

ORIGINAL ARTICLE

# Guided discovery in cognitive behavioral supervision

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## Abstract

Guided discovery is one of the most central approaches in supervision, helping the supervisees to better understand the client, or, if necessary, change their attitudes towards client and find appropriate strategies to solve client’s problems. Using guided discovery, the supervisor helps the supervisee to map the case conceptualization, seek appropriate strategies, and recognize parallel processes such as transference and countertransference. The questions are asked with an open mind and curiosity to help connect known, but previously unnamed phenomena, with their consequences. The purpose of the questioning is therefore not to emphasize supervisees mistakes in thinking, but to show that the situation can be assessed alternatively. The intention is not so much to find the ‘truth’, but rather to learn to think differently about problems and refrain from premature conclusions.

## INTRODUCTION

Supervision in psychotherapy can be seen as one of the most complex procedures performed by a healthcare professional (Milne 2009). In practice, supervision works on two levels: it addresses the needs of therapists and their clients (Temple & Bowers 1998). It is generally assumed that the quality of supervision contributes to maturing of effective and ethical therapists, helping and protecting clients, and advancing the mastery. However, empirical evidence supporting the view, that clinical supervision is effective in improving clinical outcomes, is lacking (Milne 2009). There two models

of education: the supervisor can inform the supervisee of how he or she understands what is happening directly in the therapy, as an expert (the vertical model), using tools such as explanations, instructions, psychoeducation, examples, or advice. Or, the therapist can find understanding on their own through the experience (the horizontal model) (Praško *et al.* 2011a). The basic idea of collaborative empiricism corresponds to the second approach. One of the main strategies used in the horizontal model is the Socratic dialogue

(Praško *et al.* 2011b), where the supervisee by guided discovery, finds a contradiction between different perspectives or between their perspective and the facts found (Beck *et al.* 1974, Ellis 1962). Guided discovery is considered more meaningful in the therapy than the psychoeducation, because it leads to independent thinking (Padesky 1993). This idea supports recent study that show (Goldin *et al.* 2017) that Socratic dialogue is very effective method of teaching that allows the learner to deeply and further understand underlying learning objectives and to use them in other contexts. The development of this ability is very important for supervisee.

Moreover, guided discovery is one of the most important strategies in supervision, helping the supervisee to better understand the client, or, if necessary, change their attitudes towards client and find appropriate strategies to solve client's problems (Praško & Vyskočilová 2010). Instead of telling how things can be, the supervisor helps them to discover and connect with questions, such as: "Do you have the impression that this may be related?"; "What you said just now, is it leading somewhere? What do you think about it?"; "How those themes are related?"; "I wonder how the client's wife feels about it? Guided discovery is considered more important in the therapy than in the psychoeducation, because it leads to independent thinking (Padesky 1993).

Similarly, guided discovery is one of the most important strategies in supervision, helping the supervisee to better understand the client, or, if necessary, change their attitudes towards client and find appropriate strategies to solve client's problems (Praško & Vyskočilová 2010). Through the Socratic dialogue, the supervisor helps the supervisee to find contradictions in understanding and attitude. It means teaching them how to ask inductive questions, and based on them come to a new perspective. The aim of the dialogue is not to convince the supervisee that their reasoning is wrong, but to show that this way of thinking is not the only option and that a particular situation can be assessed differently. It is more important to learn how to think about problems than to find the "truth" or to change the minds (Padesky 1993). It's a good practice to let questioning process to be open-ended – the supervisor is in discovery journey with genuine curiosity, same as the supervisee. Excess confidence (or overconfidence) about "right" way could mean that important information could be missed and free atmosphere could be violated. In the experience of guided discovery the supervisee learns to build similar questioning process themselves. The Socratic dialogue should never turn into a counterargument, with the supervisor showing judgment to the other party, forcing them to defend their original approach. It is also important that the supervisor does not answer the inductive questions himself/herself. While sometimes supervisor may have the impression of knowing a reasonable answer and is easier to explain or advise, it is better to remain patient, and give the supervisee enough time

to come up with their own answer. The answer found through guided discovery is more convincing and more memorable for the supervisee than an answer given in a form of psychoeducation because of experiential learning component. In addition, this process strengthens the clinical ability to think independently. The purpose of Socratic dialogue is therefore to use appropriate questions to reveal something that the other already knows or partly knows but has not yet considered, linked, or forgotten. A "good" inductive question means that the supervisee is able to answer it, and the answer is leading them to new perspectives or solutions.

The atmosphere of a good supervisory relationship is essential for effective Socratic questioning and on the other hand effective guided discovery strengthens supervisory relationship. The supervisor task is to create an atmosphere of interest, openness, non-judgement, understanding, and cooperation, in which the supervisee's commitment, alternative thinking, creativity, and positive memories are encouraged. The supervisees should feel that their new perspective is "interesting" and that the supervisor examines and takes it into account. The style and meaning of the Socrates' interviewing in therapy was most elaborated by Padesky (1993). The author stressed an important difference between using the Socratic questioning to change thinking and use it to find new ones. According to Padesky, a therapist who is trying to 'change the patient's mind' actually suggests that the patient's thoughts are illogical, while guided discovery used by the therapist opens up new possibilities to explore for the patient. The key to the latter approach is the attitude of true curiosity on the part of the therapist. In his commentary on Padesky's views, Teasdale (1999) noted that at the psychological level, the effort to 'change the mind' depreciates specific thoughts or meanings, while guided discovery approach creates alternative mental frameworks. Therefore, a CBT therapist should strive for a guided discovery not only out of curiosity but also out of humility. This allows him/her to accept the fact that he/she can often learn something from the client rather than suggesting the correct answer. In this way, the therapist can avoid being trapped by the 'engineer of the mind' approach (Teasdale 1999).

### **SOCRATIAN DIALOGUE AND GUIDED DISCOVERY IN SUPERVISION**

Supervisors sometimes overuse psychoeducation in situations where the supervisee has sufficient knowledge or experience. It is more advantageous for the learning process to use inductive questions to discover the broader context, in which the supervisee can realize what they had knowledge about that before. This not only deepen understanding of a particular client's case, but also teaches appropriate clinical judgement. Using guided discovery, the supervisor helps the supervisee to map the case conceptualization, seek appropriate strate-

gies, and recognize parallel processes such as transference and countertransference (Persons 2008, Linehan & McGhee 1994). Instead of instructing, advising, or explaining, the supervisor asks questions to help the supervisee uncover connections and patterns (Praško et al. 2011a).

Guided discovery can help by establishing a relationship and creating an atmosphere of safety and understanding by focusing on the other's perspective (Bennett-Levy 2006; Greenberg 2007; Thwaites & Bennett-Levy 2007; Vyskočilová & Praško 2011). It is important that the questions are not interrogative, like at a police station, and that the supervisee does not perceive as if they are being tested. The questions are asked with an open mind and curiosity to help connect known, but previously unvoiced phenomena, with their consequences. The 'good' Socratic question has two features (a) the supervisee is able to answer it; (b) the answer shows new perspectives - on essential therapy parts - conceptualisation, relationship and strategies.

The purpose of the questioning is therefore not to emphasize their mistakes in thinking, but to show that the situation can be assessed alternatively. The intention is not so much to find the 'truth', but rather to learn to think differently about problems and refrain from premature conclusions. It is very important to encourage the supervisee to ask similar questions themselves. Socratic dialogue must never turn into a dispute in which the supervisor proves to the supervisee that they are wrong, while the supervisee defends the legitimacy of their view. It is also important that the supervisor avoids rhetorical questions and is not tempted to answer inductive questions himself. Although the supervisor may sometimes have an impression of knowing a more appropriate rational response, it is better to be patient and give the supervised person enough time to come up with a self-convincing answer. The aim of this way of conducting the interview is not only to enable the supervised person to find a reasonable answer, but also to teach them to ask similar questions in clinical situations.

According to Padesky (1996), the supervisor should use the procedures such as guided discovery to clarify what a supervisee already knows about the problem, then build on these strengths, drawing out the supervisee's understanding. These are concrete illustrations of how the supervisor and the supervisee can collaborate within Vygotsky's zone of proximal development (Milne 2009).

Guided discovery can also be viewed as a process that relies on eight components: intellectual modesty, empathic listening, systematic questioning, trust in the client's /supervisee abilities, redirection to maintain focus, activities completed between sessions, highlighting useful material, and occasional brief explanations. Guided discovery uses inductive reasoning to help search for new information on supervisee's path toward effective solutions. Such process could mini-

mize the role of the therapist/supervisor as an expert or a teacher (Overholser 2018). Guided discovery allows to feel in control of making decisions and take effective action for the supervisee to gain the insights they have formulated themselves (Sokol et al. 2014). Türkçapar et al. (2015) described the five techniques which are used for the Socratic questioning:

- (1) *Informational questions* - These questions help to reveal the supervisee's beliefs about the problem, understand the facts and the reasons that make / supervisee believe this way
- (2) *Empathic listening* - Listening to selected words, images, themes, beliefs, strengths and weaknesses etc. The attention should be paid also to nonverbal messages.
- (3) *Summarization* is the crucial component of the process.
- (4) *Analytical synthesis questions*: The final phase questions focus on understanding what the supervisee has understood from the questioning and revealed information. Examples: Which conclusion have you derived from this? Do the things that you say confirm with your.... belief? According to this what can be helpful? If your close friend was in your situation, what would you say to her?
- (5) *Application questions*: These questions are used to discuss how the new information will be put into action.

Guided discovery could be divided into several phases (Türkçapar et al. 2015):

- (1) *Definition*: It includes listening to the problem, understanding and reflecting the thought-belief connected with the problem and determining the accompanying emotions, and behaviours. Example: What is the problem? Why is it a problem? What constitutes the problem? How severe is it? How often does it occur? How long have you been having this problem? Are there times that it gets better? Can you give an example of that situation? When was the last time that you experienced such situation? Can you describe it? When, where, how? What did you feel? What did you think? What did you do? What is the problematic part of this? What did you do in the past?
- (2) *Examination, evaluation and finding out alternatives*: In this phase, the supervisor focuses on the questions which have a potential to bring up different information related to the issue. Examples: Did you have a similar problem before? How did you get out of it? Do you think the same solution could work here? Do you have any idea that would help?
- (3) *Reassessment*: It begins with summarization of a more realistic, functional, and beneficial new knowledge which was revealed through questions (Overholser 2018). For example: Then can we say....? What are the conclusions that you draw from this? According to this, what can be helpful for you? If your close friend was in this situation, what

would you tell him/her? If one of your close friends who loves and cares about you learn all of these, what would he/she say?

- (4) *Conclusion and Application*: Examples of questions: What do you think should be done? How would it work better? In which ways could you benefit in doing so? What could be the losses? What is the worst possible scenario? How could it happen? Would it really happen, what could you do about it? Can you think where and when you will do it? How do you think it will go? Do you think that there is anything else that you can do to reach a better outcome?

## AIMS OF GUIDED DISCOVERY IN SUPERVISION

Guided discovery has a similar purpose in the supervision as in the therapy. It can fulfil several important functions:

- (a) To assist the supervisee to discover their attitudes and assess experiences in specific situations;
- (b) To find connections between individual experiences in the present or in the past, conceptualizing the case;
- (c) To determine the consequences of their experience and behavior;
- (d) To link one's own experience with the theory;
- (e) To establish or strengthen the supervisory relationship;
- (f) To find optimal strategies;
- (g) To strengthen autonomy of the supervisee;
- (h) To enhance self-reflection;
- (i) To strengthen ethical reflection.

### *(a) Help the supervisee to discover their attitudes and experience in certain situations*

The supervisor helps the supervisee to discover their attitudes and experiences in specific situations with the client. Subsequently, through questions, the supervisee capable/enable to discover new therapeutic approaches. Instead of 'fatherly speeches', advice and explanations that push the supervisee into the role of an ignorant pupil, the supervisor seeks to encourage the supervisee to be a collaborator with whom they discuss problems together. The supervisor is interested in the attitudes of the supervisee, expresses warmth and non-judgmental attitudes. The supervisor seeks to alleviate the anxiety, fear and feelings of helplessness for the supervisee and supports their involvement, thinking and creativity. The supervisee should feel that their views are interesting, not 'boring' in any sense and that their exploration for new opportunities is appreciated by the supervisor, not critically challenged. Cooperation is paramount for the advanced therapist. The supervisor accompanies the supervisee in their consideration of the context, tries to avoid education and recommendations.

**Therapist:** Somehow, I don't understand, this patient annoys me so much, and that blocks me from working with him. I would like

to discuss with you whether it is worthwhile to work with him or whether to send him to someone else who would deal with him.

**Supervisor:** You say you're annoyed, and you don't know whether to continue working with him or send him away?

**Therapist:** Yeah, yeah. Now I wonder why I am so angry... many clients don't do homework and I find new ways to motivate them...but with this particular client homework situation makes me feel...

**Supervisor:** So, it's different from other clients...?

**Therapist:** Yeah... this client seems to me so arrogant, pretentious... as if he despised me... he picked on me... yeah, it gets on my nerves...

**Supervisor:** Your experience is understandable ... What else do you think of it? ...

**Therapist:** That he has a really caring girlfriend, however finds himself complaining that she doesn't understand him... as if he be able to understand care... he is terribly self-centred... he doesn't care about the feelings of others ...

**Supervisor:** It may be true... what happens with him that you think he is so self-centred? That he doesn't care about the feelings of others ... while complaining that his partner does not understand him?

**Therapist:** That frustrates me... and another thing that makes me angry is that he continues to come to the session without any homework and complains we are not reaching any progress... but he still comes... even when once I had to cancel our meeting because I was going to the conference... He felt upset then...

**Supervisor:** I think, he seems to care about the sessions ... what do you think?

**Therapist:** It's weird, it's contradictory. Likewise, he complains that his girlfriend does not understand him and would like her to understand him more, but is unable to empathize with her, recognise her needs...

**Supervisor:** Going by what you describe, he seems to need more than he is able to give...

**Therapist:** Actually, it's kind of understandable... his mom is a psychologist...

**Supervisor:** I am not sur how does that relate?

**Therapist:** Ok, let me explain... Although she familiarised him with various psychological theories from a young age, she was emotionally cold and neglectful. She often had quarrels with her husband, and he left them, attempting only a sporadic contact with the patient. Nobody cared about his needs, so he had to learn handling situations on his own. My client appreciated his 'friendship' with the secondary school teacher who encouraged him to go to karate, a sport in which he was able to somehow express himself...

**Supervisor:** So, he needs someone's attention...

**Therapist:** Certainly ... male authorities certainly, I actually feel it with myself. However, he also need better understanding of the relationship with women. His mother left quite an imprint... He falls for any woman that pays attention to him shows kindness. He claims to be Don Juan, but when we discussed it, relationships are mostly initiated by women.... I was a little envious of him... yeah maybe it bothers me too... he just wants attention because he feels lonely... and the girlfriend is a bit cold like his mom.... Well yeah, I understand a little bit... actually, even though I am often angry with him, he somehow feels I could accept him, so

he continues with the therapy... even though he doesn't do the work, he just wants me to care about him... as if he wanted me to accept him without merit.

**Supervisor:** Does it look like you're starting to be more compassionate towards him... or does it just seem to me?

**Therapist:** Somehow, I'm starting to understand it... I am not even angry with him anymore...

*(b) Find connections between individual experiences in the present or past, conceptualizing the case*

Case conceptualization is the ability to understand problems and symptoms in terms of patient's history and current context. This skill is grounded on the study of the theory, but the development is only possible through the practical experience with clients, which is most significantly developed by systematic supervision (Armstrong and Freeston 2003). Guided discovery is the main method of improving conceptualization in supervision. Typical issues focused on case conceptualization might be:

- Do you have any connection between what the client experienced in childhood and the emotional and intellectual patterns of current important relationships?
- How can this behavior affect client's relationships at work? Is there something similar in other relationships?
- You said that in client's childhood mother did not pay enough attention to the client because she had to pay attention to her sick brother. The patient then tried to help as much as possible at home. That was childhood - and what about adult life? Are there any parallels? ... And what about therapy, is it possible that the patient's behavior in treatment has some connection with the strategies learned through childhood?
- What do you notice in client's behavior towards you during the therapy session? Would you describe client as very diligent ... the client works very well when you praise him and get nervous whenever positive feedback is not immediately given... Does it remind you of any other important relationship from client's life?
- Do you think client's relationship with mother might reflect client-therapist relationship you have during therapy? Do you see any connection?

The supervisor helps the therapist to understand how the individual conceptualization elements are interconnected, such as how their thoughts and attitudes relate to emotional responses, what modes are involved in experiencing them in key problem situations, how core schemes relate to combinatorial strategies, and what happened to the client, how his/her childhood experiences relate to his/her adult behaviour, and so on. Guided discovery helps to realize understanding based on past experiences as well as new cognitive and emotional insights. Therefore, questions may be directed to link with past client experience, to the theory, life experience and context. This helps the therapist to conceptualize the client's story in a broader perspective, understand client's situation as well as their own attitudes and competences, plan optimal strategies,

structure therapy, and guide therapist to solving client's problems (Davidson 2008). By guided discovery it is possible to help the supervisee to better understand their client (Vyskočilová & Praško 2012).

**Therapist** (reports at the beginning): Somehow, we are not able to make progress in therapy with Mrs. K. Firstly, I thought it was a simple problem. Mrs. K suffers from recurrent depressive disorder and is in long-term incapacity for work. During the examination, I found that she was anxious since childhood, had a critical mother and a father who, although he loved her, could not protect her from the mother because he was also afraid of her. He was often escaping to work. She went into the nursery early, crying there a lot. She hated schools, her parents had to come to her repeatedly and pick her up. She always tried to please her mother helping at home, and she had excellent results at school. Her mother took it for granted and did not praise her. After high school she married, the husband is a man similar to her father. He supports her, but is not at home at the moment. This episode of depression is the third in five years. The first episode appeared six months after her father died. She couldn't mourn after death, as if she couldn't believe it. At that time, she was successfully treated with antidepressants. The second episode appeared after she was discharged from a job she had retained for twenty years. The management of the company changed and preferred younger employees and later dismissed her for redundancy. This hurt her and later depression was developed. She was already hospitalized by then, but after the antidepressants treatment the depression had been resolved. Despite the crisis, she found a new job in three months.

About 4 months ago, another depressive episode occurred, despite taking antidepressants. Changing antidepressants did not bring relief. When I searched for what happened before the episode appeared, patient did not remember any stressful situations in her life during that period. So, I do not understand why the episode appeared. I need to discuss this with you, because it would help me better understand what is going on and choose the best treatment strategies. So far, we have planned activities and worked with automatic thoughts. Symptoms have improved in partly: she does not think that she failed as an employee, mother, and daughter. However, she still finds new impulses for ruminations that last several hours a day as thoughts of her own inability return. She is still self-critical, saying she does not do enough.

**Supervisor:** I see you know a lot about her. And I understand that today you would like to discuss more about conceptualization so you can understand it more. We can discuss it together. I think we could discuss her attitudes to herself and her coping strategies, and then consider whether this is somehow related to the current episode. It is prominent for me that you say that the first episode was associated with the loss of a father who treated her well and the second with a loss of job, where she worked for 20 years. What do you think?

**Therapist:** From what she said, her father did not criticize her, he took her as she was. He even worked after retirement and helped them financially. Then she felt guilty that father was exhausted because he works too much. Her mother agreed with this and she accepted it as a fact. In her first job she also had

a good position for years, management respected her, she was diligent and helped others. She was very disappointed that the new management had fired her. At that time, she also lost a lot of rewards, which for years maintained her self-confidence. In fact, she's been deserving appreciation and acceptance. Nothing like this came from the mother and the same was from her managers at work. Although her husband was on her side, he just gave sympathy rather than strength. He is de facto similar to her father. He is on her side, and empathizes with her, but he doesn't really encourage her. And now he has found a new job and has to travel 50 km. He either arrives late or sleeps near his workplace. This has been continuing for the last three months.

**Supervisor:** You seem to be contemplating something... he also abandoned her a little bit. Something else happened in the last six months, what could be related?

**Therapist:** Yeah, she was promoted at work. She herself regards it as an award from the hospital management, where she works now as head of the accounting department. But relationships have changed. One colleague who has been there longer was angry that she wasn't promoted. The other supports her. Although three other co-workers are on her side, it is unpleasant for Mrs. K. She tried hard to make no mistakes colleagues could point to. She was always hardworking. But now her husband is at home less, she has no one to talk to. In addition, the children are a teenager and almost don't help her at home. She feels she should do it all herself. Now she is more depressed, does not go to work and her husband goes home every day to help her.

**Supervisor:** You really know a lot about her and I like the way you think about what preceded this last episode. Do you think this could be put in context?

**Therapist:** I guess so, I find it quite understandable now. Again, she was disappointed, especially that her older colleague and her friend were against her. It's like her mom. Even though she tried hard, she did not achieve her acceptance. What's more, the husband is less supportive, and the kids don't listen.

**Supervisor:** That sounds logical to me. Do you have the impression that it could be combined into the whole conceptualization? Linked with childhood and the whole story?

**Therapist:** I can try. It's just a hypothesis, I'll consider if I have enough facts for her.

**Supervisor:** So, walk me through it.

**Therapist:** She had a feeling of abandonment since childhood, probably due to premature separation and excessive criticism by the mother. I also remembered that she was repeatedly admitted for heart surgery for heart disease at pre-school age. Then she has an even younger brother, whom she often had to take care of, and who her mother spoiled. The basic beliefs of disaffection and incompetence probably originated in childhood. She tried to gain her mother's favour with excessive effort at school and at home. Although not appreciated, it helped avoid her mother's further criticism.

**Supervisor:** Could it be related to those early returns home from her stays in hospital?

**Therapist:** It may be, but I don't know how, I would just speculate.

**Supervisor:** You are allowed to do that. It is also possible to explore this with your client.

**Therapist:** Maybe her hypercompensation did not work very well with the children, and she felt bad, a bit of a nerd that others

don't respect. But I don't know because she wasn't talking about mocking or bullying. Rather, she gave others the task to describe.

**Supervisor:** So maybe at school, she tried to gain acceptance by trying too hard. Like at home.

**Therapist:** Definitely. In fact, all her life she has tried too hard. We found out the conditional rule, "I must always try to be liked by others". But I haven't done anything about it yet. Perhaps it would be worth helping her realize how it originated, what benefits it brought during childhood and adulthood good and what she lost. I now realize this information helps to understand all three episodes of client's depression.

**Supervisor:** Do you have any idea how you could continue your therapy now that you realized it all?

**Therapist:** I will discuss the whole conceptualization with her as we have just said. But I will be trying to help her connect it herself. She's resourceful, I think there's a good chance she's going to understand the context.

**Supervisor:** That sounds promising. Do you know about any obstacles you might encounter?

**Therapist:** Well... she tends to blame herself for everything. This seems to be related to the mother. It is important to help her realize that the mother has influenced the development of her core schema, that she was abandoned, felt incompetent and unloved.

**Supervisor:** Do you have any experience with this?

**Therapist:** Yeah, I've seen it before. Also, in a depressed woman who was dependent on her parents. She couldn't get mad at them. When they treated her badly, she always found a mistake in herself. Eventually it changed after many conversations when I sat her in the psychodrama with her mother's chair and let her criticize the little doll that represented her. Then I sat down behind the doll and said how she felt, how bad she was, incompetent, and she was to blame for everything - just as the patient said. So, she began to protect me and said that it was not my fault, but her mother's.

**Supervisor:** You told me that last year, I remember, it helped a lot at the time.

**Therapist:** Yeah, she got angry at her mother, then she wrote an uncensored letter to her, then another two letters. She then learned to stand up for herself, defend herself. It was a long and difficult task for her, but it brought good results. Maybe something similar could be tried with Mrs. K.

**Supervisor:** Um, it looks interesting. You will see. I like the way you put it all together for Mrs. K and remembered another client you helped, who also had a critical mother.

### (c) Investigate the consequences of own experience and behavior

A supervisee may need to discover how their attitudes, thoughts, or emotions in a therapeutic situation affect their behavior towards the client. The therapist may not understand the influence of their behavior on the client's manifestations. Often, therapist does not realize that their behavior can cause fear, helplessness, or anger in the client which he/she may or may not talk about, but which blocks the therapeutic process. Similarly, however, the supervisor may evoke unpleasant emotions in the supervisee and not realize that this is blocking or at least narrowing the supervisory process.

**Therapist:** I have a very anxious client. He is unspontaneous in the session and the work is so slow, because he seems to fear making mistakes.

**Supervisor:** How do you react to him?

**Therapist:** I tell him that he must not be so anxious.

**Supervisor:** What do you tell him specifically?

**Therapist:** That he must not be so anxious, because it clouds his mind, making him unable to think in the session.

**Supervisor:** And does it help him to be less anxious when you tell him this?

**Therapist:** No... not really...

**Supervisor:** When you imagine being a client and the therapist tells you that you must not be so anxious because it clouds your mind and you are not able to think in the session... what is happening to you?

**Therapist:** I feel ashamed....

**Supervisor:** Well ... is there anything else going on?

**Therapist:** I feel helpless... I don't know how to be less anxious.... Plus ... I feel stupid that I'm not able to think ... that's horrible what I do to him ....

**Supervisor:** Is he so critical of himself?

**Therapist:** Even more... I'm actually pushing him into even more self-criticism...

**Supervisor:** I see you can empathise with him ... what would he need?

**Therapist:** Some reassurance that he's pretty clever, appreciating that what he's telling me is good...

**Supervisor:** What could you tell him?

**Therapist:** That I am delighted that he has brought homework ... that I understand him when he talks about his uncertainty at work ... that I appreciate his courage, that he told a co-worker that he would not do more work for him.... Sometimes I do, but I often forget it.

#### (d) Linking one's own experience with theory

Novices sometimes have a problem linking what they have learned in the theory with its application of practical skills to. This is part in supervising to help them toward the best playing strategy, but sometimes Guided discovery can help significantly. Questions, that may help the supervisee to link their own experience with theory, may be: "You say you are worried that if you go to the exposure with her, she will become very anxious and it will last long and you will not be able to end the session even if another patient is waiting outside. That's why you haven't started your exposures yet and you've been working for two months with cognitive restructuring that is going very well. Can you imagine how long anxiety can last in the situation, where exposure is used in imagery? What do you think?"

**Therapist:** I would like today to understand what to do. I think I have some problems with strategies.

**Supervisor:** You told me, that you have some problems with strategies. What do you mean by problems?

**Therapist:** I have little experience to work with social anxiety and I feel unsure and maybe you could suggest some practical strategies.

**Supervisor:** I remember you told me, that you just started your practice and it's absolutely normal to feel unsure in the beginning. But I also know that you are doing good in your CBT training. Maybe you could remember useful things for your patient from the training time?

**Therapist:** My group mates think I'm good in conceptualisation. Do you think it could help?

**Supervisor:** This is very good question. What are your ideas? Do conceptualisation could be helpful for your social anxiety patient?

**Therapist:** Of course, it could be, like always. I think that conceptualisation is a strategy by itself, but somehow, I forgot it when I saw the real patient.

#### (e) Establish, support or strengthen a therapeutic or supervisory relationship

Guided discovery also helps shape the supervisory relationship – creating an atmosphere of interest, security, acceptance, understanding, and appreciation (Bennett-Levy 2006, Greenberg 2007, Thwaites and Bennett-Levy 2007, Vyskocilova & Prasko 2011). The supervisor tries to create a positive atmosphere before asking inductive questions so the supervisee would not feel tested or incompetent, but supported in a common search for their own autonomy. The questions should be asked sensitively and with regard to whether they are novices or experienced psychotherapists. The supervisee is encouraged to further differentiate the discovery of context. Their creativity is encouraged and appreciated. This helps to increase self-confidence and autonomy.

• I liked how you described your client's history. It's interesting how she describes her father. You suggested that this may affect expectations she perceives coming from her husband. This is an interesting hypothesis - how do you think it works? How does it manifest?

The questions are asked in such a way that they do not lead to shame or to sound like testing or questioning. On the contrary, the atmosphere of the meeting should allow the supervisee to confide in their doubts, anger, helplessness and to allow them the courage to discuss their mistakes and errors. The questions to be asked should be interlaced with empathic reflections, summaries, and appreciation of the supervisee. A series of consecutive questions can push the supervisee into a corner if his or her answers lack feedback. It is also important that the supervisor himself/herself is open to different alternatives and does not just stick to the one he/she initially created.

#### (f) Guided discovery of strategies

Beginning therapists frequently come to the supervisor with the question "Tell me what to do next?" As a rule, it is in a situation where they do not yet sufficiently

understand their client and do not have elaborated case conceptualization. Therefore, the supervisor will guide their way to first case conceptualization looking and then look for strategies that are based on this conceptualization. In the further course of supervision, the content is often strategy supervision.

The first area the supervisor focuses on is how much the strategies match the conceptualization of the case. Supervisor may ask that supervisee connects conceptualization to the question of a possible strategy. The questions the supervisor asks the supervisee may be as follows:

- Looking at the consequences of this patient's vicious circle, what do you think would be the best strategy to discontinue it?
- Based on what you say, this client had tendency to try too much as a child to please her mother, and now she treats her boss in the same way and is exhausted and dissatisfied - what do you think she needs to do?, or what you can do through therapy so that there is a chance to change the situation?

Another area of focus is what strategies have been tried in therapy and how they have worked. The supervisee learns to support critical reflection on their performance. Typical questions the supervisor asks the supervisee include:

- What do you think you have done well with this client? Which strategies worked and how can you tell?
- What would you do differently next time?
- This approach works well for you, but you are not entirely satisfied with it. In the conceptualization, you have nicely pointed out the maintenance factors of the client's problem. Let us now consider together whether the current approach can be somehow modified, added to or changed to include the maintenance factors of the problem. What do you think?

Questions to the supervisee, such as "What did you do right?" Or "What would you do differently next time?" can help them to reflect and critically think about your performance. Another area on which strategy supervision can focus is their adequate implementation. By guided discovery, the supervisor can help the supervisee to adjust the management of existing strategies to work better. Typical questions the supervisor asks the supervisee include:

- I wonder if this strategy can be modified in order to work better? You said the client in the restructuring session was very nervous and often thought of no alternative thoughts. That is why you often offer client what to say. However, then she doesn't come up with her own ideas. You'd like to help her. Is it possible to consider doing something to alleviate her anxiety in advance or during restructuring? Or something else that would increase the effectiveness of cognitive restructuring?

#### (g) Strengthen autonomy

By guided discovery, the supervisee's autonomy is promoted (e.g. by detecting a supervisee's contract, discussing agenda, prioritizing in the session, asking their own opinion, feelings, attitudes, recalling their

past achievements). Socratic questioning should be used in a way that is personal, clear, and interconnected, rather than resembling a questioning by the police or at school. The supervisor asks questions so that the supervisee knows that he/she is given the opportunity to discover the answer themselves or to ask another question that leads them to a deeper understanding. Asking questions includes requesting permission, warm encouragement, and reflexive listening with empathetic remarks and summaries. Supervisors should also be very sensitive to the power of dynamics in supervision and the therapist's anxiety. Efforts are sometimes needed to alleviate the anxiety of the supervisee by the "gentle" Socratic questioning that will strengthen the supervisee's competence. When discussing complex cases, the supervisor often asks the therapist: "Since you know the client, I wonder if there is also another way to deal with the problem? Did you ever think of anything else? You are the one who know this client best, can you see any alternative?" This is a good way to get the supervisee to express their own opinion and allow them to feel that they are in an "expert position" because of greater client knowledge.

#### (h) Enhance self-reflection

Self-reflection is a complex process for the therapist to realize their own thoughts, emotions, attitudes, motives, and behaviour of the therapist towards the client. It is related both to the client and their manifestations as well as to therapist's own core schemas and conditional assumptions. Quality self-reflection allows better understanding of the situation with the client and the choice of appropriate strategies without getting into a trap of countertransference. From the CBT's point of view, self-reflection also requires the ability to be aware of one's own skills and the ability to apply them consciously (Bennett-Levy 2006; Vyskocilova & Prasko 2012). Guided discovery enhances the self-reflection of the supervisee. In guided discovery, the supervisor helps the supervisee realize what they experiences with the client, what happens to them in certain therapeutic situations, their automatic thoughts or emotions, and how it relates to their deeper attitudes. Inductive questions may be:

- What do you like and dislike about this client?
- What do you think when you realize that this client will come to the session shortly? What emotions appear?
- Do you ever get angry with this client? What then changes in how you treat him?
- When the client responded in the way you described what went through your mind? What emotions arose? What did you do then?

#### (i) Strengthen ethical reflection

Ethical reflection is a process that results from deeper attitudes of the therapist (and supervisor) and from his/her values. The basic attributes of supervision ethics are (Praško et al. 2011):

Tab. 1. Ethical reflection record

Situation	Questions	Answers
The client reports that therapy is not helping him in any way	<ul style="list-style-type: none"> <li>• Is there something wrong with the client's relationship with me that may be related to their reaction?</li> <li>• Does our therapeutic relationship help or not?</li> <li>• Is there anything that can hurt him?</li> <li>• Do I allow them to be sufficiently autonomous?</li> <li>• Do I use session for my own purposes?</li> <li>• Am I not pushing client into decisions that are mine rather than theirs?</li> </ul>	<ul style="list-style-type: none"> <li>• He/she probably admires me uncritically, so he becomes less independent in the belief that he is making a difficult decision on his own.</li> <li>• The relationship formed in this way begins to hamper the autonomous decision making.</li> <li>• As a long-term consequence, it reduces their self-confidence.</li> <li>• I do not allow, I do little for them, it makes me feel good to be "omniscient" for them.</li> <li>• I use it for my own praise.</li> <li>• I make decisions that suit me, and I do not pay much attention to his options and preferences.</li> <li>• I have to work on our relationship and pay attention to the client's needs, not my own gratification. They need to strengthen self-confidence and encourage independent action.</li> </ul>

- (a) usefulness and benefit to the client and the supervisee;  
 (b) not to cause harm in the first place;  
 (c) accuracy and precision (fidelity with the contract);  
 (d) fairness between the therapist and the client (not to abuse but also not to be abused);  
 (e) protect but not rescue;  
 (f) autonomy and the right to make a choice;  
 (g) self-interest, awareness of own needs, and the ability to judge what I can bear and what not.

The therapist and the supervisor need to ask themselves the following ethical questions: Is the relationship with the client (the supervisor) beneficial for solving client problems? Am I harming this client? Am I using this client for my own goals? Do I allow this client to be sufficiently autonomous? Am I pushing my client into decisions that are mine rather than theirs? Is it appropriate to work on our relationship, or is it self-purposeful, rather for me, my advantages, self-confidence, theoretical ideas and is it not directed towards client's goals?

Supervision is appropriate for quality ethical reflection, as one may not fully see it oneself (Markowitz & Milrod 2011, Watkins 2012). A quality supervisor usually offers questions that will deepen the understanding of the therapeutic relationship and his/her own motifs in a guided discovery-centred way.

### GUIDES DISCOVERY AND SUPERVISEE DEVELOPMENT STAGE

In order to select an optimal range of questions in guided discovery, it is necessary to realize the experienced of the supervisees. The questions posed to an experienced psychotherapist can be complex because we presume that he/she has already found answer to the simple questions and does not need supervision for them. For novices, it is necessary to look for questions about simple connections, otherwise he/she would feel ashamed because may not understand the

more complex questions and, in their experience, they cannot find the answer. Supervisors often fail to assess the developmental phases of supervisors (Najavits & Strupp, 1994). Barrett and Barber (2005) cited the most common reasons, including lack of supervision training, lack of interest, and inability of supervisors to recognize the needs of supervisee. A useful framework for reflecting the supervisee's work with a particular client is the Hawkins and Shohet (2007) developmental model of supervision. The model contains four main phases of the supervisee's development. The supervisor should adapt their approach to the development phase in which the supervisee is located. At the beginning of the therapist's development, guided discovery seeks to simply link their findings with the client's theoretical models. The supervisee needs more information, recommendations, and education. During supervision, the supervisee becomes more autonomous. Supervision takes the form of a discussion between two equal partners and guided discovery becomes the main tool of the new perspective. The questions asked about the context are more complex and provide a deeper understanding. The development approach can also be used to develop a supervisor. Details of each phase can be found in Table 2.

### GUIDED DISCOVERY IN THE PSYCHOTHERAPY AND SUPERVISORY RELATIONSHIP

Supervisors can use guided discovery to establish and consolidate collegial and collaborative relationships with the supervisee. Using inductive questions, they help to awaken and encourage independent thinking and strengthen the supervisee's self-confidence. Thus, they create a model for the supervised skills that are then a model for their work with the client. Transference and countertransference mechanisms enter into both therapeutic and supervisory relationships, and supervision is an opportunity to discover and reframe them.

**Tab. 2.** Developmental approach to supervision (according to Hawkins & Shohet 2007)

	Development of supervisee	Development of supervisor
Level 1: Concentrating on yourself	Supervisees usually do not have an overview of the entire therapeutic process and tend to be anxious and dependent. Supervisors must provide a clearly structured environment and use frequent positive feedback. This level can be compared to childhood or be a newcomer.	When supervisors are at level 1, they can feel nervous and focus on their part of supervision, supervision can be mechanical
Level 2: Focusing on the client	Supervisee varies between dependence and autonomy. He/she can be confident and also overwhelmed. Supervisee learns what works and what doesn't. He/she may see the supervisor as inadequate, as not good enough. Therefore, the supervisor must be less didactic and concentrate on retaining emotions. This level can be compared to adolescence or as a journeyman.	At level 2, supervisors consider supervision to be more complex and often consider themselves experts or failing.
Level 3: Focusing on process	The supervisee adjusts their approach to the client's perception in a broader context. Supervisee began to acquire helicopter skills (Hawkins & Shohet 2007) and began to develop their own style and personality. The supervisory relationship is more collegial. This level can be compared to early adulthood or as an independent craftsman.	At level 3, supervisors are more motivated to improve their practice and to raise awareness.
Level 4: Process-oriented in context	Supervisee is now autonomous, insightful, safe in his abilities, and generally more aware. At this stage, the supervisee often becomes a supervisor for new students. This level can be compared to full maturity or as a master craftsman.	At level 4, supervisors can adjust their way of working to suit the requirements of their supervisee; at this level, supervisors can supervise supervision or teach others the supervisory skills.

*(a) Discovery of transference and countertransference in a therapeutic relationship*

Supervised therapists tend to be subjective in evaluating their relationship with the client (Yalom & Leszcz 2007, Vyskocilova & Prasko 2013). A patient's behaviour or story or conflict can emotionally absorb them. The supervisor's task is to help the therapist understand the situation and map both the client's transference and therapist countertransference to the client. Here, guided questioning and discovery can be helpful.

*Questions focusing on client transference to the therapist*

There are many ways in which the transference from a client to a therapist manifests itself. Usually the transference is evident from the client's behavior, from their emotional manifestations, hypercompensation, avoidance or safety behaviours and assurance.

- How do you think your client perceives you?
- Why do you think it is related to you?
- How does he treat you? Is there anything noticeable?
- Is there anything that is over- or under-manifested?
- What was the relationship of the client with authorities in the past? Could he look at you like someone important in his previous life?

If the therapist is aware of the client's transference, he / she can use it in therapy for the benefit of the client either indirectly, not letting the client look into the transference process, or directly, helping him to discover

(name expectations) and realize its context (historical and current). Inductive questions, however, also help in finding a strategy for how use the transference of the client to the therapist or counter-transference from the therapist to the client to the benefit of the client.

*Questions focused on the therapist's transference to the client*

Typical questions to map countertransference concern that the feelings client evokes in the supervisee, his or her physical reactions, thoughts, and avoidant behaviour. Examples of such questions are:

- How do you feel in the presence of this client?
- Which emotions are aroused in you?
- Are they different from what you normally experience with clients?
- In which situation can you imagine him and in which not?
- How do you respond to him physically?
- Which last situation do you recall with the client now?
- What do you want to tell him and don't want to?
- Which topic do you avoid with this client?
- What do you like and dislike in this client?
- Do you hesitate to ask for some parts of his medical history or problems?
- If you are experiencing discomfort with this client, in which situations is this happening?
- Is there something that you perceive to be important to other clients, and you don't give that much attention in with the present client?

Supervisees often fear revealing their countertransference because they perceive countertransference as a lack of competence. It is important to point out that countertransference is common in the therapy and, on the contrary, its disclosure indicates significant therapist competence. Countertransference is present in every therapeutic relationship. The therapist's reaction to the client can be a valuable source of information that can be effectively used as a driving force for treatment - however, only if the therapist needs to go through a process of self-knowledge and minimized his own 'blind spots' (Prasko *et al.* 2010). For the client, the discovery of the therapist's countertransference often means a lot because countertransference contributes to pseudo-resistance to treatment. The supervisor often intercepts patient-influenced information, the patient's tagging, negative attitudes, or emotions of the therapist towards the patient. The supervisor routinely asks the supervisee about the emotions their clients awakens in them and if they point to a possible countertransference discovers the therapist's thoughts and attitudes to the patient and helps supervisee to map in which situations it occurs. Through Socratic dialogue, the supervisor helps the therapist to correct his/her countertransference and to consider possible changes in the therapy associated with it.

*(j) The appearance of transference and countertransference in a supervisory relationship*

Since a transference and countertransference arise in a supervisory relationship, it is the supervisor's task to manage this. Guided discovery can help realize the transference relationship to the supervisor. The supervisor himself in recognizing his own countertransference may have a 'blind spot'. Supervisors might often be guided by their strong emotions, which they experience in sessions with the supervisees, who sometimes might be overly critical or admiring of the supervisor. Certain questions allow to understand their own countertransference. However, a supervisor's own supervision is necessary for the quality processing of the supervisor's countertransference.

**DISCOVERY DURING SELF-REFLECTION OF THE SUPERVISOR**

Guided discovery enhances the self-reflection of the supervisee. Self-reflection is a complex process which captures the therapist's own cognition and attitudes, their emotions and behaviour towards the client and how it is relating to therapist's own personal core schemes and conditional assumptions. From the CBT perspective, self-reflection also requires the ability to reflect and maintain therapist's own skills (Bennett-Levy 2006, Vyskočilová & Praško 2012). Similarly, self-reflection is important for the supervisor.

The therapy can be beneficial if the supervisor serves as a model for the therapist of how to realize and reflect

on their deeper attitudes. In own self-disclosure, the supervisor usually explains to the therapist that he/she does not have to worry about self-disclosure and helps him/her discover his/her own thoughts, attitudes, and motives that appear in therapy.

**CONCLUSIONS**

The Socratic dialogue through guided discovery is an important tool in cognitive behavioural supervision. During the interview, the supervisor uses questions to help the supervisee to better understand the case conceptualization, to find optimal treatment strategies, reflect on and use properly therapeutic relationship (and be aware of transference and countertransference) and enhance therapist self-reflection and development. The atmosphere of cooperation, collegial rather than hierarchical relations in supervision is important for this matter. As for the clients guided discovery is more meaningful in the therapy than the psychoeducation, because it leads to independent thinking and adds experiential learning component, same rule is true in supervision. It is also important to strengthen the supervisee and support his/her autonomy, and guided discovery helps to do this because of horizontal model working environment and features. Also important is the sensitivity to the power dynamics in guided discovery during the supervision and the sensitivity to the anxiety, anger or helplessness and other important emotions of the supervisee. With gentle Socratic questioning, it is possible to help reduce the negative emotions of the supervisee, especially their anxiety and uncertainty. The supervisor further reinforces the importance of self-reflection by asking himself/herself the inductive questions and thus teaching the supervisee how to ask them themselves.

**CONFLICT OF INTEREST STATEMENT**

The authors declare that the article written in the nonappearance of any commercial or economic relationships that could be understood as a potential conflict of interest.

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