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ORIGINAL ARTICLE

Group supervision in cognitive behavioral therapy: Theoretical frameworks and praxis

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Abstract

Supervision can be individual or group. There is a high need for supervision for the therapist's development. A group setting allows the supervision of more therapists with the benefit of using the group dynamics to enhance the therapists' growth. It helps therapists perceive the client's story and treatment from multiple perspectives. Original group CBT supervision was performed as individual supervision of the supervisee in front of the group. Modern concepts involve the whole group in the supervisory process, which takes advantage of the diversity of views and experience and allows the interactions between the group members in the supervision. The group members are invited for role-playing, skills training, imagery rescripting with the protagonist, etc. The research on group cognitive behavioural supervision has only recently started developing.

Introduction

Supervision can be individual or group and occur during CBT training or after (Milne & Dunkerley 2010; Prasko *et al.* 2012). Supervision reinforces therapists' expertise in understanding, analysis, knowledge and skills, building a therapeutic relationship, and consolidating ethics and values (Prasko *et al.* 2012; Vyskocilova & Prasko 2013). Group supervision is often a solution, allowing more therapists to think about and reflect on their clinical and personal experiences. Additionally, group supervision has some ingredients not present in individual supervision. It usually takes the form of an interview between the supervisee (s) and the supervisor in front of the group, with group feedback, or an interview between the supervisor and the group of supervisees, who are invited to the super-

visory process throughout the whole case submitted (Ögren & Sundin 2007).

Supervision in a group

Group supervision is a structured process aimed at the professional development of individuals throughout the group. This form significantly enhances the independence of the supervisee and enables them to clarify their competencies in comparison with other group members (Ögren & Sundin 2007; Proctor 2008; Valentino *et al.* 2016). Usually, members share a common work interest (e.g., focusing on the same clientele, field of study, or work area), but they are not connected by subordination and superiority relationships. That differs from team supervision (Havrdova & Hajny 2008). A specific form of group supervision is the Balint Group (Vymětal 2004; Prasko *et al.* 2020 a).

Originally group CBT supervision was performed as individual supervision of the therapist in front of the group (Hawkins & Shohet 2004). The focus was on conceptualisation and strategies, causing less stress to the therapeutic relationship. The supervisor was a "teacher" or "expert" who led the supervisee towards good clinical practice. The group participants were other students who learned from the supervisee's case (Havrdova & Hajny 2008). Group supervision focuses on the conceptualisation, strategies, and therapeutic relations, which are more visible from different perspectives (Prasko *et al.* 2020 a). The group members are used for discussion, guided discovery, brainstorming, role-playing, skills training, imagery rescripting with the protagonist, etc. A participant thinks more about what is said and checks to understand opposing views and clarity of expression in the discussion. Discussion in the group forces a multilevel, supportive, compassionate, and constructive critical perspective (Proctor 2008).

Group supervision is affected by group dynamics. Lewin, who began to study group dynamics in the 1930s, stressed that the whole is greater than the sum of its parts (Lewin 1997). He theorised that when a group started functioning, it became a unified system working with characteristics that members could not understand. Group supervision provides more material to explore even more diverse views on understanding the client and intervening meaningfully (Ögren & Sundin 2007; Prasko *et al.* 2020 a). In group interactions, members are under the same factors as group psychotherapy, and they are (Yalom 2005):

• *Universality*

Supervisees in the group find similar problems and blind spots in therapy with clients and among themselves.

• *Strengthening self-confidence*

The group, especially if the members are at the same level of expertise, helps realise what the members can manage. If a supportive atmosphere is developed (one of the supervisor tasks), the group focuses on mutual empowerment, rewarding and creating an environment of "experts" to which individual members belong. With the group's understanding and skills development, individual members carry similar feelings of "belonging to experts."

• *Information exchange*

Members learn from each other how to solve various problems in therapy. In the stories of others, they hear the similarities and differences with their stories with clients, and they recognise their own mistakes and strengths.

• *Altruism*

The group develops empathy for both colleagues and their clients. Often, the client is recognised or labelled as resistant and incomprehensible, changing by the end of supervision to an understandable and acceptable person because the group developed a deeper understanding of the patient and an understanding of both transference and countertransference in the therapeutic situation.

• *Improvement of therapeutic skills*

Group supervision allows role-playing, where supervisees can see their colleagues address various problematic therapeutic situations and test themselves on applying new skills.

• *Imitative behaviour*

Group members learn a lot from colleague and supervisor examples, enabling them to think about conceptualisation and choose the optimal treatment strategies based on conceptualisation and the therapeutic relationship, transference and countertransference, and work. They assessed and compared their own experiences with the experiences of group members.

• *Interpersonal learning*

Interpersonal learning is fundamental in group supervision. Group members learn to discuss problems, strengthen each other, be empathetic, and create an atmosphere of safety, acceptance and congruent rewarding for others. During group work, the same factors appear as in the group therapy itself. They also learn while role-playing from examples of others.

• *Group cohesion*

A supervision group soon creates a cohesive atmosphere that the leader supports. A feeling of unity usually intensifies with multiple sessions where problems and strengths are shared. Group cohesion and feelings of acceptance by others create a safe atmosphere in which group members can openly talk about their mistakes and failures because they are not afraid of rejection. That is particularly valuable for the authenticity of the process. The risk is the creation

Tab. Individual and group supervision – advantages and disadvantages

INDIVIDUAL SUPERVISION		GROUP SUPERVISION	
advantages	**disadvantages**	**advantages**	**disadvantages**
• More space for individuals • The relationship with the supervisor is clearer • Clearer and simpler building of the supervisory relationship • Accurate targeting of supervision • Privacy • Higher likelihood of attendance • More time for role-playing and reflection on it • The developmental level of the supervisee could be addressed more properly • Preparation for supervision is higher, thus promoting better results	• Greater dependence on the supervisor • Fewer dynamics • Absence of group support • Poor material; only one perspective • Economically disadvantageous • It can become too "intense" emotionally • Can be situations of "incompatibility" between both parties • Experiential techniques like role play could be perceived as "the only good way" to solve the presented problem because the supervisor delivers them	• Less dependence on the supervisor • Using group dynamics • More diverse relationship patterns • Mutual support of the group helps to share and realise others share similar issues • More productive material (more inputs, reflections, feedback) • Economically advantageous • Access to a wider range of skills and abilities • Action techniques and experiential techniques can be used • Supervisees can learn about leading groups and select group dynamics • Different experiences of participants can ensure that empathy will be provided to supervise of his/ her client • Modelling and observational learning how to present the case, how to formulate the case	• Less space for individuals (except Balint group) • Dynamics can overlap the relationship with the client • Less benefit for passive or shy members • Part of the material remains unused • Although influenced by group dynamics or other factors, some ideas might be "contagious" and not reflect real situations. • Participants can be with different developmental levels of skills and thus less benefit from supervision • Poor group supervision can create boredom, anxiety, and purposelessness in participants

of a "pseudo-cohesion" where group members are overly defensive and sparing with their contribution, unable to constructively confront or criticise mistakes or drawbacks.

Advantages and disadvantages of group supervision

Providing group supervision can have several advantages. The group supervision format is useful from an economic point of view, and multiple therapists can benefit from participating and gaining benefits from supervision (Prasko *et al.* 2020 a). Also, it is the economical use of supervisory resources. Group supervision provides more opportunities to safely explore and reflect on own experiences (van Vreeswijk *et al.* 2012). Working in a group of professionals is useful for personal and professional growth. For example, a skilful supervisor can focus on interaction and group dynamics in the supervisory group and show a parallel process (Corrie & Lane 2016). That is particularly useful in supervising group psychotherapy because many processes are the same. Hawkins & Shohet (2004) summarise how group supervision can be beneficial compared to individual supervision:

(a) Economic use of the supervisor's time, resources and expertise;
(b) Benefit from the supportive atmosphere of the group; members may share their concerns, anxieties, uncertainties or difficulties. They may realise that they are not alone, that they are all in the same boat, and that other members of the group have or had similar concerns;
(c) Supervisees benefit from reflections, feedback and contributions from their colleagues as well as supervisor comments;
(d) More opportunities to use activity techniques (role-playing, playing a client meeting with one of the other group members).

Learning opportunities can be further expanded by asking supervisees to record their experiences in the supervisory group (Yalom & Leszcz 2007). Supervisees can also reflect on others' cases at a distance, just as supervisors do, a skill that can help them in self-reflection and later supervisory practice (Ögren & Sundin 2007). To maximise the learning process, enhance group self-reflective experience, and promote personal and professional growth, it is useful for the group to use explicit self-practice/self-reflection practice, which is gaining popularity in CBT learning (Bennett-Levy & Padesky 2014; Corrie & Lane 2016). Supervision groups also teach how to communicate with others and be authentic, respectful, and empathetic (Ögren & Sundin 2007). With a pleasant atmosphere in group supervision, cooperating participants can open "sore spots" (Cooper 2008; Wampold 2001). From a schema therapy perspective, fulfilling and learning how to meet

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the therapist and other group member's unmet basic core emotional needs is an opportunity for corrective emotional experience and schema healing, which is part of developing a healthy adult, good parent, inner leader, compassionate self-attitude mode (van Vreeswijk *et al.* 2012). For example, cohesiveness, validation and support of the group can provide an essential corrective emotional experience of belonging.

The disadvantage of group work compared to a particular meaning is the reduction in time for each individual, forcing members to compete and assert themselves (Proctor 2001; Richardson 2001; Praško *et al.* 2012). There is also pressure on the group members to conform for cohesion and maintain the direction of supervision. It is also difficult for an individual supervision group to influence a particular situation directly and relationship dynamic (Havrdova & Hajny 2008).

Supervision functions in a group format

Supervision functions can be divided into support, education and management (Havrdova & Hajny 2008). The following functions are significantly enhanced by group supervision:

(a) *Support function* – the group helps support individual therapists, particularly by universality, belonging, normalisation of emotions and needs, and expression of understanding. Yalom group factors (Yalom 2005) are used here. The therapist may appreciate, understand, and support others in a group, especially if it meets repeatedly. The supportive function of supervision is manifested in the sharing of workload, transfer of work commitment and hope. The aim is the proper management of work demands.

(b) *Educational function* – The group significantly influences the personal development of the therapist. It allows them to gain a reflection on their work through discussion with the supervisor and other participants in the group to deepen self-reflection (Prasko *et al.* 2020b). The transfer of good practice supports the educational function (Hillerbrand 1989). Natural clinical thinking and decision-making are learned through discussions and reflections on the situations in which other group members find themselves with their clients (Corrie & Lane 2016).

(c) *Management functions* – Ensure improvement of the quality of psychotherapy and better action plan for personal and professional growth. The management function of supervision includes evaluating and assessing psychotherapeutic competencies and their targeted development, which is especially crucial for students in training (Corrie & Lane 2016). The aim is also to understand and develop professional values (Havrdova & Hajny 2008).

Group supervision can also provide an opportunity to develop important professional skills and maximise the learning experience (Hillerbrand 1989). Peer feedback, social networking, having numerous listeners for the same session, observational learning, building empathy, modelling, and rehearsing are benefits described by Valentino *et al.* (2016).

(1) Peer Feedback

Peer feedback and support are the most cited strengths that increase the supervisee's self-awareness and professional validation and decrease feelings of isolation (Ögren & Sundin 2007). In a group setting, supervisees can practice giving effective feedback. Whether a peer delivers critical feedback or feedback that does not result in any change, group members can help by recognising and modifying it (Prasko *et al.* 2020 a). Using modelling, the group leader can reinforce good and professional peer feedback (Proctor 2008).

(2) Social Networking

When supervisees participate in shared learning experiences in a group setting, their network automatically expands. Supervisors will understand one other's learning repertoires by spending part of their supervising experiences together, and this understanding may boost the possibility of future collaboration and networking once formal supervision is completed (Prasko *et al.* 2020a). In addition, participants can develop relationships and serve as ongoing sources of support for one another under group supervision, which can have the same long-term effect (Corrie & Lane 2016).

(3) Observational learning and developing empathy

It is critical to recognise the chances for observational learning and empathy growth during this group supervision process (Bennett-Levy *et al.* 2015). Participants can learn a variety of abilities, such as empathy, through observational learning. Group supervisees are more likely to develop heightened empathy due to constant interaction in a group context and witnessing the effects of their actions on many parties.

(4) Practice public speaking and presenting

One of the most apparent advantages of group supervision is that supervisees can practice and improve their public speaking and presentation skills (Bernard & Goodyear 2014). If a supervisee only has the opportunity to receive individual supervision, she/he will not receive suggestions from others on presenting the conceptualisation of a case or a problem, etc. The supervisee can see how different therapists react to the speech behaviour by presenting to a group and adjusting accordingly (Proctor 2001). Because the group will inevitably be made up of people with varying skill sets, the supervisee can grow in the complexity of communication to adjust to people with differing abilities and levels of comprehension (Valentino *et al.* 2016).

Group dynamics and group supervision

Group supervision uses group dynamics. Kurt Lewin introduced the concept of social group dynamics in 1938 (Lewin & Lewin 1948). The term dynamics means the sum of the potential pressures and natural movements in the social field in all directions leading to its changes (Lewin 1997). In group dynamics, Yalom described the now-known forces of cohesion and tension (Yalom & Leszcz 2007). The behaviour of group members is determined by associative or disruptive relationships within a group, expression of individuality, leadership style, goals, internal structure, interactions and other intra-group factors such as tensions, conflicts, degree of cohesion and belonging, and personal sympathy and antipathy. Cohesive groups can significantly influence their members because they shape group attitudes, facilitating the achievement of objectives and promoting the development of mutually satisfying relationships (Levine 1980). Otherwise, excessive cohesion can stagnate group development, leading to inappropriate contentment.

On the other hand, when tension and conflict predominate, the atmosphere in the group does not allow for mutual trust and consideration. The scope for opening personally important topics would disappear (Kratochvíl 2001). The group supervisor must reflect on these processes and correct them (Prasko *et al.* 2020 a). The risk of group supervision in CBT may be to overlook the supervisee's crucial role as the most important agent of therapeutic change and their reflection in the supervisee-client process (Wampold 2001). On the other hand, the group may downgrade the client and focus mainly on the supervised therapist (Duncan *et al.* 2004). Too much focus on what a therapist does in therapy can omit the importance of the client.

When a supervision group is formed, group dynamics can awaken the, 'inner, hurt child', in every human being, even the supervisor. Bion (1961) investigated the nature of group dynamics in depth, concluding that any group operates on two levels: the basic assumption group (unconscious) and the work-group (conscious) (Harris & Brockbank 2011). These concepts refer to basic ways of thinking and feeling – or avoiding actual thought and true feeling – that he believes influence a group's ability to relate and engage, both with each other and with the goal for which it was founded (French & Simpson 2010).

Workgroup mentality' (Bion 1961) is the attitude that characterises the group's life to the extent that its members can control their common tensions, anxieties, and relationships to function effectively; the result is a 'capacity for realistic work. By contrast, 'basic-assumption mentality' describes a group's state where strong emotions like anxiety, fear, hate, love, hope, anger, guilt, and depression have taken over and, as a result of this, the group has lost touch with its purpose, which can result in 'stagnation' (Bion 1961, French & Simpson 2010). In the basic mode, group members act as though they have basic assumptions about the group's life and purpose, significantly different from their professed purpose. For example, the following are three basic assumptions that a group could adapt:

- *Dependency:* the group believes that security is provided by a powerful leader, usually the supervisor, and if that leader is unavailable, the group will create a fantasy leader. As a result of this belief, group members discount their abilities, choosing to pin all their hopes (and thus responsibility) on the leader.
- *Pairing:* the group unknowingly believes that an ideal marriage or pairing exists. As a result, group members' attention is drawn to a dream future rather than the present, and they may become preoccupied with a potential romantic relationship within the group.
- *Fight/flight:* the common belief is that the group will survive if its members fight or run from someone or something. As a result of this assumption, group members act as if a fictional 'enemy is assaulting them.'

When operating in the unconscious, basic mode, group members behave as if they hold basic assumptions about the life and purpose of the group, which are quite different from the declared purpose of the workgroup (French & Simpson 2010). Any group flips between the basic assumption group and the work group. According to Bion, if the group stays strictly in the work mode, it loses warmth and power, and if the group stays strictly in the basic assumption mode, group members may not be able to achieve their goals (Bion 1961). On the other hand, the effect is energising when the group is in basic assumption mode, even if it feels catastrophic. By responding to expressed (but not verbalised) feelings and employing empathy, skilled supervisors can often put a group into basic assumption mode and access its energy. When the supervisor (or even a group member) puts the emotional charge into words, the group can access its energy, process the feelings, and return to work mode. When members of a group can function effectively in work mode, they can help each other achieve their goals, deal with reality, and grow or change (French & Simpson 2010). The same group may work in basic assumption mode, devoting all of its energy to fending off dread and anxiety while failing to complete any activity. It is thought that the conflict between the basic assumption group and the work group is necessary for change (Harris & Brockbank 2011).

Another useful, practical, and understandable way to look at dynamic group processes and manage "healthy" group supervision work can be derived from the framework of Schema therapy (van Vreeswijk *et al.* 2012, Farrell *et al.* 2014). Awareness of participants and the group itself schemes and modes, their effects in the group here and now and with clients, reflections on them, recognition of unmet needs of the supervisee, group and client, verifying and achieving them, creating an environment for it, can provide a supervisees experience and help develop a "healthy therapist".

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Tab. Important competencies of a group supervisor

• Responsibility for group formation and leadership
• Organisational skills
• Ability to work in a team
• Theoretical and practical knowledge of group psychotherapy and supervision
• Interest in others, empathy, warmth, kindness, empowerment, congruence, introspection
• Self-reflection – understand your motives and relationships
• Modelling of an open and transparent communication
• Neutrality
• Be able to ask open and reflexive questions to strengthen the process of group supervision, ask inductive questions, invite members to discuss problems, delimit and direct the group to solve problems, clarify, interpret and confront
• Be able to wait, retreat and speak only after the group has not reached any progress.
• Ability to create a sense of security, well-being, curiosity, acceptance and respect
• Ability to monitor and understand complex interactions and processes
• Ability to use suitable activity or active silence at the right moment
• Ability to reflect both individual and group processes
• Observation for visible and hidden group processes, avoidance, security, crowding, projection, etc.
• Ability to perceive one's process, transference and countertransference motives that the group and its members evoke
• Ability to maintain supervisory guidance
• Ability to adequately facilitate, defend, direct and interpret
• Ability to translate hidden processes into metaphors.

Supervisor's tasks in the group

Hawkins & Shohet (2004) describe the atmosphere in the group, which may not always be supportive. There may also be rivalry, condemnation, and disregarding – the supervises in the group may not always feel comfortable opening a topic to others (Fitch & Marshall 2002). The supervisor must work with group dynamics as much as needed and consider the supervisees' needs (Hillerbrand 1989). It is up to the supervisor to see if anyone needs to be made visible, whether someone prefers to hide, and should point it out if the group does not reflect on this issue.

Leading group supervision requires skills and competencies, personal maturity, supervision education (supervision training), and acceptance by the supervisees as a person (Prasko *et al.* 2020b). Significant features of the supervisor include communication skills, theory knowledge, practical therapeutic and supervisory experience, pedagogical skills, and the ability to listen, be honest, trustworthy and, at any time, keep information about an individual, client, group or team confidential (Proctor 2001). The supervisor should guarantee their supervisee's safety and confidentiality.

During the first group supervision session, the supervisor must explain the concept of supervision, its meaning, and its objectives to the supervisory group (Prasko *et al.* 2020a). Most therapists lack this information at the outset or explain the meaning of supervision differently in their way. In group supervision, the supervisor performs several tasks (Scaife & Inskipp 2001; Proctor 2008; Valentino *et al.* 2016):

(a) *Facilitate* – facilitate communication and promotes work on agreed objectives maintaining a balance in the involvement of group members,
(b) *Moderate* – conduct a group interview, ask questions, structure the debate thematically, and conduct a group interview to the goal,
(c) *Organise and monitor* the time course of the group supervisory session, and the structure is to be stable – it should have the same ritual at opening and end, providing feedback, and so on (for example, Balint group elements, video analysis, role play, creative methods, bodywork, and others),
(d) *Provide a model* – members adopt the supervisor's way of listening, intervention, information handling, focusing attention, etc., so it is desirable that the supervisor consciously offers the broadest possible range of procedures and responses and notices the mirror the group is showing him,
(e) *Taking care of the needs of participants* – there is a balanced fulfilment of performance needs, safety needs, individual support and appreciation, and the need to maintain the group (manage rivalry, competition and authority),
(f) *Manage power* – uses their authority for the benefit of group members;
(g) *Take care of themselves* – know their responsibility limits, thus protecting themselves from burnout.

Each member of the supervisory group must be allowed to comment on the supervisor, the program, and other members (Havrdova & Hajny 2008). At the same time, they must be prepared to receive positive and negative feedback. The supervisor's task is to provide sufficient space and opportunity for all members to express their opinions respectfully and with care. The supervisor verifies various evaluation techniques (e.g., final reflection, questionnaires, free written statements, role-

Tab. Frequently asked questions by the group supervisor

- What seems to be the client's most critical problem? Did the supervisee recognise it? Does the group recognise it?
- What are other data needed to conceptualise the client and formulate the overall treatment plan and strategy for the next session? How does the group respond? Does it give feedback to the supervisee?
- What did the supervisor do well? What are its strengths and positives?
- What does he fail to see enough to do? Who in the group reflects this appropriately, supportively that can be strengthened?
- How does the group respond to the story of the supervisee, the client, the stories and the circumstances of the story?
- Does the group fulfil the needs of the client, supervisee, and supervisor?
- What to facilitate, what to ignore, what to dampen?
- What should the supervisee learn about diagnostic considerations, conceptual ideas, strategies and techniques? Does the group provide this information, or does it need to be supplied by the supervisor?
- What would be the best way to pass on this knowledge so that the supervisee and their client would benefit most from it? What kind of handover will be most helpful to the group?

playing, sociometry, creative methods, etc.) (Matoušek 2003).

The supervisor in group supervision has several areas of focus – the client's benefit and harm, the supervisee's pros and cons, and an individual group member and the group (Proctor 2008; Valentino *et al.* 2016). Awareness of the contextual nature of group supervision significantly exceeds the scope that the supervisor must reflect in individual supervision (Ögren & Sundin 2007). While listening to the case, he/she asks the following questions to help him/her supervise the case:

Research in group supervision

Supervision is justified based on the causal chain between supervision, psychotherapeutic practice and patient well-being (Watkins 2011). Group CBT supervision is generally considered an essential part of a psychotherapist's training, but, surprisingly, empirical research has not been appropriately directed on the impact of group supervision on therapeutic effectiveness (Freitas 2002, Milne *et al.* 2008). The effects of clinical supervision in CBT per se on supervisees and patients also remain unclear from an evidence-based point of view (Alfonsson *et al.* 2017). In the absence of empirical results, group supervision in CBT was structured according to models from therapeutic practice.

Group supervison structure

The structure of group supervision should include everything necessary, as in individual supervision (Prasko *et al.* 2019a; Prasko *et al.* 2019b). Therefore, the supervisees should agree with the participants on the rules and how the supervision will be conducted at the beginning of supervision. In structure, each supervisory group should adhere to the following:

(a) *Schedule a supervisory session* (agenda) at the beginning of the group supervision session. In this part, the case for supervision is selected, the supervisee's problems and needs are identified, and how the group will work (e.g., allocation of roles to group members, partition into periods) is agreed upon;
(b) *Supervision of a case itself* – the part of supervision in which the protagonist reports on their work with a client or group and conducts their supervision using the approach set out in the first part;
(c) *In the evaluation part*, the protagonist reflects on what was important to them during supervision when working with a particular client and generally for psychotherapeutic work and personal growth. Following the protagonist's reflection and self-reflection, the group members reflect briefly on the importance of current supervision for themselves.

Techniques of group supervision

Group supervision makes it possible to use the synergy effect of the group, sharing and learning from the experiences of others (Prasko *et al.* 2020a). The supervisor works with group dynamics and uses a broader range of role-playing, modelling, interaction techniques, group imagination, and activity diagnostics (Ögren & Sundin 2007; Valentino *et al.* 2016; Prasko *et al.* 2020a).

The case study is most often used in group cognitive behavioural therapy. One participant report on a particular case when working with an individual client or group, the supervisor discusses the case with the group, and the protagonist receives feedback from both the group and the supervisor (Prasko *et al.* 2012). However, group supervision may also be skill-oriented, involving role-playing the skills needed for a particular case.

Guided discovery in group cognitive behavioural supervision

The use of guided discovery in group CBT is used with a similar goal to that of individual CBT (Fitch & Marshall 2002, Prasko *et al.* 2020b), to help the supervised person identify attitudes and experiences in certain situations, find connections between individual experiences in the present or the past and conceptualise the case, linking personal experience with theory. A further goal is establishing, supporting, and strengthening a therapeutic or supervisory relationship; recognising optimal strategies; strengthening the therapist's

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Tab. Group supervision exercises for peer-supervision in subgroups of three supervisees

Time for exercise: 30 – 45 minutes (according to the development of the group members)
Roles: therapist, client, peer-supervisor
1) One group member (protagonist) introduces a client with whom they had a problem in therapy and describes one typical situation with the problem.
2) The second member of the little group (peer-supervisor) plays the described situation as a client during a short-simulated therapy session.
3) The protagonist focuses on their emotions during this scene.
4) Peer-supervisor ask the therapist when they had experienced such emotions in the past, recall a specific memory, and realise which need has not been met
5) Peer-supervisor helps the therapist to do the imagery rescripting with the memory
6) Bridge back to the therapeutic situation, and the therapist tries to imagine a new response to the client
7) Discuss together what needs can be identified in the client and therapist if they have been met
8) Play a new scene where the client and therapist's needs are met

autonomy; increasing self-reflection; and strengthening ethical reflection (Harris & Brockbank 2011). In the group, guided discovery focuses not only on the protagonist but on the whole group, gradually finding answers to questions offered by the supervisor, who seeks permission from the protagonist before group discussion (Prasko *et al.* 2020a).

Role-playing in group cognitive-behavioural supervision

According to their description, the protagonist, the supervisor, or someone in the group plays the role of a client or therapist. Roles can be exchanged repeatedly and gradually modelled. For example, when one member of the group plays the role of a client and the supervised person is practising the intended sequence, they may approach others, place their hands on their shoulder and offer their version, or exchange the chair with them for a while and demonstrate how they would resolve the situation.

Imagery rescripting in group cognitive behavioural supervision

Imagery rescripting in cognitive-behavioural supervision can work with situations where the therapist has experienced intense emotions which have been overwhelming or to handle a situation that the therapist has "failed" (which is also usually related to strong emotions) (Hackmann *et al.* 2011; Arntz 2015; Prasko *et al.* 2020c,d). In group work, imagery rescripting is used to rescript a chosen experience with an individual therapist in front of the group (Farrell *et al.* 2014).

The imagery rescripting in a group CBT supervision can be done in front of the group (other group members are asked to imagine with the protagonist). The group is divided into subgroups of three people (protagonist, peer supervisor, and supervisor). As a rule, in training, a supervisor with one group member demonstrates the strategy first, followed by peer supervision in small groups. The supervisor asks the supervisee about a difficult therapeutic situation, suggesting the therapist describe the situation in detail, including the room, the client's appearance and behaviour and their own experience in emotions, thoughts and behaviour.

After the description, the supervisor asks the supervisee to find a situation where he experienced similar feelings and emotions. It could be a memory from childhood to adulthood. After the supervisee recalls it, the supervisor asks them about the needs they had at that moment and who might have been able to have helped them, and then the supervisor lets the supervisee imagine how they felt when those needs were met. After fulfilling needs, they return to the client's situation, and the therapist imagines how he or she could treat him/her when needs are met.

After the strategy has been implemented, the group can discuss how the situation presented relates to the conceptualisation of the client's story. At this point, it is also important to discuss the countertransference experience of the therapist – to what extent this transference was primarily due to the client's behaviour (because the client may have similar experiences with other important people in their life) and to what extent it is associated with the countertransference of the therapist.

Self-practice/self-reflection (SP/SR)

Maximising the learning process and enhancing group self-reflective experience is useful in using explicit self-practice/self-reflection practice or its elements. James Bennett-Levy's in his doctoral dissertation conducted the first study of the effects of self-practice/self-reflection on learning CBT. His idea of adding explicit self-reflection to self-practice was important to experiential learning. Later on, several SP/SR research studies were conducted (Bennett-Levy & Padesky 2014) and created CBT learning the concept "from the inside out" to get direct experience of CBT, deepen therapists' understanding of CBT and hone their therapeutic skills, including meta-competencies such as reflective skill and capacity to enhance the therapeutic relationship (Bennett-Levy *et al.* 2015). Evidence-based training strategy – structured self-practice/self-reflection

programs are used in groups and under supervision. The basic steps of self-reflection:

(a) Observe the experience (e.g., self-practice) – thoughts, emotions, physical reactions and sensations, behaviour, memories evoking, schemas and beliefs activated, modes triggered, etc.
(b) Evaluate the experience – e.g., "Is it helpful, disturbing?" "What I learned from it, how it changed my perspective, any surprises?"
(c) Implications of the experience for self – e.g., "How do I see myself as a therapist and a person, for?" "What beliefs, schemas, transference/countertransference reactions were activated or triggered? Were you aware of it?"
(d) Implications of the experience for clinical practice (for therapy, supervision, training) – e.g., "How it can change my practice, next session?".
(e) The implication of the experience for understanding the CBT, psychotherapy theory model and practice.

Forms of group supervision

Group CBT supervision can be performed in various forms. The following are the most common forms that were used in group CBT supervision:

- Classical supervision
- Supervision with the reflection of subgroups
- Supervision in a role-playing group
- Using visualisation (whiteboard, overhead projector, data projector, etc.)
- Working in small subgroups
- Using creative techniques in a group
- Balint Group

Individual supervision in a group

The original form of group supervision in CBT was individual supervision in the group, where the supervisor led supervision with one of the supervisees in front of the entire group of supervisees. The advantage of this arrangement is that the group members could consider similar problems in psychotherapeutic work as they appeared in the supervised session, and the disadvantage is the certain stylisation of the supervisee who has to talk about the therapy in front of the whole group. In this arrangement, the interactive potency of the group is not utilised. The multiple views of the group members are not shared during the process of supervision, only in the feedback at the end. Because the group is not engaged in the supervision process, the dynamics like universality, group cohesion, imitative behaviour, altruism, and information exchange are utilised less or non-utilised. Because there is a minimum of group cohesion, the supervisee's feelings of safety depend on processes other than group dynamics. The group members are primarily inactive, sometimes bored, or thinking ahead about their cases. The supervisor's unlimited or unilateral effect is not diminished.

Case supervision in little groups with different roles of members

Supervision in a small group is the most common group supervision in a CBT program. The supervisor lets the group choose a protagonist to report their case and assigns roles to the other members. One (or more) members of the group become monitors and follow conceptualisation and note down their observations, another member (or subgroup) focuses on therapeutic strategies and another member (or subgroup) on a therapeutic relationship. Then the chosen supervisor works for 30-40 minutes with the supervisee in front of the group through guided discovery, role-playing or imagery. Individual members may also be encouraged to lead a monologue of the patient or therapist modes. The supervisor can invite a group member to role-play and assign them the role of a patient or invite him/her to play the therapist's role.

After the central part, the supervisor asks the monitors to reflect on what they noticed during the supervisory work in the area they were supposed to monitor. If there are more monitors in each area, the supervisor may first ask them to discuss their observations before submitting them to the therapist and supervisor.

Supervisor: Who is interested in starting today's supervision meeting with their case?
Viktor: I would like to discuss my client, with whom I don't really understand what to do because he has several diagnoses, so I don't know how to start.
Supervisor: All right, Viktor, we can dedicate the first supervision to your case today. Before you tell us about your patient, I would like to organise other members of the group to get involved in different roles from the beginning.
Katka, I would like to ask you, during the supervision, to record in the notes everything that will relate to the conceptualisation of both the client and the situations that arise in therapy. What thoughts, emotions, bodily reactions, and behaviour do the client and the therapist have, what triggers them, the consequences, what attitudes they come from, and which schemes and modes play an important role.
Furthermore, you, Justina, will work in the strategy monitor role. You will note which strategies the therapist used to work with the client and those used during supervision, how they were used, with what effect, and whether other strategies would be in place.
You, Nina, I would like to ask you to monitor everything about the therapeutic relationship between the therapist and the client: communication, expectations from the relationship, transference and countertransference. You will write down everything described during the supervision, what you think about it, and what you will notice in the supervision relationship between Viktor and me.
Moreover, I would ask you, Anička, to try to empathise with what is happening inside the patient, how he feels, how he probably thinks about it, and which modes he enters during therapy. In addition to these monitoring roles, where you write down your observations during supervision, I would also like to ask you, if

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this occurs during supervision, to be prepared to play some roles, such as the patient, but also to play Viktor's role, or to speak for modes that appear. Can I count on it? (Group members agree)
Now I'm going to ask you, Viktor, what your story is; that's what we have to focus on the most in supervision and tell us something about the client. Why did he come to therapy, how do you understand what is happening to the patient, what procedures you have used in therapy so far and what is happening in your therapeutic relationship?
Viktor: I really don't know what the patient is. She came from depression, but at the same time, she had significant traumas in her life, which come back to her in her memories. She also has a social phobia and even panic attacks. At home, she argues with her husband and is dissatisfied at work. She has adult children who use her. Because she is so overloaded, she always comes up with a different problem. She also meets the criteria for borderline personality disorder, even though she is 54. I don't know what to do with her. Whenever she talks about something different, I don't know where to start. The therapy goal is constantly changing. It has made me mad for a while now. Then I feel sorry for her again because everyone hurt her, and then I feel like I'm worthless as a therapist when he's been coming to me for over a year, and we haven't been able to work on anything…
Supervisor: I see you're full of this. I'll try to organise it so I can understand it. She is 54 years old and experienced traumatic events that come back to her memories. She suffers from panic attacks, and social phobias, and also manifests borderline personality traits. She indicates quarrels with her husband at home, dissatisfaction at work, and adult children manipulating her. This is the diagnostic information you brought. You haven't said anything about the conceptualisation of her case, i.e. what happened in her childhood, what schemes came into being, how she manifested herself during her life, and what her problems within the ABC model and functional analysis look like. As for therapy, you say that you have worked with her for a year. You said that It is impossible to plan the therapy goals because she always brings other problems. Moreover, you cannot work with it according to any straightforward program because she suffers comorbid from diagnoses. You haven't said what you did together yet.
Moreover, the third area you're talking about is the relationship area. You said that you were angry with her at times, but you didn't say why, and at times you felt sorry for her because everyone was hurting her. You also feel that you are not competent due to the lack of progress in therapy, even if she has been coming to you as a therapist for a year on therapy.
We must agree on what we will work on in this supervision session. From my point of view, the conceptualisation of the case is not clear, and you do not know why the lady is bothered and always comes with a different problem, so it is difficult to choose some strategies to treat her. I also think it's important to discuss what's going on in the relationship between you two, that you sometimes get mad at her, and another time you feel sorry for her and think you're not a good therapist. What would you like to start working on today's supervision? It is clear that we will not make it all in one session. What do you prefer?
Viktor: I don't know. I have a good relationship with her, and I'm angry only if she doesn't do her homework. I also mind that she still comes up with other problems. I can't put conceptualisation together in a systematic way. I only have a few puzzle pieces from what she says. I am unable to stop her and force us to work systematically.
Supervisor: Well, Viktor, it seems that the first thing you want to do is start working with her calmly and systematically so that you can put the whole conceptualisation together. So I suggest we start there. Please describe what happens in a typical session…

Peer supervision in groups of 6 people

In the beginning, the roles are divided in the group. The group will agree on the protagonist that will work on their patient. The protagonist chooses their peer-supervisor from the group. The peer-supervisor chooses their peer-super-supervisor. The other three roles are divided among the remaining members of the group: one member monitors the conceptualisation of the case and takes notes. The second member pursues therapeutic and supervisory strategies, and the third focuses on therapeutic and supervisory relationships. Together, they agree on what to focus on during the supervision. This is mainly about understanding the patient's story and looking for strategies to continue treatment or problems in the therapeutic relationship. For the first 45 minutes, they work together according to their agreement. Before the end, the protagonist says what this part of the supervision has given him. The super-supervisor's work then continues. They have 15 minutes to discuss what happened in the first 45 minutes. Then the monitors present their observations according to what they wrote down during both supervision sections. They provided feedback on the topic they were in charge of. Each of them has 5 minutes to do so. The final 15 minutes are used for a joint discussion, which, if present, is attended by an experienced external supervisor.

This type of supervision can also be changed to groups of 4 or 5 people, where the individual roles of the monitors are fused (the monitors write their observations about conceptualisation, strategies and relationships and then give their feedback to the protagonist, peer-supervisor and peer-super-supervisor).

Skills supervision in little groups with role distribution

Group skill supervision optimises a supervisee's skills when working with a supervised patient. Other group members can serve as clients, monitors, or therapists. They can also play the individual modes the patient or therapist enters.

The group first chooses the protagonist and will hear their case. The protagonist chooses their supervisor and then picks a candidate super-supervisor. The protagonist first describes their patient in a brief conceptualisation in 5-10 minutes and then explicitly describes a problematic situation they would like to understand more or learn to handle. The protagonist then takes on the patient role, and the supervisor works with him as

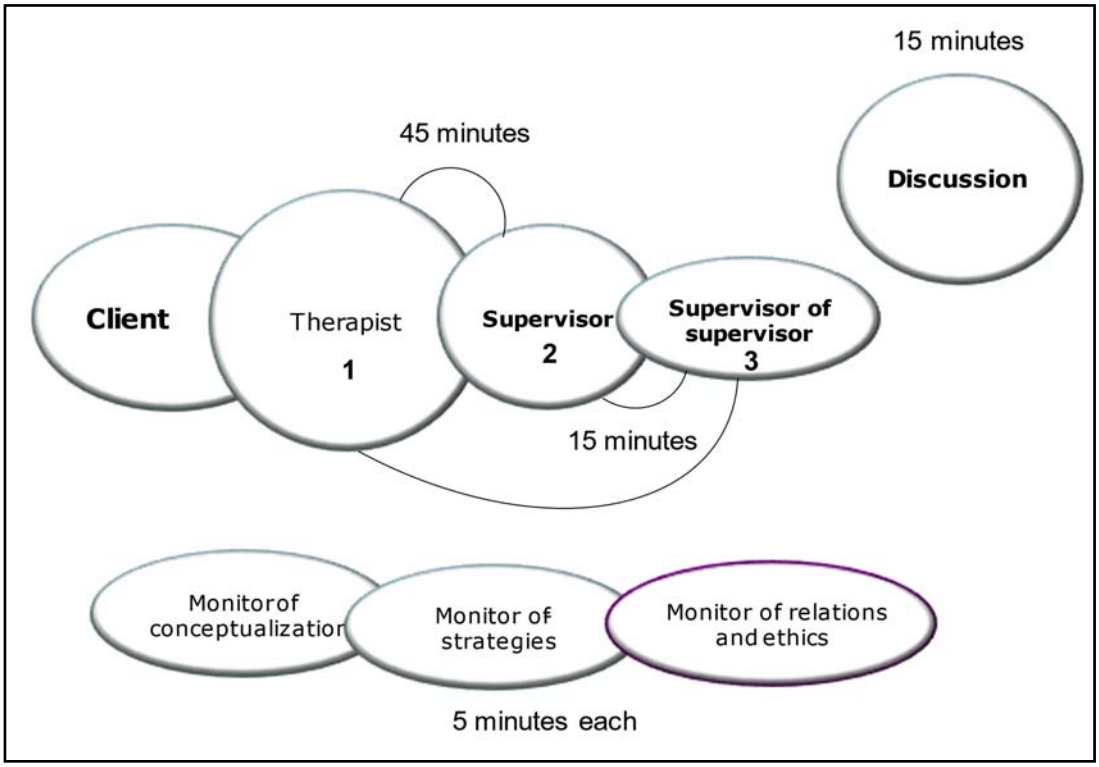

Fig. Diagram of peer-supervision of a case in the little group

a therapist. They have 45 minutes. A peer supervisor then supervises this work for 15 minutes. This supervisor still has a short 5-minute discussion with another supervisor. The final 15 minutes are used for a joint discussion, which an experienced external supervisor may attend.

Peer-supervision of groups of three supervisees

It is one-off peer supervision in a group of three, where one of the three is the protagonist, the other has the role of peer-supervisor, and the third has the role of peer-super-supervisor. The group has 30 minutes for the initial supervision, 10 minutes for the super-supervision, and 5 minutes for the joint discussion at the end.

Young therapists are often confused by the roles of multiple supervisors, and therefore, discussing their functions at the beginning of the work is important. The peer-supervisor promotes protagonist reflection mainly through Socratic dialogue. A very significant aspect is the positive feedback and the normalisation and validation of the questions and feelings of the protagonist. The task of the peer-supervisor is to activate the protagonist's own resources, help him realise the problem, and conceptualise it.

On the other hand, the peer-super-supervisor performs a supportive function, allowing the peer-supervisee to analyse the work that has just taken place, talk about emotions, and highlight the peer-supervisee success and improvement possibilities. It is important to note that the participant does not pretend not to have heard the conversation during the peer-super-supervision. They may also express their feedback and ideas, but allowing the peer-supervisor to reflect on themselves is preferable.

Peer-super-supervisor: How do you feel now after your work with the protagonist?
Peer-supervisor: I feel so tired and confused? Did I do the right things? Did I help Veronica (protagonist)? What do you think?
Peer-super-supervisor: I saw how hard you tried to do everything with your best heart! But I hear you doubt your work? Or so?
Peer-supervisor: Yes, yes, I feel somehow unsure.
Peer-super-supervisor: It's ok to feel unsure. We all feel unsure because we are still learning, and I'm also unsure (smiling).
Peer-supervisor: I feel better when we discuss it now (smiling).
Peer-super-supervisor: Maybe you have an idea of what could be helpful for you in this short time we have?
Peer-supervisor: Yes, I would like to understand what could be done better.
Peer-super-supervisor: Great idea. But let's start with your reflection on what was done well?
Peer-supervisor: Ok. I think we did conceptualisation pretty well.
Peer-super-supervisor: Right, I agree. What else?
Peer-supervisor: I was kind and supportive. At least I try to reward the protagonist.
Peer-super-supervisor: Yes, I counted ten rewards. It's very good.
Peer-supervisor: Ow, really ten? I thought less. Maybe I was not in a rush, and Veronica formulated her ideas about what she could do. I think I'm doing better in inductive questions.

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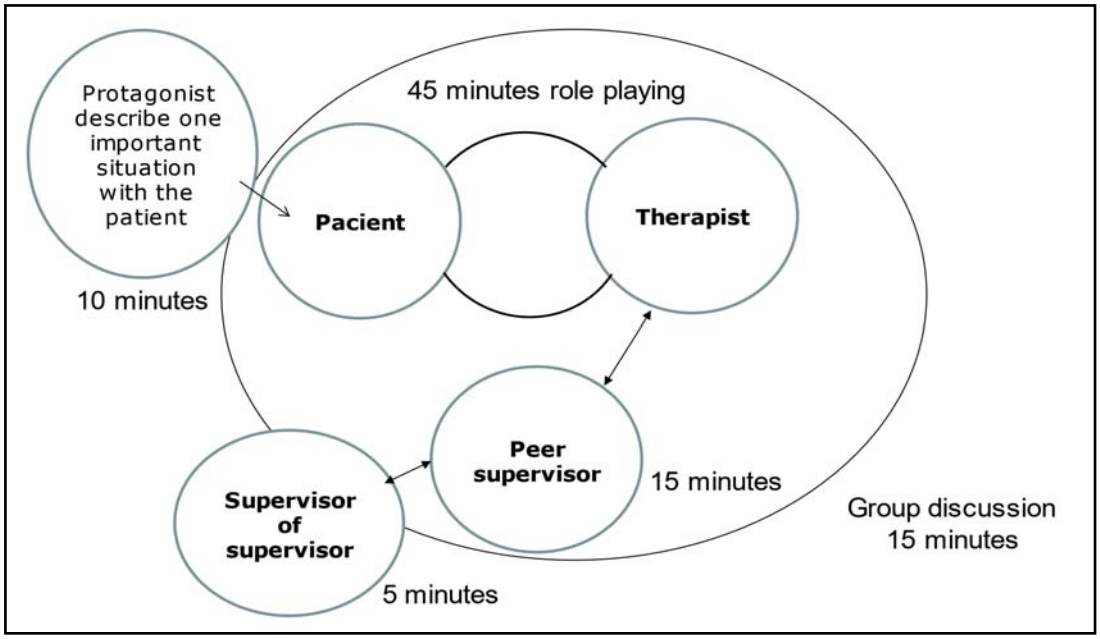

Fig. Diagram of case peer-supervision with role-playing in the little group

Peer-super-supervisor: I agree with your reflection. It would be, for me big challenge, but you managed it very well. Is something else you are proud of?
Peer-supervisor: No, I think these were the main points.
Peer-super-supervisor: Ok, and now what you would do differently next time?
Peer-supervisor: It may be a good idea to ask about the protagonist's request at the beginning of the conversation.
Peer-super-supervisor: Yes, it sounds good. It's like a therapy session's agenda or the session's aim. Something else?
Peer-supervisor: No ideas now.
Peer-super-supervisor: I think it's enough. Small steps are what CBT is so much about (smiling).
Peer-supervisor: Yes (smiling back).
Peer-super-supervisor: How do you feel now? And what do you think about your questions in the beginning – did you help Veronica?
Peer-supervisor: I feel somehow inspired and calm, and maybe I am not so useless and helped Veronica (smiling).
Peer-super-supervisor: I'm glad to hear it because I liked your work. The case was difficult, and you handled it.

Supervision work with a big group

Working with a large group allows for monitoring subgroups that focus on specific aspects of therapy, such as conceptualisation, strategy, and therapeutic relationships that are discussed within the subgroups after the supervisor discusses the supervisor's case. Then they can communicate the supervision results to the whole group or, according to the therapist's instructions, prepare a role-playing scenario, which they then act out with the protagonist.

Completing (the whole session takes 120 minutes but can be shortened when deleting some parts):

- The group is divided into three subgroups:
  - Conceptualisation
  - Strategy
  - Therapeutic relationship
- The protagonist has 20 minutes to present the case with the help of a supervisor.
- Each subgroup has 5 minutes to ask questions.
- The subgroup (reflecting team) discusses its topic and prepares its role – what to say (convey) to the patient in terms of the topic of the subgroup (20 minutes)
- The selected member (s) in the role of therapist work with the supervisor in the role of the patient
- The supervisor summarises what was important.
- Each member of the group communicates what is important to them

Balint group

One of the possibilities for structuring the group meeting is the so-called Balint group, which was discussed in one of the previous articles (Prasko *et al.* 2020a). Balint group – initially, a psychoanalytically conceived approach suitable for therapeutic relationship supervision can also be used in CBT supervision because it practically corresponds to the problem-solving strategy (Prasko *et al.* 2020a). A group of up to 16 group members (preferably 8-12 supervisees) first chose a case to supervise from several offered. Then the protagonist talks about the problem they have met when working with the client for 15 minutes. In the second 15-minute session, group members can ask any questions to elaborate on the protagonist's story. In the next 15 minutes, the group members discuss their fantasies regarding the client, therapist, and other participants, such as the client's family, people at the workplace, etc. These fantasies are a sort of brainstorming of the group's views on "the full truth". In the fourth part,

group members communicate for 15 minutes what they would do about the therapist's situation. In the end, the therapist shares what he thought was important from what others said and thought throughout the process.

Participant's reflection

- "The supervision structure helps to focus on the aims and tasks of this particular supervision. The atmosphere of validation of both knowing and un-knowing helps create feelings of safety and the possibility of not setting too high demands/ standards for supervisees. Feeling connected with other professionals and sharing knowledge, techniques, skills, and emotions are extremely important and helpful – it helps not lose motivation and keep high therapy quality standards. The group's vitality, creativity, and spontaneity give positive energy for a long time after the supervision. Possessing role-plays, chair work and other experiential techniques are extremely useful personally and professionally."
- "Groups supervision gives the feeling of belonging, a safe atmosphere, and a challenge. There are therapists like me, so there is hope to become better. Supervision with role distribution helped me develop useful features of the therapist, such as self-awareness and self-reflective attitude. The Balint group is still my favourite – a safe space for creativity."
- Group supervision is my favourite form of supervision because it has two important parts for me – encouragement to develop (because there is a natural comparison with other professionals) and a safe atmosphere to practice, observe, reflect, and even make mistakes in the group. The possibility of being in the different roles in the group (of the supervisee, the observer, or protagonist, or one who gives feedback, or active participant like in the Balint group) helped me develop my reflection skills. Now I can better understand the supervision problem from different angles – from the therapist's perspective, the client, the people participating in the client's problem, the supervisor, and even the theoretical perspectives. I noticed that I started to think similarly during therapy with my clients, which helped me see the problem more complexly.
- The most important thing with group supervision is the safe atmosphere where I can learn from others, practice even if my case is not presented in the supervision, and learn about different clients and problems I could not meet in my practice. I am a rather shy person, affecting how often I attend individual supervision. I feel more confident in group supervision and have become rather active in the group. I am more safe presenting my cases and doing role play in the group rather than under individual supervision, which is quite unusual.
- The best thing about group supervision is the possibility of learning about different cases and seeing how other professionals play and role play personally. I believe experiential learning is more effective, and I noticed that it encourages me to apply some CBT techniques (e.g. role-play, imaginary rescripting) more often in my practice.

Conclusions

The group CBT supervision is especially useful in solving problem therapies, conflict situations between therapist and patient, clarifying transmission and countertransference phenomena, searching for alternative therapeutic strategies or solving problem situations in the therapist's team. Thanks to a secure environment, a structured and controlled process, experiences, plans, concerns and failures can be shared with other supervisors without fear. Participants can gain new insights and understanding of their emotions and, at the same time, empathise with the challenging situation that the protagonists are experiencing.

Our experience shows that group CBT supervision has many benefits and can be a valuable part of the learning process during psychotherapeutic training and subsequent therapeutic growth. Participants usually like such work. The research on group cognitive behavioural supervision has only recently started developing, and the presented paper also aims to encourage further research in this area.

Conflict of interest statement

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

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