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SUPERVISION IN COUNSELING AND PSYCHOTHERAPY: A QUALITATIVE STUDY OF GREEK SUPERVISORS' EXPERIENCES AND PRACTICES

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Abstract: Clinical practice supervision is a major means for supporting the development of trainees in counseling and psychotherapy, improving professional competence and ensuring accountability to the client and the public. In Greece, there is no official accreditation for supervisors nor systematic training. The present study investigated the state of the art concerning supervision, supervisors' experiences, and practices. In a qualitative study 18 experienced supervisors were interviewed. They expressed their views on the practice of supervision, the benefits of supervision, and their personal experience with it. The analysis indicated that, although supervision is not officially institutionalized, it is practiced and valued in psychotherapy training and clinical practice. Moreover, it is a “psychotherapy-bound” practice that has identifiable benefits for all parties involved.

Keywords: Clinical practice, Counseling training, Psychotherapy, Supervision of clinical practice

INTRODUCTION

Clinical supervision was developed at the beginning of the 20th century with the institutionalization of psychoanalysis (Leddick & Bernard, 1980). There is evidence that Freud gathered small groups of trainees to discuss and review work with clients. However, it was Max Eitington who established clinical supervision (hence forth “supervision”) as a formal requirement for trainees in psychoanalytic training (Carroll, 2007). In the 1950s, when other counseling and psychotherapy approaches were introduced, supervision developed into a substantial method of training and practice. Acknowledged as a separate specialty from counseling and psychotherapy, training in supervision was offered by psychotherapy institutes. Nevertheless, since supervision was based on the theory and models of the psychotherapy approach that

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each psychotherapeutic school adopted, it was still a “psychotherapy-bound” method, closely related to counseling (Leddick & Bernard, 1980). In the 1970s, as the model of supervision shifted to more of an educational task and the focus moved from the person providing psychotherapy or counseling to the process, supervision emerged as a subject of scientific research. Many theories were developed and tested –mainly in US universities– to determine its scope and outcomes (Borders et al., 2014; Carroll, 2007). Further, in the 1980s, many major professional associations required or recommended that their members be in ongoing supervision, irrespective of their experience as therapists or counselors, and determined supervision as mandatory in training programs (Carroll, 2007; Grant & Schofield, 2007).

Nowadays, supervision is one of the most widely used methods for training clinicians and supporting clinical practice in psychotherapy and counseling (American Psychological Association, 2015; Borders et al., 2014; Falender & Shanfranske, 2014; Kühne, Maas, Wiesenthal, & Weck, 2019). As a consequence, a large body of research has provided greater specificity as regards effective supervision practice and effective education of supervisors, although not all supervision-related issues have been answered yet (Bernard & Luke, 2015; Borders, 2014; Falender & Shanfranske, 2014; Kühne et al., 2019).

There are three main functions of supervision: (a) Resourcing supervisees by acknowledging that counselors and psychotherapists are inevitably affected by the distress, pain and fragmentation of their clients, and, hence, in need of support (Hawkins & Shohet, 2006; Marcela, 2012); (b) Training and facilitating supervisees’ professional development over time and amplifying their therapeutic competence (Ellis, 2010; Holt et al., 2015; Watkins, 2012). A fundamental task of supervisors is to provide systematic and adequate feedback to their supervisees, to acknowledge their limits and consequently motivate them to develop their skills (Grant, Schofield, & Crawford, 2012); (c) Quality control and accountability to the public, serving as a “key activity” to ensure that psychotherapies are implemented with fidelity (Kress, O’Neill, Protivnak, Stargell, & Herman, 2015; Milne & Reiser, 2012).

Efforts to classify supervision-related knowledge have taken two forms: describing supervisor competencies and evidence-based or best practices of supervision (Borders, 2014; Watkins, 2012). While supervisors’ competencies reflect required declarative knowledge, best practices describe when and how declarative knowledge is applied. In this sense, best practices provide evidence-based guidelines for implementing or applying competencies, as well as ethical codes. In 2011, the *Best Practices for Clinical Supervision* were created by a task force of the Association for Counselor Education and Supervision (Borders et al., 2014) providing a comprehensive review of literature on conceptual and empirical research on supervision across several disciplines. The guidelines provide detailed information on best practices in all the phases and processes during supervision, focusing on 12 sections: “Initiating supervision”, “Goal-setting”, “Giving feedback”, “Conducting supervision” in individual, group, and triadic supervision modalities, with specific issues regarding the “supervisory relationship”, with attention to “diversity” and

“ethical issues”, with best practices in “documentation”, “evaluation” and in setting standards for the “supervision format”, “the supervisors’ competencies” and the “supervisors’ training and supervision”, supervision is documented as a distinct interdisciplinary approach, evidence-based and in need of professional training and systematic evaluation. Similarly, in 2015, the American Psychological Association (American Psychological Association, 2015) proposed a meta-theoretical perspective of competency-based supervision, defining seven domains central to good-quality supervision—from supervisor competencies to diversity and ethical issues.

Regarding supervisors’ competencies, there is a consensus that the role of supervisors is complicated and multifaceted, since the process of supervision involves continuing learning and counseling, provides the supervisees with an opportunity for contemplation and self-reflection and contributes to the evaluation of clinical practice (Borders et al., 2014; Ellis, 2010; Grant & Schofield, 2007; Hawkins & Shohet, 2006). Supervisors need to be trained and accredited in supervision (American Psychological Association, 2015; Borders et al., 2014; Grant et al., 2012; Hawkins & Shohet, 2006), experienced in counseling and therapy (Bernard & Goodyear, 2014), they need to possess counseling skills and empathy (Marcela, 2012), be secure in their role and emotionally mature (Ellis, 2010), and be in continuing learning and supervision themselves (Watkins, 2012).

As to how supervision is conducted, face to face, individual, weekly sessions is the most commonly reported modality (Bernard & Luke, 2015; Newgen, Davis, & Farley, 2004; Kühne et al., 2019), although there is the notion that group supervision has been underestimated regarding its effectiveness (Ögren & Sundin, 2007).

Supervision needs to be proactive, planned, purposeful, goal-oriented, and intentional (Borders, 2014). In this context it is recommended to set up a contract at the initial stage of supervision in order to clarify the goals, tasks, functions and expectations (Borders et al., 2014; Ellis, 2010; Gazzola & Thériault, 2007) and to set clear limits between counseling and psychotherapy, since the latter is not to be part of the supervision process (Grant et al., 2012). The most relevant intervention during supervision is offering constructive feedback to the supervisees on their clinical practice (Borders, 2014; Falender & Shanfranske, 2014; Kühne et al., 2019).

The positive effects of supervision have been revealed in many studies in respect of supervisees’ satisfaction, autonomy, awareness or self-efficacy, while many authors highlight the preventive role supervision has in respect of the burn-out syndrome of therapists (Bambling, King, Raue, Schweitzer, & Lambert, 2006; Holt et al., 2015; McCarthy, 2013; Milne & James, 2000; Spence, Wilson, Kavanagh, Strong, & Worrall, 2001; Westefeld, 2008; Wheeler & Richards, 2007). In addition to skills upgrading, supervision is also identified as a supporting and comforting procedure for trainees and clinicians (Ellis, 2010; Marcela, 2012). Furthermore, the therapeutic competence of supervisees seems to benefit from the procedure (Kühne et al., 2019), while there is some evidence that there is a direct positive effect on clients of the supervisees (Bambling et al., 2006).

In Greece, supervision arises as a tool of support for trainees and professionals after the 1980s. Compared to developments in other Western countries, there was a considerable delay in Greece. Counseling began to emerge during the 1950s, while the first Greek training institutes offering accredited training in counseling and psychotherapy were only established in the 1980-1990s (Malikiosi - Loizos & Ivey, 2012). Nevertheless, in the last decades the role of counseling and psychotherapy has been upgraded and many professionals –psychologists, social workers, psychiatrists and others in “helping professions”–offer counseling and psychotherapy in private and public services. Community mental health centers, counseling centers in schools and universities, drug prevention centers run by local authorities, rehabilitation centers, vocational training centers and other institutions provide a wide range of individual or group sessions in order to promote well-being, to help people address issues in their relationships, to strengthen parents in their parental skills, to offer relief and support in crisis situations and to help career development –to mention only a few of the needs addressed (Athanasiaades, 2008; Economou et al., 2013; Malikiosi – Loizos & Ivey, 2012).

The introduction of counseling and psychotherapy services in the Greek society has also promoted supervision as a method of training and support for professionals, just like in other Western countries. Nevertheless, there is no official accreditation for supervisors in Greece and systematic training has yet to be offered. Furthermore, to our knowledge, there is no research available regarding the practice and methods applied by supervisors in Greece. Since it is evident that a new profession is emerging and is being widely practiced among counselors and psychotherapists, the aim of this study was to explore the current state of art concerning supervision, supervisors’ experiences and practices and the benefits identified.

METHOD

Given the lack of research in this domain, a qualitative study is the appropriate research method. Important in qualitative studies is not the generalizability of outcomes but an in-depth description and dissemination of the perceived experiences (Hays & Wood, 2011; Mason, 2002). In this framework our research aimed to describe how supervision is implemented nowadays in Greece. The following research questions were initially formulated: (i) What is the current state of the institutional role and the dissemination of supervision in Greece? (ii) How do the participants define supervision and what are their experiences related to it? (iii) What is the context of supervision implementation, and (iv) What benefits are identified?

Sampling and Participants

In the present study purposive sampling was used to accomplish the qualitative investigation (Mason, 2002). Taking into account that supervision in Greece is a profession not accredited yet, supervisors known for their practice and therefore

holding important information had to be identified and recruited. This process started with the first author’s professional network and was followed by “snowball” sampling (Noy, 2008). The following selection criteria were set: (i) participants had to be licensed psychologists or psychiatrists; (ii) they had to have at least 10 years of professional experience and to have been practicing supervision for at least one year; and (iii) they had to have been practicing supervision in different settings, private or public. Eighteen supervisors were identified and agreed to participate in the study. All participants, four psychiatrists and 14 psychologists, had a long professional experience, including supervision services. More than half of them had participated in training programs in supervision and were themselves under supervision at the time of the study. Two of them were accredited by European organizations. The participants were randomly coded from one to eighteen and are referred to as Sp1 (Supervisor 1) to Sp18 (Supervisor 18). Table 1 presents the participants’ demographic data.

Table 1. Participant characteristics

No	Gender	Profession	Workplace	Years of experience in profession	Years of experience in supervision	Training in supervision	Currently in supervision themselves
1	F	Psychologist	University faculty	18	16	No	Yes
2	F	Psychologist	Drug abuse prevention center	19	15	No	No
3	M	Psychologist	Therapy center for dependent individuals	21	16	Yes	Yes
4	F	Psychologist	Private practice	19	15	Yes	No
5	F	Psychologist	Private practice	30	11	Yes	Yes
6	M	Psychologist	Therapy center for dependent individuals	18	5	No	Yes
7	F	Psychologist	Therapy center for dependent individuals	20	10	Yes	Yes
8	M	Psychiatrist	Community counseling center	25	15	No	No
9	F	Psychologist	Private practice	27	10	Yes	Yes
10	F	Psychologist	Vocational center	18	1	No	No
11	F	Psychologist	Private practice	40	15	No	No
12	F	Psychologist	Training center for psychotherapists	23	11	Yes	Yes
13	F	Psychologist	Community counseling center	24	4	No	Yes
14	F	Psychiatrist	Therapy center for dependent individuals	31	14	Yes	No
15	M	Psychiatrist	Public psychiatric hospital	34	34	No	No
16	M	Child Psychiatrist	Child psychiatry hospital	34	25	Yes	No
17	M	Psychologist	Training center for psychotherapists	15	11	Yes	Yes
18	F	Psychologist	Private practice	28	28	Yes	Yes

Tools and Procedures

The qualitative data was gathered through focused semi-structured interviews. Nine main open-ended interview questions were developed, based upon the literature review and taking into consideration the research questions. Indicative interview questions were: “Please tell me how you would describe the process of supervision” and “What are, in your opinion, the main benefits of supervision?” (The interview questions are provided in the Appendix). In order to test the interview questions, a pilot interview with a supervisor was conducted and the final list of questions was developed according to his feedback (McQueen & Knussen, 2002). Data were collected during one, face-to-face, audio recorded interview (40 minutes on average) with each participant individually at their workplace.

Data analysis

Data coding followed Auerbach and Silverstein’s (2003) method –based on grounded theory—who describe their central idea as “to move from raw text to research concerns in small steps, each step building on the previous one” (p. 35). According to this approach the qualitative researchers’ task is to systematically, and carefully, follow coding processes, comparing repeatedly the expressed ideas to the initial research concerns, a process that leads to the final interpretation of the findings. The analysis process includes the following steps: Raw Text, Relevant Text (Simple Ideas), Repeating Ideas, Themes, Theoretical Constructs (Axes) which are finally matched to the originally formulated research questions (Auerbach & Silverstein, 2003).

Following systematically Auerbach and Silverstein’s coding procedure our *Raw Text* was scrutinized for the *Relevant Text* to emerge. Thus, 255 *Simple Ideas* were identified, which were then organized into 45 *Repeating Ideas*, labeled with the same or similar words used by the participants. The *Repeating Ideas* reflecting the main issues addressed by the participants were then grouped into 13 different *Themes*, which were again classified into the following four *Theoretical Constructs (Axes)*: (i) Supervision in Greece: the current state of art; (ii) Supervisors’ experiences; (iii) The context of supervision; and (iv) Benefits of supervision. These *Axes* corresponded directly to the four research questions (*Concerns*). An indicative example of the procedure followed is the following: From the *Raw Text* of the interviews the *Repeating Idea* “Supervision is not widespread” emerged, which was grouped together with other *Repeating Ideas* under the Theme “Mainstream culture in supervision”, which was subsequently classified under the *Theoretical Construct (Axis)* “Supervision in Greece: the current state of art”. Figures 1-4 illustrate the final form of the tree structures, in which the procedure of grouping the 13 *Themes* into the 4 *Axes* and then in those corresponding to the initially formulated *Research Concerns/questions* is explicitly shown. At a first stage the coding procedure was followed independently by each author, then the coding outcomes were compared

and reached an agreement level of 88%. For the purposes of this research, all unrelated codes were discarded, while for each Category a few quotes were selected and translated into English with the consensus of both researchers.

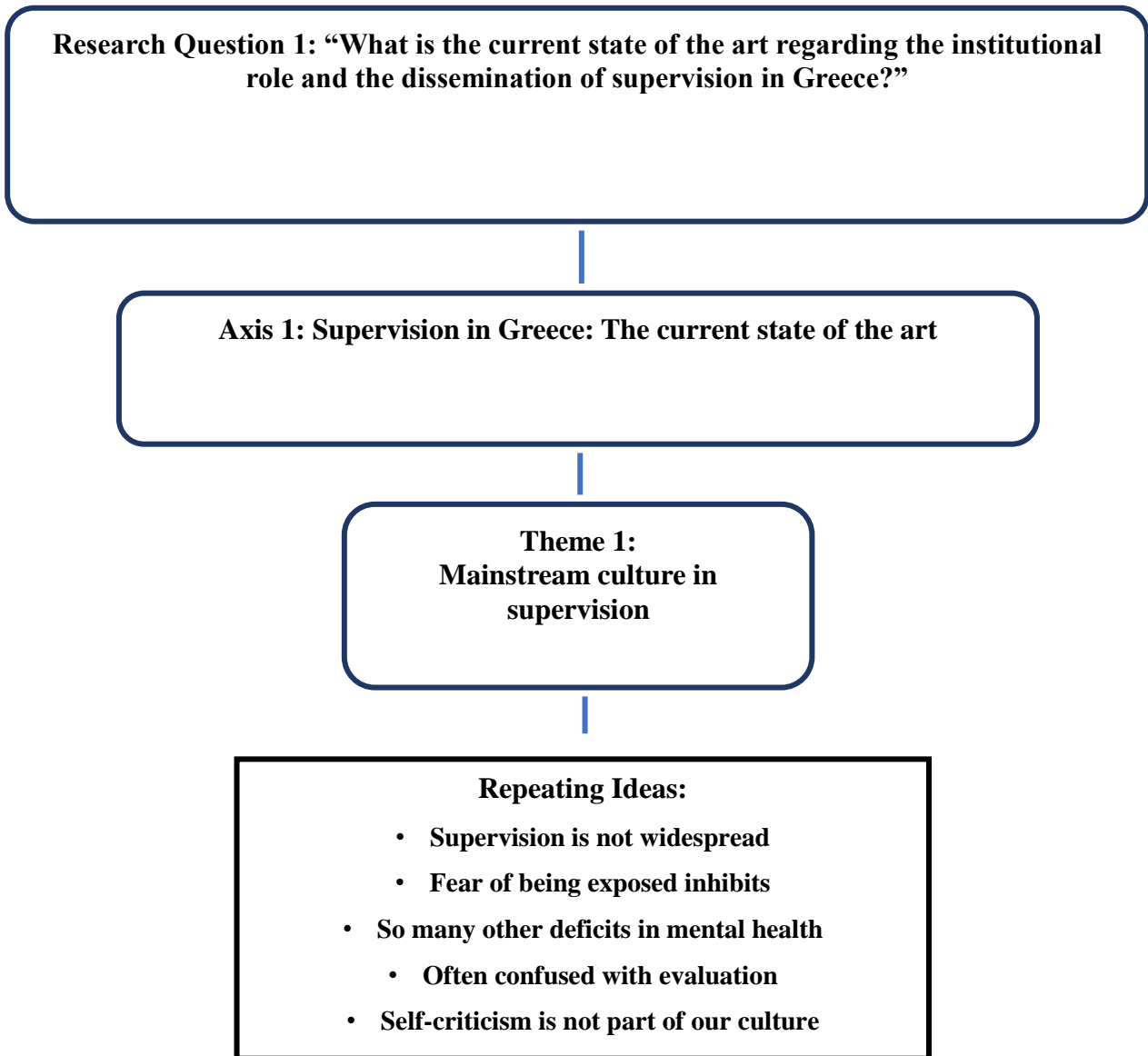


Figure 1. Research Question 1, Axis 1, Theme 1

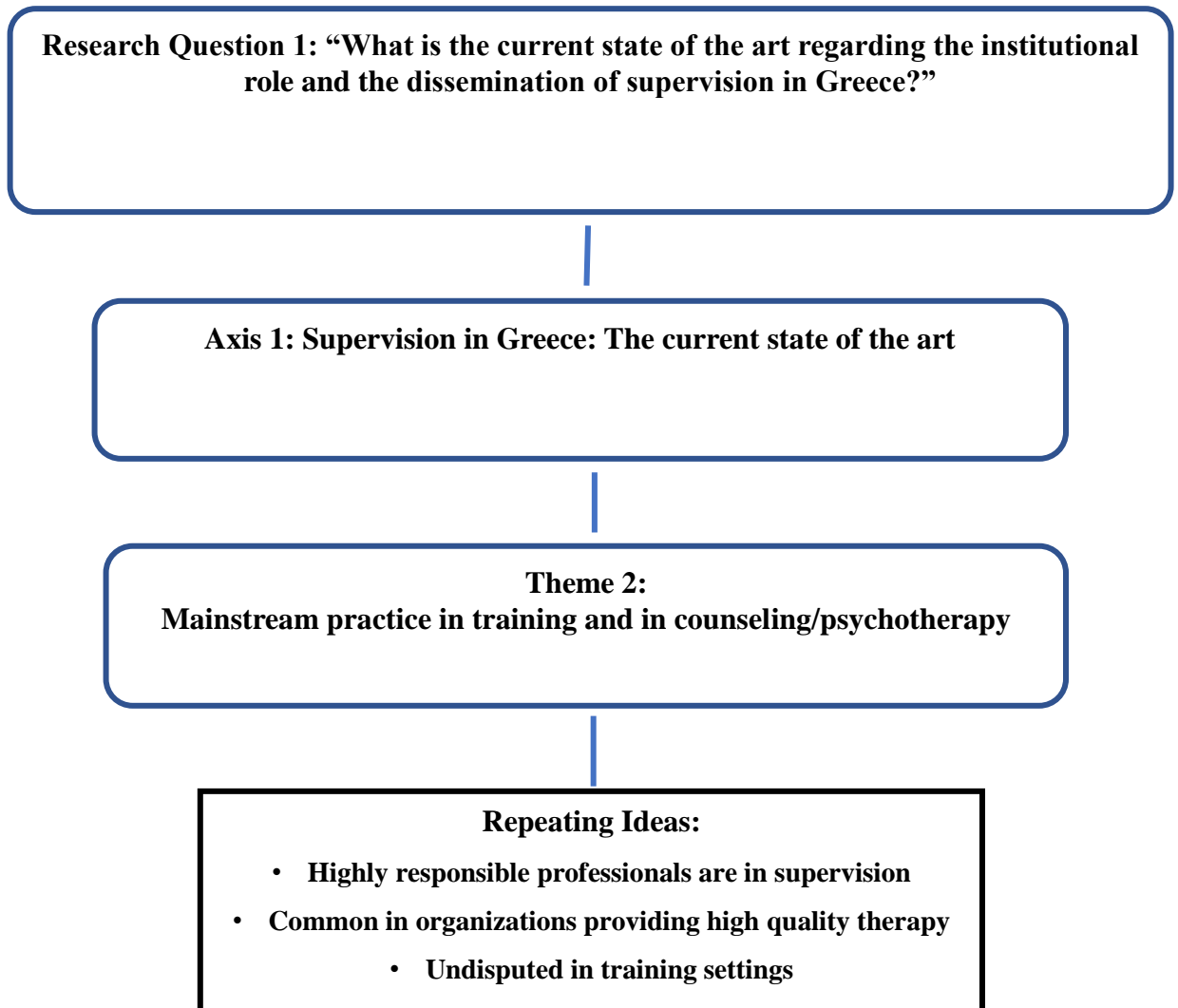


Figure 2. Research Question 1, Axis 1, Theme 2

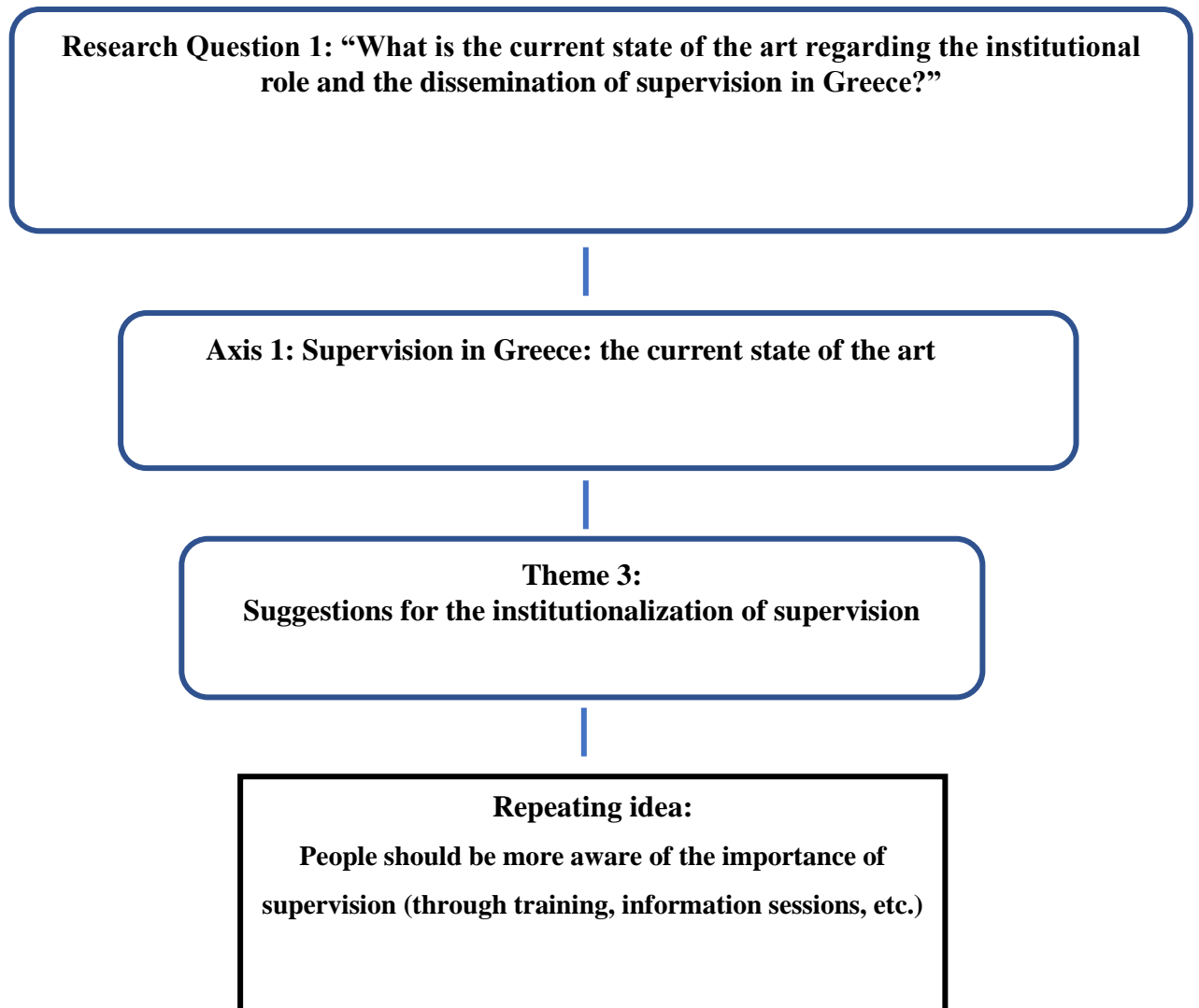


Figure 3. Research Question 1, Axis 1, Theme 3

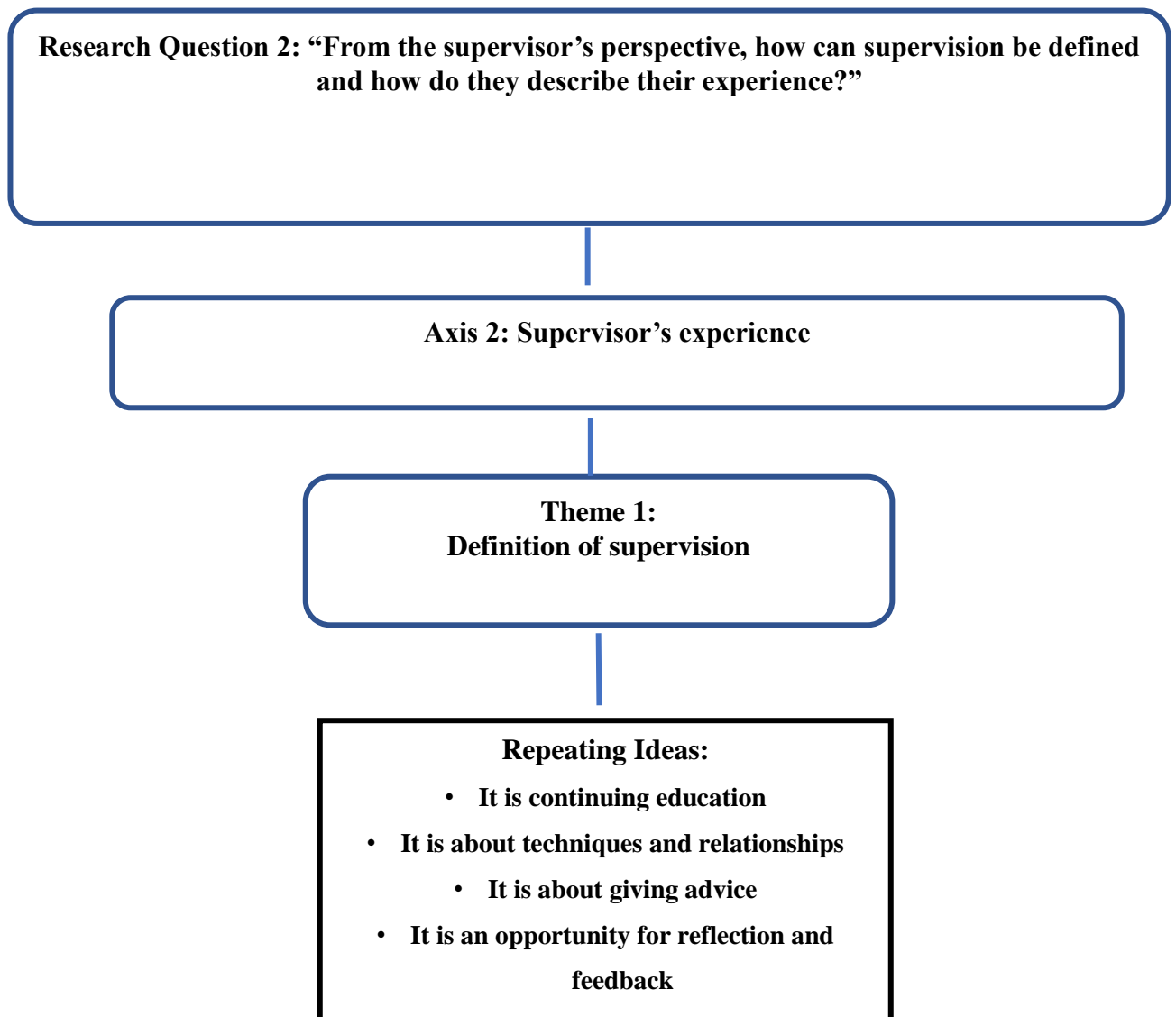


Figure 4. Research Question 2, Axis 2, Theme 1

RESULTS

Axis 1: Supervision in Greece: The current state of the art

Based on the analysis of the data, the findings suggest that three major themes conceptualized supervisors' perception of the current state of art of supervision in Greece. The first theme, *Mainstream culture in supervision*, mainly describes the

reasons why supervision is not common practice although it is an undoubtedly beneficial process. The second theme, *Mainstream practice in training and in clinical settings*, summarizes supervisors' experience from supervision and, finally, the third theme, *Suggestions for the institutionalization of supervision*, reflects supervisors' belief that supervision should be officially recognized as an essential factor of counseling and psychotherapy.

Regarding the Mainstream Culture of Supervision in Greece, participants pointed out that supervision, as many other processes in the field of mental health, is not officially nor statutorily recognized and therefore not widespread. "In the sense that we professionals understand it, a weekly session with a focus on the supervisee's clients and their problems does not officially exist" (Sp8). Some of the participants tried to explain the deficit of supervision in the mental health field in psychological terms, interpreting the resistance of professionals to enter supervision as a fear of being exposed and judged. "Many are reluctant to seek supervision because they are afraid that they will receive negative criticism..." (Sp9); "...they think that asking for supervision is like admitting to being weak and powerless..." (Sp14). For others, the statutory underestimation of the importance of supervision reflects the overall neglect of the mental health sector in Greece, which leads to considering processes such as supervision as a "luxury". As they pointed out: "So many other things are not regulated..." (Sp2). "...you can see that in general... mental health it is not an area of importance so as to provide for such processes." (Sp7). Still, the lack of institutionalization and standardization of supervision causes many misunderstandings. "...many times, when we talk about supervision, people think that it is about control, that the supervisor is a person who will evaluate whether you did your job right or not..." (Sp4).

Furthermore, the participants expressed the opinion that Greeks are in general not willing to engage in self-criticism. "Unfortunately, in many settings in Greece people are confident they know everything and are the best." (SP6). Along the same lines, supervisors illustrated the absence of training in self-reflection. "It is clearly a matter of culture... To be open to supervision, one has to be familiar with these processes and be willing to discuss his or her self-improvement..." (Sp7). Therefore, supervision is often provided informally, without an agreed setting. "It's easier when you just ask a more experienced therapist, who might also be your superior, for help and advice, without having that scheduled..." (Sp14).

Despite the lack of institutionalization, participants recognized that supervision is actually practiced in many settings and that there are a number of counselors respectively who seek support on a private basis. Besides, participants have been working as supervisors for many years while many of them have received supervision themselves. In their opinion, highly responsible professionals are in supervision. "Those who take their job seriously will be in supervision" (Sp17). "I think it's a matter of responsibility..." (Sp9). But what motivates an organization or the management of a therapeutic institution to require supervision? The participants' opinion was that institutions that provide quality services will inevitably use

supervision for improvement and quality check. “I know that in community mental health centers, where they emphasize on the therapeutic group and follow the latest scientific trends... in these settings they also foresee supervision provision” (Sp6).

Undisputed was the existence of supervision in training settings offering a license in psychotherapy and/or counseling. All the training institutes require that trainees be under supervision while practicing their skills. “During their training... that is a European standard; besides training in psychotherapy theories, they need to practice and be supervised in order to obtain the title of therapist or counselor” (Sp6).

Supervisors were invited to make proposals on how supervision could become more diffused. To the question whether it would be helpful to introduce supervision as a mandatory requirement for counselors and therapists, as in other countries, most of them were negative. Instead, they proposed more awareness-raising and information sessions to highlight the usefulness of supervision for professionals. “... if professionals knew how helpful and comforting it is, they would ask more for supervision...” (Sp5).

Axis 2: The supervisors' experience

The most widespread definition of supervision among the participants was focused on its educational function. “For me, it contains many characteristics of continued learning” (Sp12); “...when you discuss about a problem and you search for possible solutions, it is about learning how to solve problems” (Sp3). Describing it in more detail, supervisors identified two issues of concern: the therapeutic techniques used and the therapeutic relationship. “Supervision is about two issues: one is of a more practical nature, where we discuss about the therapeutic techniques, and the other one is about the management of the relationship between the therapist and his/her client” (Sp1). Other participants defined the essence of supervision in its advisory function. “It is like when somebody, who is in a position and has more experience, is trying to give advice, some ideas in order to improve the work of the colleagues...” (Sp9). Furthermore, supervisors defined supervision as a process of contemplation and review. “It is an opportunity for the professional to reflect on his/her work and to review his/her interventions with the help of the supervisor’s feedback” (Sp2).

With regards to their role as supervisors, many of the participants admitted that they were assigned this role informally. “Yes, I became a supervisor informally, mostly because I offered myself to” (Sp7). Describing their experience over the years, they made a distinction between unexperienced therapists and more experienced ones: “The beginners think they are obliged to tell me everything they discussed in their session; they are much more insecure” (Sp1). With experienced supervisees, the role of supervisors becomes more consultative and the relationship is described as more “equal” (Sp9).

The participants believed that an important component of their role is the outside perspective they have, which helps them identify the “blind spots” of the

therapists. “Most of the times it is this third eye which enables the supervisor to see things the therapist cannot realize” (Sp8). A necessary condition for this process is that supervisees ask for supervision. “...because supervision cannot be forced. There must be a request to which the supervisor responds to” (Sp2).

In an attempt to define supervision and its functions, participants were asked to describe the aim of supervision. Most of them stated that supervision’s goal is mainly to ensure the quality of psychotherapy and counseling provision. “A major part of supervision is to make certain that the practitioner is reliable in his/her work” (Sp12). Similarly, other participants placed emphasis on the necessity for self-reflection and self-evaluation while being in a helping profession. “I have a 20-year experience as a psychotherapist, and I have three supervisors myself. For me it is unthinkable not to be in supervision, because we need to evaluate our actions in this work” (Sp9).

Regarding the methods used by supervisors, although no concrete techniques were described except by one person, many participants confirmed that they use similar techniques as in their psychotherapy practice. “It is quite similar...with some amendments” (Sp7). Moreover, many used the setting of twice monthly individual sessions, except when emergency issues arose. Others favored the mixed setting – individual and group sessions– because they thought it is important for professionals to exchange ideas and feelings with their peers. “It is of advantage to discuss your issues in a group... you can learn from the supervisor *and* from other supervisees” (Sp15).

Axis 3: The context of supervision

Responding to the question about the conditions that affect the supervision process, participants described two issues: the first referred to the setting of supervision, while the second reflected their opinion about the background supervisors need to have in terms of training and skills. Many of the participants insisted on the contract that should regulate the content of supervision and the frequency of sessions. “Two things are important [to be agreed], a standard date and time and the duration of the meeting” (Sp15); “There needs to be regularity in the meetings. Otherwise, it is what I call the “fire department”, and it won’t work like this.” (Sp17). Part of the contract is the clear distinction between supervision and psychotherapy. Although supervisees will expose their vulnerabilities, the focus is on their client rather than on the personal work they might need to do. “It is very important for supervision to be clearly separated from therapy... We can discuss about personal issues of the supervisees, but only in terms of how they affect the work with their client” (Sp9).

To the question about the conditions professionals should fulfill in order to be supervisors, training, accreditation, experience and being up-to-date, were the main requirements professionals mentioned: “It is necessary to have received training in supervision and to have a methodology” (Sp4); “One has to be informed and alert for new developments and methods in the field” (Sp16). Apart from skills and

knowledge, supervisors addressed personality traits as helpful conditions for supervision. “I don’t think it is only a matter of know-how... one should also have the needed skills and the emotional maturity” (Sp2).

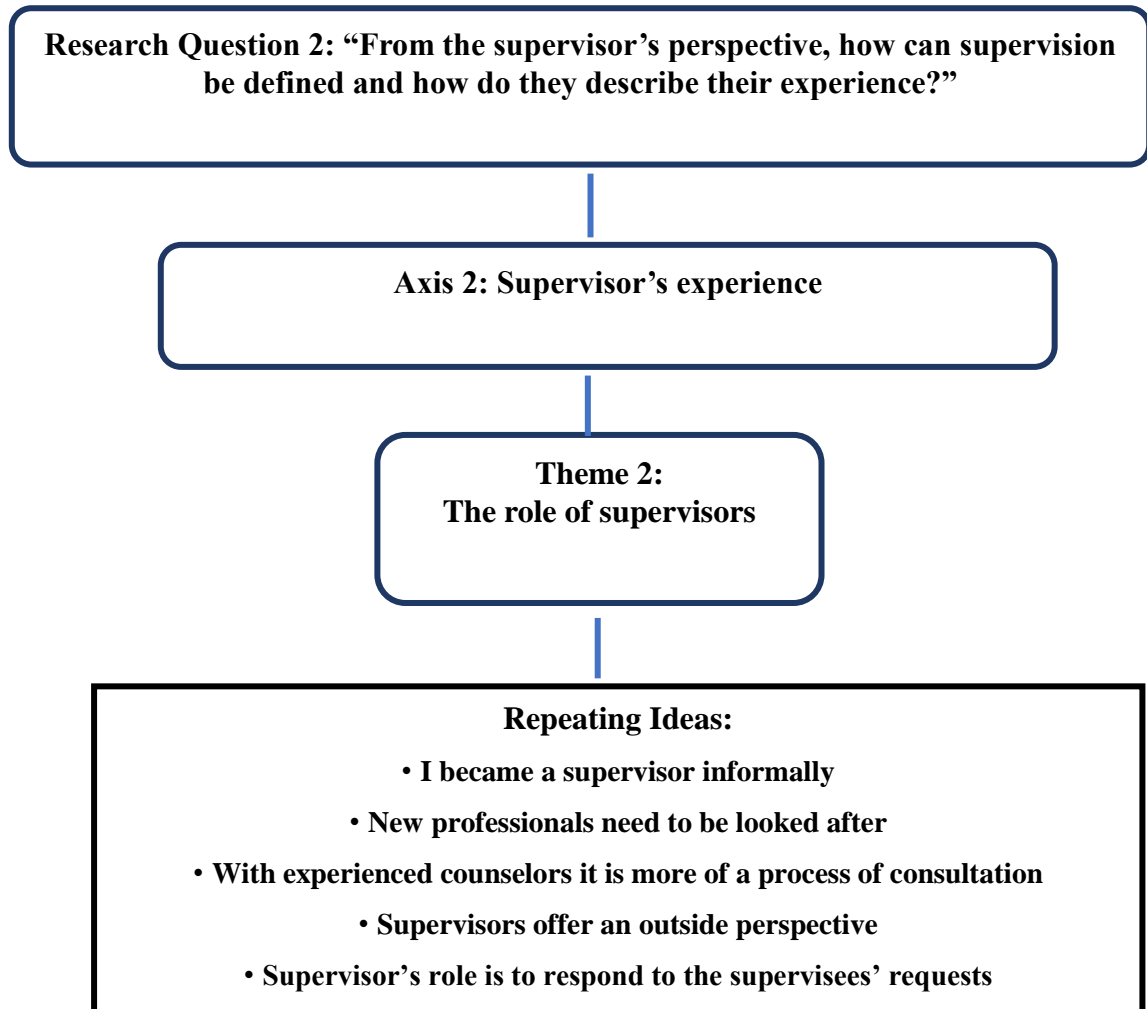


Figure 5. Research Question 2. Axis 2. Theme 2

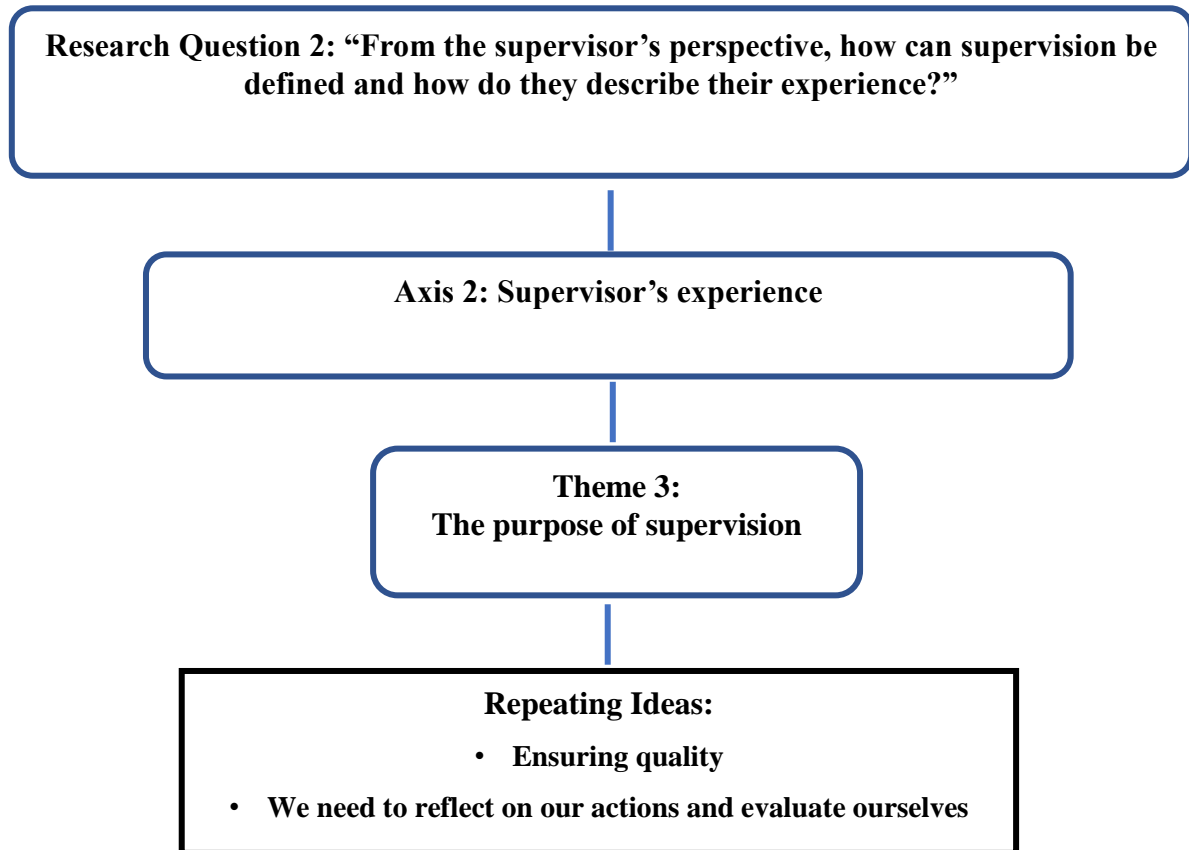


Figure 6. Research Question 2. Axis 2. Theme 3

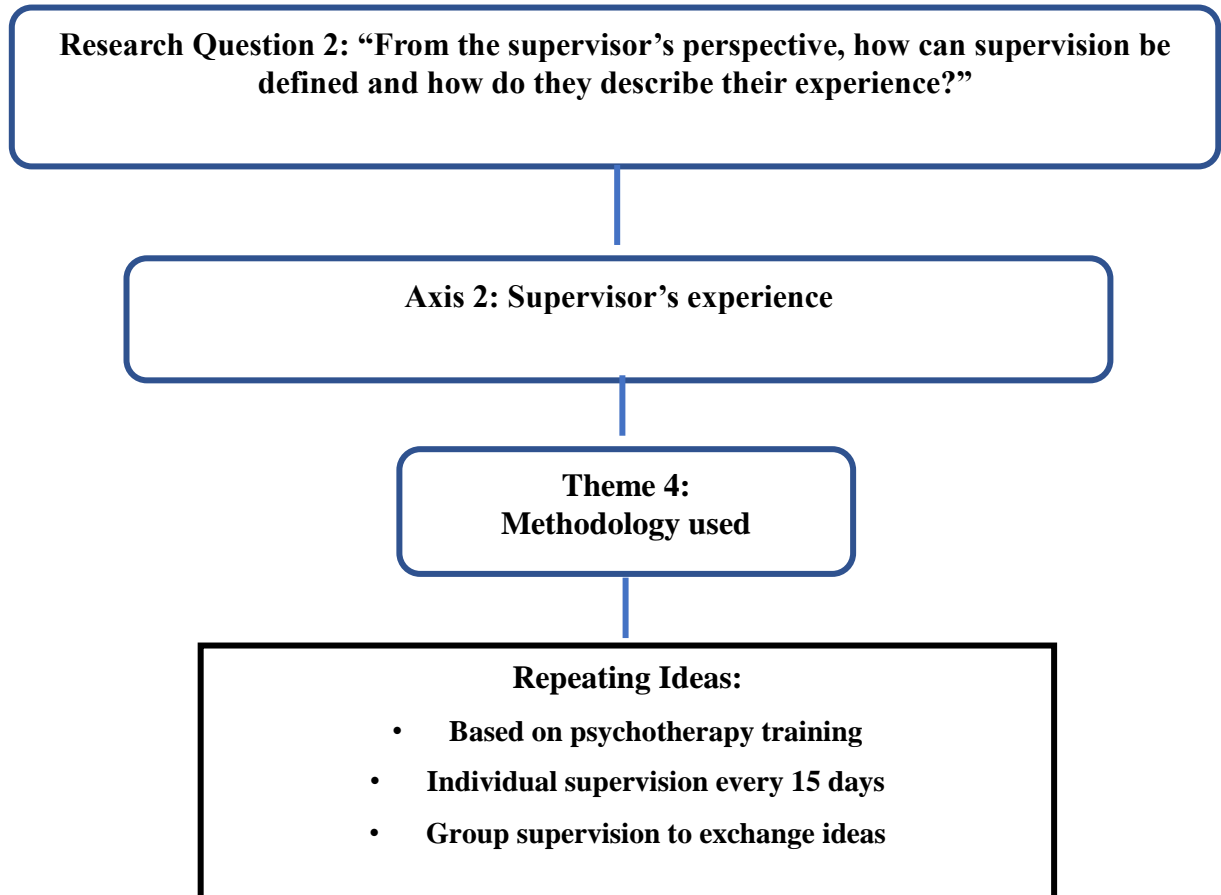


Figure 7. Research Question 2. Axis 2. Theme 4

Axis 4: Benefits of supervision

A crucial issue for the practice of supervision is the question of effectiveness. Are there identifiable benefits? Moreover, since there are at least three persons involved – the supervisor, the supervisee, and the client (indirectly)– do they all benefit from this process? Supervisors' answers to this question are summarized in four themes. The first two focus on the outcomes for the professional in supervision; the third enlightens how supervisors are influenced by the process, and the last one summarizes the benefits for clients.

Regarding the effectiveness of supervision, participants described how this process enhances the therapeutic skills of professionals. Psychotherapists learn how to focus on the central issues in psychotherapy and, also, become aware of their own boundaries, which will prevent them from mistakes. As supervisors stated: "...first of all, they improve as therapists..." (Sp1); "... I would say that supervision keeps one alert to recognize their own limits, to realize if they can or cannot help, which makes them more effective in the therapeutic process" (Sp6). Furthermore, participants emphasized that counselors gain self-confidence: "...supervisees feel competent and assertive that they can deal with their clients..." (Sp9). Another benefit for counselors is the feeling of protection and safety: "...they are working in a safe environment and have a person to refer to for anything that might come up, anytime..." (Sp5). Similarly, a positive outcome was ascertained for group supervision. "Especially if someone works for an organization with clients who are much tensed, this also affects the group of therapists. In this framework, supervision is very important because it helps the group of co-therapists to go on..." (Sp10).

Another topic emerging from participants' interviews was the preventing effect of supervision on the therapists' burn-out syndrome. The risk of being psychologically affected or distressed is high when offering counseling and psychotherapy. Some of the supervisors believed that supervision has a protective function: "...the fact that there is someone listening to you and will help you in a difficult moment, prevents you from feeling disposable and prone to be burned out" (Sp12). In this sense, as other participants noted, supervision offers comfort and relief to therapists and counselors. "When somebody is in supervision, they feel enormously relieved. They feel they are not alone. There is somebody else to lean on..." (Sp13).

Interesting was also the fact that some of the supervisors described the positive impact supervision had on their own professional development and the satisfaction they gained. "Through this job you get a lot of positive feedback... on many levels... and there exists an opportunity to enhance your therapeutic skills by helping the supervisee..." (Sp15).

Finally, the effectiveness on the indirect recipient of supervision, the client, was examined. While discussing the impact of supervision, the majority of the supervisors were confident that the impact on the clients is immediate and certain: "They [the clients] might not understand why, but they recognize that they receive

better services” (Sp7). Others emphasized that it enhances the quality of counseling received by clients. “The quality of counseling is improved, and the therapeutic relationship gets better... yes, the outcomes is overall positive” (Sp18).

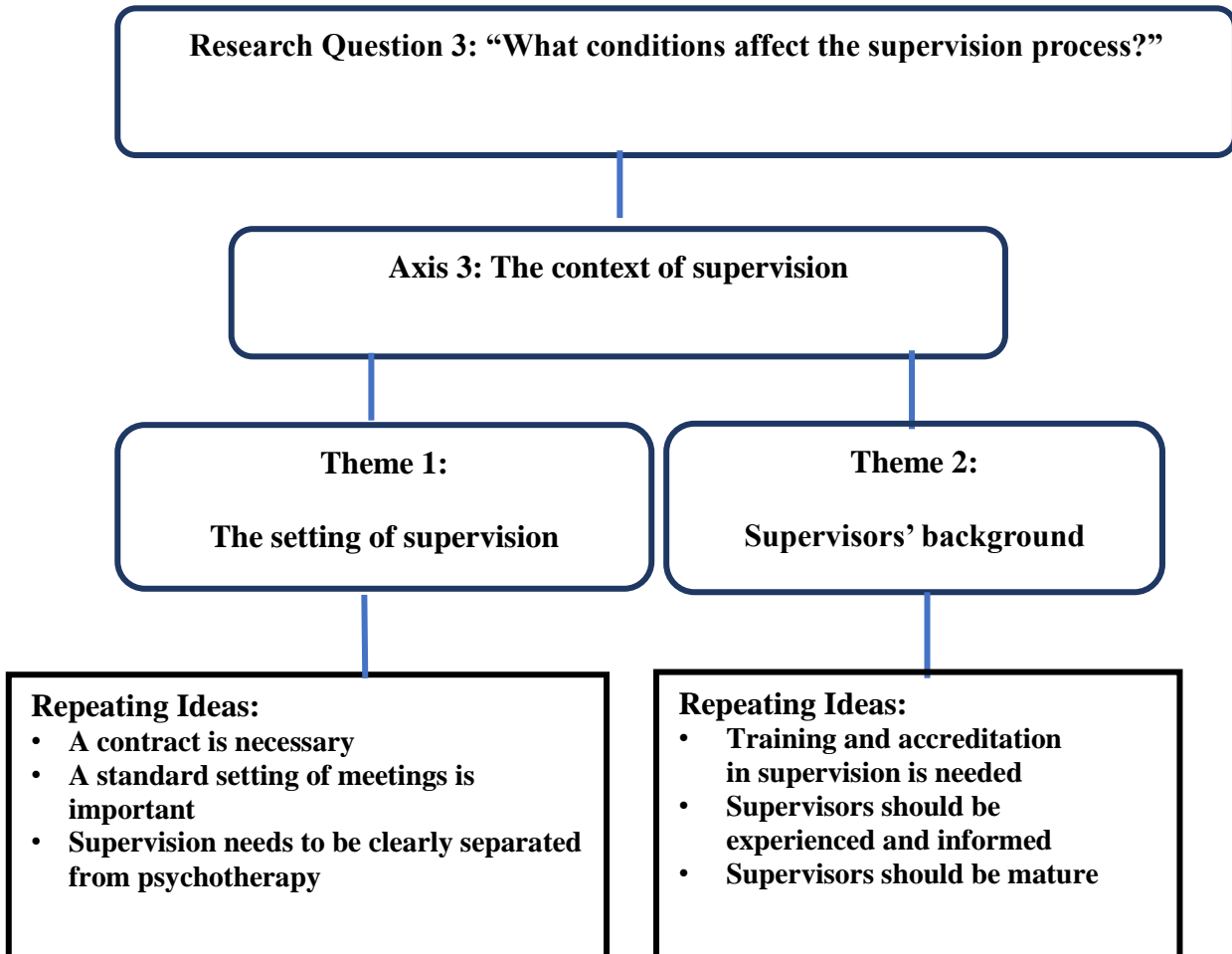


Figure 8. Research Question 3. Axis 3. Theme 1 and 2

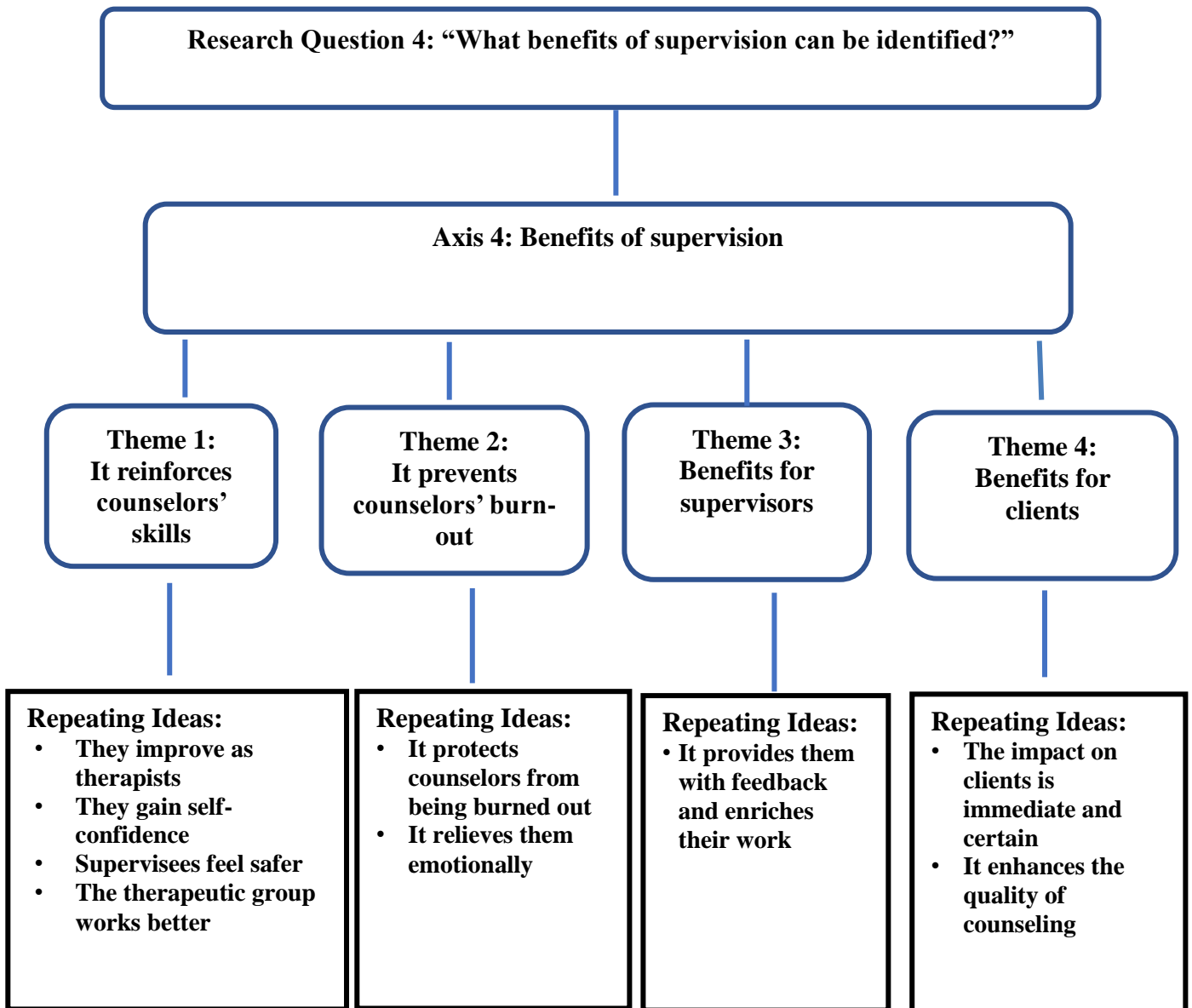


Figure 9. Research Question 4. Axis 4

DISCUSSION

The aim of this study was to investigate the state of art concerning supervision in Greece, counselors' and therapists' experience from implementing supervision, and to identify benefits. We hereby present the outcomes in concordance to our research questions.

Institutional role and dissemination of supervision in Greece

According to Greek supervisors, although supervision is a highly valued process and an indicator of quality and high responsibility of professionals and institutions, its provision is not widespread in Greece yet. The reasons given by the participants mostly focused on the lack of supervision's institutionalization, which reflects the overall deficit in state regulation and accreditation of helping professions. The lack of clear boundaries inevitably leads to misconceptions and insecurities among counselors and therapists as it is discussed in the relevant literature (Borders, 2014; Kreider, 2014; Watkins, 2012) and hinders its dissemination. Consequently, more information and awareness-raising actions regarding the benefits of supervision were recommended by supervisors.

Nonetheless, in concordance with the international standards of training in counseling and psychotherapy, supervision is practiced during psychotherapy training programs offered in Greece (Holt et al., 2015; Grant et al., 2012; Kreider, 2014; Kühne et al., 2019). It is likely that, having experienced the advantages of being in supervision during training, professionals will use this process in their future career like in other countries (Ellis, 2010; Grant & Schofield, 2007; Hawkins & Shohet, 2006).

Supervisors' experience of supervision

In line with the most widely accepted definitions in the relevant literature, the participants in this study described supervision as a process of continued learning and counseling, focusing on the techniques and the therapeutic relationship as an opportunity for self-reflection and as a vehicle to improve professional skills (Borders, 2006; Ellis, 2010; Grant & Schofield, 2007; Holt et al., 2015; McCarthy, 2013; Watkins, 2012). In respect of their role, emphasis was given to the consultative and advisory function of supervision (Bernard & Goodyear, 2014; Hawkins & Shohet, 2006). Crucial is therefore the fact that supervisees formulate a request for supervision. In the participants' opinion this is the main factor that distinguishes supervision from administrative control and evaluation (Kreider, 2014). Furthermore, as pointed out by participants and as postulated in literature, supervision needs to be planned, proactive and intentional in order to be effective (Borders, 2014).

Regarding the methodology and techniques Greek supervisors have been using to date, participants mostly rely on their training as psychotherapists and use their psychotherapeutic approach as a methodology of supervision. Taking into account that supervision is novel in Greek clinical practice and that there is no official training offered, it is understandable that it is still a “psychotherapy-bound” method (Leddick & Bernard, 1980). With regards to the context of supervision, most of the supervisors provided individual sessions according to international practice (Bernard & Goodyear, 2014; Bernard & Luke, 2015; Grant & Schofield, 2007), although with less intensity. Some also favored the context of group supervision, in concordance with the notion in the relevant literature that group supervision might have been underestimated so far regarding its effectiveness (Ögren & Sundin, 2007).

Implementation context

Regarding the implementation context of supervision, research participants placed a strong emphasis on the utilization of a supervisory contract, as many international supervisors propose (Ellis, 2010; Gazzola & Thériault, 2007). In the *Best practices in clinical supervision*, published by the US Association for Counselor Education and Supervision (Borders et al., 2014), it is recommended to set up a contract at the initial stage of supervision and to clarify the goals, tasks, functions and expectations. Similarly, Greek supervisors stated that it is important to set a clear setting for supervision and to clarify misconceptions over the process, e.g. supervisees expecting falsely to receive psychotherapy. The latter often occurs because, like in psychotherapy, supervision deals with vulnerabilities and problems of the supervisees who often need to be supported and nourished. It is clear, however, that supervision cannot substitute the need for counseling or psychotherapy as postulated by many authors (Borders et al., 2014; Marcela, 2012).

As stated by many authors and researches on supervision (American Psychological Association, 2015; Borders et al., 2014; Grant et al., 2012; Hawkins & Shohet, 2006) and as verified by this study as well, since supervision is a separate specialty, training and accreditation in supervision ought to be mandatory. Furthermore, it is recommended that supervisors are up to date with developments and research in their field and engage in self-reflection and other ways of personal and professional development (Ellis, 2010; Watkins, 2012).

The benefits of supervision

In the discussion about the benefits of supervision, three distinct areas emerged: (a) Benefits for the supervisees; (b) Positive outcomes for the supervisors; (c) Effectiveness on clients’ wellbeing.

The effectiveness of supervision with respect to the professional skills of counselors and psychotherapists and their personal development has been identified in

many studies (Ellis, 2010; Holt et al., 2015; Kühne et al., 2019; McCarthy, 2013; Spence et al., 2001; Westefeld, 2008; Wheeler & Richards, 2007; Worthen & Lampert, 2007). Greek supervisors focused on two areas where effectiveness is visible. They ascertained that supervisees improved their counseling skills, felt safer and more confident in their role. Moreover, they highlighted the preventive role of supervision regarding the burn-out syndrome. Similarly, Spence et al. (2001) in their review of studies postulated that supervision enhances supervisees' self-efficacy and increases job satisfaction, which minimizes work stress and burn-out. Apart from skills upgrading, the comforting and supporting role of supervision has also been identified in a qualitative research in Romania (Marcela, 2012).

The profit supervisors gain by their practice has been scarcely studied. Greek supervisors pointed out their own learning experience and the work satisfaction they experienced, a finding agreeing with another qualitative research, where Japanese supervisors appreciated through their practice the precious role of supervision for themselves, too (Bang & Park, 2009).

The main beneficiaries of supervision are undoubtedly the clients. As already discussed, a major function of supervision is to provide quality control and to serve as a "key activity" in ensuring that therapies are implemented with fidelity (Milne & Reiser, 2012; Kress et al., 2015). Although in Greece this responsibility is not legally manifested, supervisors believed that supervision had a positive impact on the services clients received, since it enhances the quality of counseling and psychotherapy. Despite their efforts, the studies on the effectiveness of supervision to date have not managed to prove the direct effect of supervision on clients' outcomes (McCarthy, 2013; Spence et al., 2001; Westefeld, 2008; Wheeler & Richards, 2007; Worthen & Lampert, 2007). Nevertheless, there is evidence for clients' symptoms reduction when their therapists are in supervision (Bambling et al., 2006).

Implications for supervision

The findings of this study may be useful for counselors and psychotherapists, supervisory and regulatory boards of helping professions. Professionals offering supervision have the opportunity to reflect upon their methods and learn through the experiences and the opinions shared by the supervisors interviewed. In this study, the important issues and prerequisites in supervision –e.g., the importance of the contract between supervisor and supervisee, the fact that supervision needs to be planned and intentional– have been highlighted and verified both, through the literature review and the expressed experience of supervisors. This might contribute to the emergence of "good practices" among supervisors in Greece.

Undisputed are the benefits of the implementation of supervision in psychotherapy and counseling and its contribution to the welfare of clients in therapy, as illustrated in this study. Our country needs to adopt regulations and introduce accreditation schemes for supervision in counseling and psychotherapy, so that service provision be standardized and its quality to enhanced. In view of Greek

citizens' increasing need for psychological help, the demand for institutionalization of supervision is imperative.

This study might also inform counselors and psychotherapists to be more open to supervision, acknowledging the supervisors' effort to fulfill their role and the professionalism they assert in their practice. Given the benefits of this process and the fact that it is recognized worldwide as a substantial part of psychotherapy and counseling, assuring quality and protecting clients from maltreatment, professionals ought to pursue supervision in order to keep up with developments in mental health treatment.

Limitations and future research

The aim of this study was to chart the current state of art in supervision in Greece. Obviously, since it was a qualitative study restricted to a specific geographical area (Northern Greece), outcomes need further validation to be generalized. Given the scarcity of other studies, inevitably the research concerns were more general and broader. Further research is needed on this topic to access more detailed information about the differences in methodologies used by supervisors. Moreover, it would be important to investigate how supervisees experience supervision, and what they value in this process.

Concluding remarks

In the last decades there has been an increasing public demand for mental health services in Greece, which has led to a growth of counseling and psychotherapy. To ensure the quality of these services, supervision is undoubtedly a very important methodology for counselors and psychotherapists. The present study provided an in-depth examination of Greek supervisors' experience from applying supervision and the state of art regarding its practice. The overall benefits of supervision were explicitly illustrated. It was evident that there is a shared appreciation of supervision being an important tool for quality assurance of mental health services and for helping professionals in their role. Supervision is undoubtedly a new, highly recognized profession in Greece and needs to be supported by institutionalization, training, and accreditation. The challenge for professionals is to demand protection of their role and their own wellbeing. As Grant and Schofield point out: "...for those who still need convincing of its [supervision's] utility, it might be important to emphasize the advantages of this reflective practice and to stress the privilege of being part of a profession that emphasizes the importance of creating a professional watering hole" (2007, p. 14).

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APPENDIX: INTERVIEW QUESTIONS

- How do you define clinical supervision in counselling and psychotherapy?
- What do you know about its use in Greece?
- How would you describe the institutionalization of clinical supervision in Greece?
- How could the dissemination of clinical supervision be supported?
- How did you become a supervisor?
- How would you describe your role as supervisor?
- Please describe the methods you are using in supervision.
- How would you describe your experiences from providing supervision?
- Which are in your opinion the necessary conditions for effective supervision?
- How would you determine the benefits of supervision?