⁹);
- the River of life model proved to be didactically highly useful for supervisees (even the beginners) to demonstrate their own competence and for observers

9 It happens here and there that a supervisee experiences a block and asks the supervisor to take over the therapeutic role for some time on the session or that the supervisee and supervisor agree in the preparation phase that a certain part of the session could or will be led by the supervisor (for example the work with relationship statues can be demanding if the supervisee hasn't enough experiences).

who could follow the therapeutic process more easily;

- the supervisor's investment of additional time in the pre-pre session phase has proven to be very effective in order to reduce supervisees' anxiety in cases when it was too high and hindering and enabled LS to be a safe place for learning;
- observers liked very much a supervisor's participation which was subtle, discreet, with soft movements, "visible invisible", respectful to the therapeutic space which was created by the supervisee-client system and balanced according to the needs of the clients for therapeutic change, and supervisees' and observers' needs for learning and developing therapeutic competencies.

Similar to the findings of Ahlburg (2017, p. 58) we became more aware of how quickly a supervisor's even simple recommendations during a LS session could shake the supervisee's confidence and could be experienced as devaluation and weakening of their therapeutic authority¹⁰. With this in mind we sometimes stay absolutely invisible, let the therapy session unfold without interruption, hold our observations and initiate the reflection process after the session. Also the use of a reflecting team of colleagues/observers can help the supervisor to remain invisible when the supervisee's sense of confidence is very unstable.

The important question for us is, what is the main purpose of LS? Is it that the client-supervisee system moves forward or that students/observers learn new approaches and methods? Generally speaking, the task for the supervisor is to balance between these two poles. However, our understanding is that the focus in LS is primarily on the client-supervisee system and on the therapeutic process of the client system. They should benefit the most, because they will continue with further sessions after the LS. Also the individual supervision work of the supervisee and supervisor will continue. The supervisor and observers should primarily take care of the supervisee's learning and the clients' therapeutic change. The challenge for the supervisor is how to help observers to integrate their experience of LS with their current knowledge of psychotherapy. For this purpose the post-session phase is very important because the observers have the opportunity to reflect and put questions to the supervisor.

There are several methodological weaknesses in this research: the lack of preparation of observers for more systematic and focused observation before the participation in LS, the heterogeneity of observers in age / life / professional experiences, the application of open questions instead of using a more precise checklist, the relatively small number of dimensions of the supervisor's

participation, lack of inclusion of any client's evaluation of the supervisor's participation and lack of evaluation of the client's therapeutic progress during and after the LS session.

Future research could be improved by precisely upgrading these methodological weaknesses. Future research could also focus more on the events perceived as significant and facilitative for their professional learning, work and growth of trainees (Žvelc, 2015, 2017), as well as affect regulation (Rožič, 2015) among the participants in LS. Also the reflecting team's influence and video recordings of LS could be used for further research elaboration and analysis.

6. Conclusion

Epistemologically our supervision practice and research is based on the participatory ethics of supervision. The participatory supervisor's approach has been shown to be promising on four dimensions: the extent of the supervisor's activity, the extent of non-verbal and verbal participation, the use of the therapeutic space, and the co-creation of atmosphere. These encouraging results invite further qualitative and mixed qualitative-quantitative research that would enrich the practice of LS and supervision in general. The introduction of FIS and the deliberate practice concept open new possibilities for the development of LS in psychotherapy training and research.

¹⁰ It is interesting that when supervisees experienced devaluation and weakening of their therapeutic authority the clients didn't experience this. Even the opposite, they encouraged the supervisee and expressed emotional support.

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