

Parallel process as a tool for supervision and therapy: A cognitive behavioral and schema therapy perspective.

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Abstract

INTRODUCTION: The parallel process is a psychosocial phenomenon where the relationship dynamics between the therapist and the client are repeated in the supervisory relationship between the therapist and the supervisor. The concept of the parallel process can be a useful tool for understanding and solving problems in therapy. However, it can induce supervision drift or block the supervision process.

OBJECTIVE: This article aims to familiarize the reader with parallel processes in cognitive-behavioural therapy (CBT) and schema therapy supervision and discuss how to manage this phenomenon in supervision.

METHOD: This article is a narrative review with illustrations of supervision interviews in which the parallel process unfolds. The text provides an overview of theoretical constructions and empirical studies related to the parallel process. We searched PubMed, PsycINFO, Web of Science, and Google Scholar for relevant resources using the keywords "parallel process," "cognitive behavioural therapy," "schema therapy," "transference," and "countertransference." Case vignettes were collected from trainees, training leaders and supervisors to provide real-life examples of how self-reflection and self-experience can enhance CBT and schema

therapy training, practice, and supervision.

RESULTS: Interventions focused on the parallel process within supervision can help understand what is happening in the client-therapist relationship and can help focus on therapeutic and supervisory practices. Common CBT and schema therapy interventions such as guided discovery, psychoeducation, imagery rescripting, cognitive techniques, role-playing, dialogue of modes, and chairwork might reveal and elaborate the parallel process. This article also recommends incorporating work with parallel processes into supervision in the context of CBT and schema therapy.

CONCLUSION: Supervisors and supervisees should acknowledge and be vigilant about the diverse manifestations of parallel processes and leverage their potential for supervision and therapeutic interventions.

INTRODUCTION

Supervision improves the quality and effectiveness of therapists' work in cognitive behavioral therapy (CBT) and schema therapy (Newman 2013; Waltman 2016; Prasko *et al.* 2020). CBT focuses on changing dysfunctional cognitions, emotions, and behaviours that are the source of psychological problems (Beck *et al.* 2004; Newman & Beck 2009; Prasko *et al.* 2022). On the other side, schema therapy is an integrative psychotherapeutic approach focused on treating complex and chronic issues, especially personality disorders, but also dysthymia or complex trauma (Young *et al.* 2003). It uses concepts such as early maladaptive schemas, schema modes, basic emotional needs, and limited reparenting (Young *et al.* 2003; Taylor *et al.* 2017).

Supervision in CBT and schema therapy involves addressing interpersonal dynamics between the client and therapist and between the therapist and the supervisor (Prasko *et al.* 2023a). Supervisors gather information about the client from the therapist in various ways, including observing parallel processes (Prasko *et al.* 2021). A parallel process is a psychosocial phenomenon where the relationship between the therapist and the client mirrors the supervisory relationship between the therapist (supervisee) and supervisor (Adelson 1995; Coburn 1997; Friedlander *et al.* 1989; Havrdova & Hajny 2008; Watkins 2012). That means the therapist and supervisor's relationship is somewhat analogous to that between therapist and client. For example, the therapist may transfer their feelings or needs from therapy to supervision (Baudry 1993; Havrdova & Hajny 2008; Counselman & Abernethy 2011). According to Tracey *et al.* (2012), there are two basic parallel processes in supervision:

(1) The supervisee transfers the interaction pattern between the client and them into the supervision. The therapist enters the role of the client and a similar pattern repeats with the supervisor (from down to up). For example, the client is passive and

feels helpless and looks to the therapist for rescue, and the therapist feels passive and powerless and looks to the supervisor for rescue.

(2) The supervisee brings the interaction pattern from supervision back into the therapy as the therapist, now passing the supervisor's role as a therapist (from up to down). E.g., the supervisor advises the therapist and critically instructs them; subsequently, the therapist critically instructs the client.

Despite its importance, the concept of parallel process in CBT and schema therapy supervision is still not addressed enough in practical applications (Prasko *et al.* 2021). Therefore, this narrative review summarizes the theoretical framework and empirical studies on the parallel process and shows the possibilities of working with it within the CBT and schema therapy framework.

METHOD

For this narrative review, sources of information were identified using a systematic search of PubMed, Web of Science, and PsycINFO databases using the keywords "parallel process", "cognitive behavioural therapy", "schema therapy", "psychotherapy", "supervision", "transference", and "countertransference" in different combinations. Only studies published in English or Czech from 1950 to the present were included. The search was conducted in October 2023. Since there were relatively few articles in the search ($n = 45$), we searched for other literature from the sources of these selected articles, which, according to the authors of the pieces, were relevant to the topic ($n = 17$). In total, the final sample was 63 papers. Case vignettes were collected from trainees, training leaders and supervisors to provide real-life examples of how self-reflection and self-experience can enhance CBT training, practice and supervision. These examples also show the possibilities of working with the parallel process within the CBT and schema therapy framework.

RESULTS

Theoretical background

The parallel process is rooted in the psychoanalytic concepts of transference and countertransference (Gross Doehrman 1976; Deering 1994; Watkins 2012; Golan 2014). Psychoanalysts have observed that therapists transfer their feelings and reactions to clients into supervision and that supervisors respond to therapists as therapists respond to clients in therapy (Lauro *et al.* 2003; Kernberg 2010; Hill *et al.* 2016). The parallel process manifests as a mirroring of the relationship pattern between therapist and client on the one hand and between therapist and supervisor on the other (Perlman 1996; Mendelsohn 2012; Many *et al.* 2016; Levendosky & Hopwood 2017). This creates a parallelism between the therapeutic and supervisory

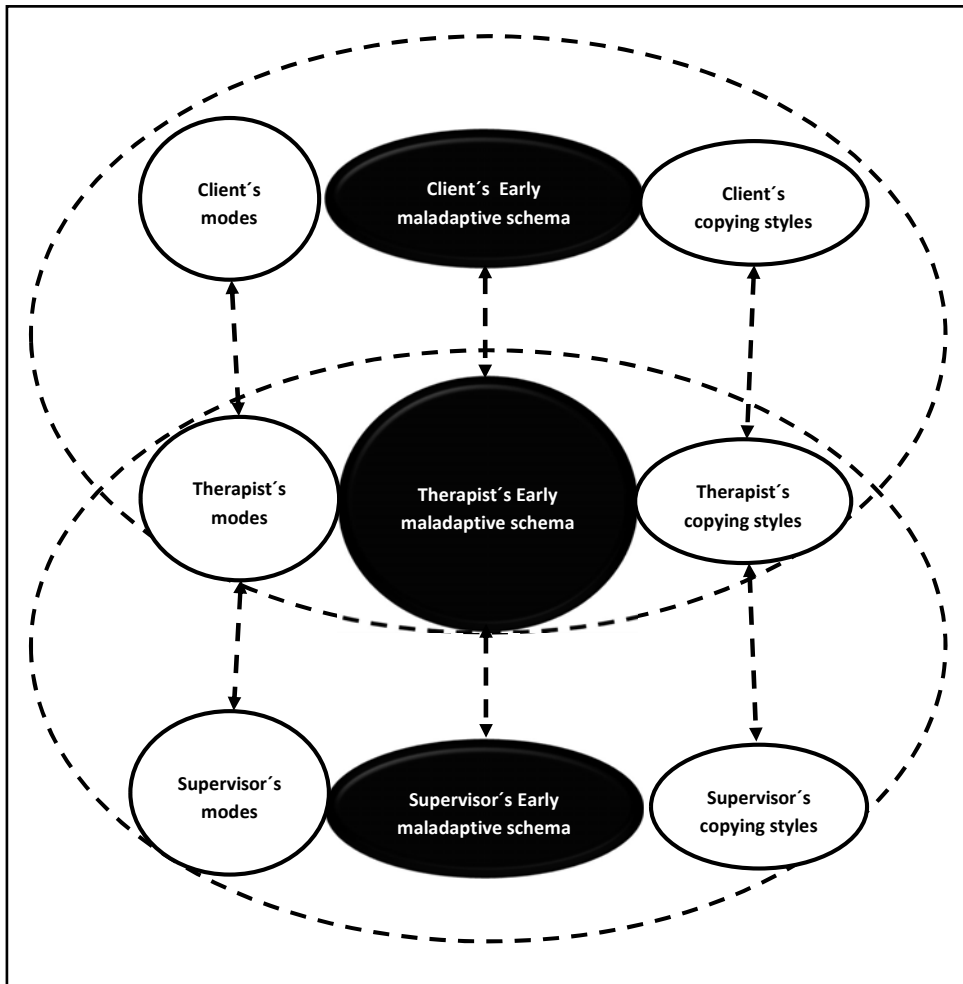


Fig. 1. Schema Therapy: Parallel Process Diagram
Legenda: A graphical representation of a parallel process from a schema therapeutic point of view could show how the client's schemas, modes, and coping styles are reflected in the therapist's schemas, modes, and coping styles and how these affect the therapeutic alliance and the supervision process.

relationship, which can be a source of information, learning, or emotional regulation for both participants (Racker 1957; Gross Doehrman 1976; Playle & Mullarkey 1998; Gerstenblith *et al.* 2022). Parallel process is a phenomenon that occurs in clinical supervision, where the therapist unconsciously recreates or mirrors the client's issues in their relationship with the supervisor. That can be seen as a countertransference, where the therapist's unresolved schemas are activated by the client's transference (Figure 1).

A parallel process in supervision occurs when there is a repetition of a relational pattern that emerged in therapy or, conversely, when a relational pattern between supervisor and therapist is transferred from supervision to therapy (Dasberg & Winokur 1984; Grant *et al.* 2012; Tracey *et al.* 2012; Prasko *et al.* 2022).

The parallel process can be caused or activated by various factors such as identification, projection, transference, countertransference, or activation of dysfunctional schemas (Watkins 2012; Sarnat 2019; Prasko *et al.* 2022). As such, a parallel process can be useful for understanding the dynamics of psychotherapy and supervision and for the therapist's and client's development (Shields & Lanza 1993; Tracey *et al.* 2012; Shaffer & Friedlander 2017). At the same time, awareness

of the parallel process may reveal the countertransference reactions of the supervisor to the client that would otherwise not be understood (Stimmel 1995; Silberman 2015; Prasko *et al.* 2021b). For example, the supervisor feels frustrated or powerless with the therapist's presentation of problems and feels that the client's situation is unsolvable, which reflects the therapist's frustration and powerlessness with the client (Todd & Freshwater 1999; Zepf & Hartmann 2008; Watkins 2010). An unrecognized parallel process can disadvantage understanding the client, therapist or supervisor, disrupt the therapeutic alliance, and block therapeutic change (Gross Doehrman 1976; Watkins 2012). That process may be caused or activated by the therapist or supervisor's personal problems, conflicts, or defensiveness (Ekstein & Wallerstein 1972; Gross Doehrman 1976; Watkins 2011; Zetzer *et al.* 2020). It may also trigger dysfunctional schemas in the therapist or supervisor (Prasko *et al.* 2022). It requires awareness and understanding of the link between transference and countertransference and its resolution within supervision (Gross Doehrman 1976; Friedlander *et al.* 1989; Waugaman 2015).

Alena is a 32-year-old single woman who came to therapy for a depressive disorder. From the beginning, therapist David feels Alena needs to be protected, even though she is stern and hostile towards him. David wants to convince her to trust him, but the more he tries to look trustworthy, the more Alena closes in. Alena works in a bank. She is convinced that her boss treats her with contempt. Alena has a 5-year-old daughter. Her boyfriend left her when their daughter was two years old. They argued a lot, and he was violent. Alena hardly communicates with her family. She has two female friends but does not feel close to him.

Alena's answers to the therapist's questions about her childhood are vague and indirect. Alena seems suspicious as if she does not trust the therapist's motives; why is he asking? She denies having any negative childhood experiences but does so in a way that makes David wonder if she is being honest. He repeatedly gets angry at her for not believing him.

David hypothesizes that Alena's mistrust and avoidance of closeness developed for a reason—childhood adversity or other mistreatment may have been the reason. He tells her, "I see you were a little ambiguous when I asked you. Maybe you're not sure you're ready to give me personal information. Am I right?" Alena nods in agreement. David says, "If you do not tell me the truth about everything that happened to you, I will not know how to help you." That is where Alena completely shuts down. David insists for a while, but then he only hears vague descriptions of the symptoms of anxiety and helplessness that Alena experiences at work and how she is alone in everything.

When David discusses Alena in his supervision, he talks about how he thinks Alena is withdrawn because, according to his hypothesis, she was hurt in childhood and is now experiencing a negative situation at work and cannot open up enough in therapy. The supervisor asked how David worked with it in the therapy session. David gives a general and vague answer - that he was empathetic towards Alena and tried not to force her to make more open statements. It seems to the supervisor that there must have been something else going on in the session that David is not talking about. Therefore, she repeatedly asks what David said to the client. However, David gives a vague answer. The supervisor feels that the more she wants a specific description of the therapeutic steps, the more vague David's answers are as if he is defending himself. Realizing that she is already putting pressure on David, the supervisor thinks that this may reflect a process that took place in therapy. She suggests they could play the part of the interview where David asks about childhood adversity together, with her playing the role of Alena. In the live scene, it can be seen that David urges Alena to open up more. The more David pushes, the more withdrawn the supervisor in the role of Alena becomes, which leads to more insistence from David. David does not realize it. The supervisor, therefore, suggests changing the roles; she plays the role of David, and he plays the role of Alena. In this replay, David realizes he pushed Alena too much and understands why Alena has withdrawn more.

At the next session, David addressed the situation at work, which Alena complained about. Her boss often criticized her and urged her to work harder and use manipulation to get

customers, which she opposed. Alena perceives it as unfair pressure from the boss. David asked how she felt about him as he inquired about her childhood. Alena perceives it similarly to her boss, as pressure for something she fears. David assured her that she could open up about things from the past at her own pace and that he did not want to push her into anything. She can talk about it when she feels ready. At the same session, Alena confided that she had been physically and sexually abused by her stepfather, for which she was very ashamed. She cried with relief when she said that. David expressed his understanding, which was not easy to detect. From this session, Alena started to be more open. They performed a series of imagery rescripting of childhood events during subsequent sessions. They connected the experience of the situation at work with situations in childhood and the initial situation in therapy. Alena then openly confronted her superior at work and left to work at another bank.

The client's transference and the therapist's countertransference reappear in the mirror of the supervisor/therapist relationship (Prasko *et al.* 2022). The unaddressed parallel process could enter therapeutic/supervisory work and interrupt therapeutic/supervisory processes.

Romana, an experienced supervisor, noticed passivity in the therapy sessions of the novice supervisee Eugene. Eugene repeatedly delayed exposure with clients, saying that they were not yet sufficiently ready for it and that he still needed to develop a secure therapeutic relationship. In the supervision session, Romana and Eugene repeatedly role-played a situation in which they modelled how to educate a specific client about exposure therapy and how to motivate them to do so. Eugene demonstrated an intellectual and theoretical understanding of the necessity of exposure and confrontation interventions in therapy for treatment effectiveness. He was able to show them in role-playing. However, he continued to avoid these strategies in therapy. He gradually stopped talking about the topic, even during supervision. The supervisor felt she had to attend to Roman's needs and not confront him so he would not feel worse. Then she realized that this might be something that Eugene experiences with his clients.

Romana, therefore, hypothesized that behind the supervisee's reluctance to use confrontation, there may be a deeper problem that is not related to a simple inability or lack of skill to effectively apply exposure therapy or confrontational interventions. So, at the next supervision session, she again raised the issue of avoiding exposure and confrontation in therapy and supervision. Romana conceived this intervention as an empathetic confrontation. Eugene accepted it well because the confrontation was conducted in an empathetic, understanding and informative manner. From the subsequent discussion, it emerged that the supervisee understood the confrontation with his experiences as a negative thing causing anxiety and, therefore, tried to avoid it. He was also concerned that after exposing the client to more anxiety, the client would lose interest in therapy. However, during Romana's intervention, Eugene realized that Romana confronted him in a kind and empathetic way so that

he did not experience extreme anxiety but learned important things that increased his self-awareness. Romana then clarified the parallel between what the supervisee was experiencing and how clients can experience similar reactions through confrontation.

A parallel process may also activate dysfunctional schemas in the therapist or supervisor (Prasko *et al.* 2022).

Julie is a novice CBT therapist at a large psychiatric centre. She is assigned a new client, Lenka, a 29-year-old woman with post-traumatic stress disorder, recurrent depressive disorder and borderline personality traits. Lenka talks to the therapist about her problems, including concerns about her psychiatrist, whom she visits monthly for six months. The client describes her psychiatrist as cold, withdrawn, harsh and cynical in his speech, constantly lecturing her about something. He says he has a problem going to him for check-ups. Julie sympathizes with her and suggests that they work together in long-term psychotherapy. She can change psychiatrists if she is not satisfied. He has the right to change doctors. He tells her to call the psychiatrist, cancel the other appointments and ask him to find another one.

In the supervision of her therapy, the supervisor, Lucie, first approves her procedure. He also considers it reasonable for the client to seek another psychiatrist. They further discuss whether the client made the decision independently or was advised by a therapist. At the same time, during the conversation, they learn who this psychiatrist is. The psychiatrist Lenka goes to is a leading expert in treating borderline personality disorder. He is known to be warm and welcoming to clients. Julia recognizes that it is possible that her client has developed a transference reaction and, therefore, may not see her realistically. He realized that similarly cold, aloof, harsh, and cynical, the client described various authority figures in her life, including her father, teachers at school, and superiors at work as uncompromising and cold. With the help of the supervisor, Julie realizes that the client has taken the transference as reality and that she has a tendency to save helpless people. She realizes that over time, the client may also begin to perceive her as cold, harsh and demanding and may also describe her in this way to other health professionals she meets.

Empirical studies

Due to its unique nature, empirical studies of the parallel process in supervision are scarce. Only a few studies have focused specifically on this phenomenon. Gross Doehrman (1976) conducted a case study of four supervisees (three advanced and one novice) and their supervisors. He found that the parallel process was present in all cases except the novice supervisee who completed the training. The parallel process was associated with an intensive supervisee-supervisor relationship, and resolving the supervisee's personal and countertransference problems positively affected the supervisee's therapy. Friedlander *et al.* (1989) conducted a case study of one mid-level experienced

supervisee and her experienced supervisor. They found that the parallel process was characterized by the similarity of verbal communication between supervisee-supervisor and supervisee-client dyads.

Other empirical studies indirectly support the idea of a parallel process within different supervision models. Worthington (1984) found that supervisees were more satisfied with supervisors who used the supervisory relationship to demonstrate counselling principles. Worthington & Stern (1985) identified three clusters of supervisor behaviours that successfully predicted positive supervision evaluations: promoting supervisee independence, addressing supervisee defensiveness using questions about the supervision relationship, and supervisor openness. Heppner & Roehle (1984) confirmed the importance of using the supervisory relationship to demonstrate counselling principles to novice and advanced supervisees. They also found that both beginning and advanced supervisees reported self-awareness issues as critical incidents in supervision.

In contrast, doctoral students reported personal issues related to therapy/supervision overlap or transference/countertransference issues as critical incidents. Rabinowitz *et al.* (1986) suggested that internal level trainees placed more importance on solving transference/countertransference problems than less experienced trainees. Martin *et al.* (1987) described a case study of an advanced supervisee in which the best supervision session was characterized by a parallel process involving recognizing and resolving the supervisee's personal and countertransference problems.

These studies show that the parallel process is a real phenomenon within different directions of psychotherapy and supervision models.

Tracey *et al.* (2012) studied these processes in 17 triads (i.e., supervisor, therapist/trainee, and client). Each session was evaluated for dominance and affiliation, and the resemblance of these dimensions across equal status pairs (supervisor-therapist and trainee-client) was examined. The authors found more similarities in dominance and affiliation between similar status pairs in therapy/supervision triads, indicating the presence of parallel processes. This study supports the existence of bidirectional parallel processes at the level of interpersonal interaction.

Types of Parallel Processes

Parallel processes can occur in many different ways. It can manifest in various forms, such as the therapist mirroring the client's emotions, behaviours, or relationship patterns in their interactions with their supervisor. Here is a description of the two types of parallel processes:

- (a) *Synchronous Parallel Process* occurs when the client's experience with the therapist is transferred to the therapist-supervisor relationship. In other words, the dynamic between client and therapist is reflected

in the dynamic between therapist and supervisor. For example, suppose the client feels a certain resistance to the therapist. In that case, the therapist may feel similar resistance to the supervisor.

- (b) *Reverse Parallel Process*: This process is the opposite of a synchronous parallel process. The dynamic between client and therapist is mirrored in the dynamic between therapist and supervisor but in the opposite direction. For example, if the client feels a certain resistance to the therapist, the supervisor may also experience resistance to him.

Parallel processes in psychotherapy can take place in different directions. Here are two other types of parallel processes:

- (a) *“Downward” Parallel Process*: This process begins with the client, proceeds to the therapist, and ends with the supervisor. This means that the dynamic between client and therapist is reflected in the dynamic between therapist and supervisor. For example, suppose the client feels a certain resistance to the therapist. In that case, the therapist may feel similar resistance to the supervisor.

- (b) *“Upward” Parallel Process*: This process is the opposite of “downward” parallel process. It starts with the supervisor, continues with the therapist and ends with the client. This means that the dynamic between supervisor and therapist is mirrored in the dynamic between therapist and client. For example, suppose the supervisor feels a certain resistance to the therapist. In that case, the therapist may feel similar resistance to the client.

These processes can be very helpful for therapists in understanding their reactions and feelings towards clients and help identify and resolve potential problems in the therapeutic process. It is important to note that these processes are often unconscious and may require careful reflection and supervision to identify and address them.

Recognizing the parallel process

Therapists and supervisors can recognize parallel processes by being aware of their emotions, thoughts, bodily sensations, impulses and behaviours during supervision. They can reflect on how they relate to their supervisor/supervisee and whether it mirrors their relationship with their client. In addition, supervisors can also help therapists recognize parallel processes by providing feedback and encouraging them to explore their emotions and behaviours. Working with a parallel process can have different functions and effects for both the supervisee and the supervisor. For example, it can be a source of information, solving problems or conflicts, learning new skills or techniques, developing a professional identity or self-confidence, and regulating emotions or stress (Gross Doehrman 1976).

It is important for therapists to be open to feedback from their supervisors and to engage in self-reflection to recognize and address parallel processes. By doing

so, they can better understand their clients' experiences and improve their therapeutic work.

Taylor *et al.* (2006) have identified various parallel process indicators in the context of psychotherapy supervision. These signals encompass intense emotions such as bewilderment, annoyance, sorrow, despair, disharmony, feeling "stuck," paranoia, anxiety, seclusion, and being overwhelmed. Interestingly, the absence of emotion is also considered a signal. Physiological sensations like an elevated heart rate can also indicate a parallel process. Empathic disconnection, whether experienced by the supervisor or the supervisee, is acknowledged as a signal. A focus group participant reported indicators such as dreaming about the client "taking up too much space" and feeling inadequate as a therapist. Subtle alterations in behaviour, speech, or demeanour, such as changes in speaking patterns, lack of eye contact, or sudden unfamiliar emotions, were mentioned as potential signs of a parallel process. It was noted that these changes might appear as co-occurring phenomena not directly related to the client or the supervisee. However, it was also suggested that actively searching for signs might lead to a misguided attempt to avoid rather than address the parallel process (Taylor *et al.* 2006). In Schema therapy, a parallel process can be identified as a sudden shift in schema modes, such as a rapid transition from the healthy adult mode to the detached protector, demanding parent, or angry protector. These abrupt mode changes may potentially disrupt the learning process during supervision.

Synchronous parallel processes

- (1) **The transference parallel process** occurs when the supervisee recreates the presenting problem and emotions of the therapeutic relationship within the supervisory relationship. For example, a supervisee treating a client with feelings of abandonment might begin to express similar feelings of being unsupported and neglected in their supervisory sessions. Regarding CBT and schema therapy, the supervisee could be encouraged to identify and challenge their cognitive distortions about the supervisor's feedback, recognizing that their perception of criticism may be influenced by their work with the client (Sumerel 1994a).

John, a schema therapist, treats a client named Alan, who is struggling with feelings of abandonment due to his father's passing at an early age. In his supervision sessions with the supervisor, Samuel, John begins to express feelings of not being supported enough by the supervisor and being neglected by the supervisor, similar experiences that Alan complains about in therapy. John starts to perceive Samuel's questions about what triggers these feelings in supervision as criticism. He tells Samuel he is not empathetic enough to his problems as a novice therapist.

Samuel tries to discover more about what is happening with John in supervision. Still, John continues to complain that he

does not feel supported enough. Samuel realizes that Alan makes similar complaints to John in therapy. He asks John if that is not the case. John realizes that the supervision sessions look similar to his therapy sessions. He realizes he transfers his helplessness in responding to the client's criticism into the supervision sessions. He also admits he has similar experiences with Alan, as his father did not have time for him and often felt abandoned in his relationship. Supervisor Samuel expresses empathy for John's experience and transference, which brings relief to John. Realizing that his unsupported feelings may reflect the activated 'abandonment' schema triggered by Alan's case. This understanding helped John separate his emotions from Alan's. He could engage more with Alan's Abandonment schema and use chairwork to help him express his emotions and needs to his father. They then used therapy letters to further develop Alan's relationship with his father. Alan learned to meet his needs independently.

This process was first referred to by Searles (1955), who suggested that processes currently in the relationship between therapist and client are often reflected in the relationship between supervisor and therapist (Sumerel 1994). The emotion or reflection experienced by the supervisor is believed to be the same emotion the therapist feels in the therapeutic relationship (Sumerel 1994).

David is a therapist who treats a client named Rachel, who is grieving the loss of her husband. In his sessions with supervisor Adam, David discusses the intense grief Rachel is experiencing. Over time, supervisor Adam notices a sadness in their supervision sessions, which seems to mirror the emotional climate of David's therapy sessions with Rachel.

Adam realizes that when David talks about his sessions with Rachel, he experiences sadness and helplessness, similar to losing both parents in one year. When Adam realized this, it occurred to him that David might be experiencing something similar in his sessions with Rachel. David shares that he experienced similar feelings of abandonment after divorcing his first wife, which he found difficult to deal with. He realizes that it is in something other than the death of her husband that Rachel is experiencing; however, the schema of abandonment that is activated in Rachel is also activated in him by her narrative. He realized that he needed to separate his feelings from Rachel's and devote them to her grieving for her husband.

(2) **The countertransference parallel process** occurs when the supervisor responds to the supervisee in the same manner that the supervisee responds to their client (Sumerel 1994b). The supervisory interaction replays, or is parallel with, the therapy interaction.

Sona is a supervisor whose supervisee, Ludmila, has a client, Mark, who is often late for sessions. Ludmila feels disrespected by Marko's lateness and discusses it in her supervision sessions with Sona. Ludmila repeatedly confronts Mark about coming to therapy late and asks him about his motivation for therapy. Sona notices that when she meets Ludmila, they start supervision

late because Sona does not come to supervision on time, much like Marek is late to therapy sessions. At first, Sona, like Ludmila, her client, confronts Ludmila about her late arrival and questions her motivation for supervision.

After Sona realizes that she is doing almost the same thing in supervision as Ludmila does in therapy, she recognizes that she feels abused, which could be her countertransference. After the supervision session, they discuss what is happening with Ludmila in supervision. It becomes clear that Ludmila is worried about the supervisor's criticism, which automatically delays her arrival. As they realize together the modes that play a role in this, Ludmila realizes that she is entering Avoidant Protector mode. Sona then goes into Critique mode in the session. Together in role-playing, they reenact the situation when Ludmila confronts Alex in therapy. Ludmila realizes that with him, she also falls into the Critic mode, which stems from activating her Distrust / Abuse schema. The supervision session discusses how to respond constructively to the client's delay from the Healthy Adult and Kind Parent modes. That helped in therapy with Alex as Ludmila explored the modes Alex gets into before the therapy comes and what he experiences when she confronts him. Ludmila expressed an understanding of his experience, and together, they connected how his experience in therapy was related to his reactions to his critical mother.

(3) **Bidirectional Parallel Process:** A parallel process can be bidirectional. The therapist transfers a relational transference pattern from therapy to supervision, the supervisor reacts to this in a countertransference manner, and the supervisee moves this reaction back to their therapeutic work with the client (Doehrmann 1976).

Emily is a therapist who, in therapy with an anxious client, Sam, experienced anxiety herself in the physical symptoms of feelings of heightened tension when Sam expressed his fears about how his children would turn out in life. Emily identified with his feelings because she often experienced anxiety about her children's future. When she reported on Sam and his concerns in supervision, she again experienced physical tension. Realizing similar feelings in her body during supervision, supervisor Marie decided to suppress them and told Emily that it was important for her to stay on top of things and calm down during the session with Sam so that his feelings of anxiety would not be further potentiated by recognizing on the therapist that she is in tension. Subsequently, Emily discussed anxiety management strategies with Sam to help with breath control and distraction. Still, she did not address his Failure Schema, which was activated by his adolescent children's behaviour. Even when Sam tried to distract himself from his worries or did controlled breathing when he was more anxious, the worries kept coming back as he thought about his failure to raise children.

In the next session, Emily reported that Sam was not improving despite practising anxiety management strategies with him. It can reduce anxiety in the short term, but it reappears. Only in this situation did the supervisor focus on Emily's feelings and the schema that the sessions with Sam activated in her. Emily's Critic mode was activated in the session, which was related to

her thoughts that she was a bad therapist who could not help the client. It was related to her early maladaptive schemas of Failure and Excessive Standards. She then experienced anxiety, which she tried to alleviate with the help of the Overcompensator, offering Sam other strategies to manage the anxiety. She also realized that in therapy with Sam, she often focused on whether Sam could see her insecurities and tensions. When the supervisor told Maria, they acted out a situation with Sam focusing on his Failure Scheme. Emily played the role of Sam, and Marie went through imagery with her rescripting childhood memories of Sam being criticized by his father for being incompetent. Then, together, they described several situations from Sam's life in which it was shown that Sam is a capable person who has managed many difficult situations in life. In subsequent sessions, Emily brought her lived experience of supervision into therapy. After imagery rescripting several childhood situations with his father and one with a teacher at school that played into Sam's Failure and Excessive Standards schema, he calmed down, and anxiety management strategies began to work well. Emily also found peace within herself and could project her peace into the sessions with Sam, which led to more effective therapy.

(4) **Dominance and Affiliation Parallel Process:** The study by Tracey *et al.* (2012) found that in almost every session, some therapists and supervisors changed their behaviour according to parallel process theory. Therapists changed their behaviour in supervision based on how their clients behaved in the therapy session. This was also true for supervisors who acted somewhat like therapists in supervision sessions (Tracey *et al.* 2012). This pattern in therapists and supervisors was particularly associated with displays of dominance and affiliation. For example, if the client behaved dependently in the session, the therapist acted dominantly and gave much advice. The therapist conducted submissively in the supervision session if the therapy was not progressing. The supervisor tended to behave dominantly and give advice.

Michael is a therapist whose client, Olivia, often takes control of their therapy sessions by diverting the conversation away from major relationship issues and complaining about various multitasking struggles she cannot keep up with. Michael takes more control than usual in his supervision sessions with his supervisor and often devolves into issues with other clients, leading the discussion away from Olivia's case.

Supervisor Petra tends to be empathetic, does not want Michael to feel criticized and lets him control the supervision session. Mostly, they are not working on the Olivia case that Michael can't move forward with.

After repeated unstructured supervision from her point of view, Petra returns to what happened and how she experienced it. She realizes she feels controlled and is dissatisfied but does not dare to start structuring the supervision session more. This reflects her early maladaptive Subjugation schema related to her relationship with her dominant older sister.

However, the information about what is happening to Michael in therapy with Olivia suggests that Michael may be experiencing something similar. In the following supervision session, Petra communicates this as a hypothesis. Michael realizes that he has similar experiences with Olivia as Petra has with him. He apologizes to Petra and does not realize that he tends to control the supervision sessions. However, he realizes that he often has relationships where he submits to others, which he is not good at. On the contrary, he feels better in relationships where he is in control.

In this session, Michael realized that Olivia may undergo a similar process. However, her schema is more of a Failure. However, Olivia tries to hypercommend this scheme by overcontrolling others.

When a parallel process occurs, clear communication is crucial. Supervisors may need to discuss with trainees how they communicate with clients and supervisors (Tracey *et al.* 2012). This can help make implicit aspects of the parallel process more explicit for trainees.

(5) **Authority-pleasing Parallel Process:** This type of parallel process occurs when a therapist, consciously or unconsciously, behaves in a manner that seeks to please or gain approval from their supervisor. This could mirror a similar dynamic in the therapeutic relationship where the client may seek the therapist's consent or validation. The client perceives the therapist as an authority figure they want to please, and the therapist perceives the supervisor as an authority figure they want to please.

Laura, a novice CBT therapist, works with a client named Mark, who constantly seeks Laura's approval during his sessions. Mark often asks Laura if she thinks he is progressing or doing well in therapy. In supervision sessions with supervisor Oldrich, Laura usually agrees with Oldrich's suggestions and rarely shares her opinions or concerns about the therapeutic process with Mark. However, she often asks supervisor Oldrich for reassurance that he handles Marko's case correctly.

After some time, the supervisor realized that Laura was repeatedly reassuring the client Mark, about his progress in therapy, and something similar happened during supervision. Laura wants to be reassured that she is working well with the client. The supervisor sensitively alerted Laura to this process, and together, they discussed the schema of her feelings of wanting approval from Oldrich, mirrored the activated "Subjugation" schema triggered by Mark's case. Realizing this, Laura realized a similar schema was started in her work with Mark. In supervision, she began to talk more openly about what she did not succeed in and began to evaluate her steps without seeking reassurance from the supervisor. In therapy, she empathetically confronted the client Mark with his need for reassurance; they connected his Subjugation scheme with childhood experiences of excessive criticism and rejection of competence by the parents, which they subsequently re-scripted together. Then, during the chairwork, Marek rejects the criticism and puts down the fictitious mother sitting on an empty chair. Laura stopped

reassuring him and asked him if he had felt any changes during the therapy. She encouraged him to be more independent in finding the next independent steps in life.

In this scenario, the client and the therapist perceive their counterparts (the therapist and the supervisor) as authority figures they want to please and depend on their agreement. The client seeks to please the therapist, and similarly, the therapist seeks to please the supervisor. This shared desire to please authority figures creates a parallel dynamic between the client-therapist and therapist-supervisor relationships. It provides an opportunity for therapeutic intervention and growth, highlighting the importance of understanding and managing one's reactions to authority figures in therapeutic relationships. This process, intriguing in its complexity, is illustrated in the following case vignette.

Therapist Anna works with client Eva, who has tried her whole life to comply with authorities, to fulfil their wishes, and to agree with them. Eva had a mother who suffered from depression and tended to complain and whine during Eva's childhood. Eva always wanted to please her because she experienced her mother's regret and sadness as her guilt. During the supervision with her supervisor, the therapist Anna similarly tries excessively to please the supervisor Pavel. She already guesses what the supervisor would like and fulfils his expectations. Supervisor Pavel is initially comfortable with this, but at the next supervision session, he realizes this parallel process and helps therapist Anna explore her need to please authority figures. It is related to the form, as in the case of her client Eva, with the need in childhood to please a physically ill mother. In supervision, the supervisor and the therapist discuss how this can affect Anna's work with the client Eva. During the supervision, Anna realizes that she likes Eva's way of life and that Eva shows similar dedication and loyalty in her marriage and work, where she is being used. Still, she is afraid to stand up for herself assertively for fear of damaging relationships. During this, Anna broached the subject with Eva. They returned to the unfulfilled needs for safety and acceptance in the client's childhood, which corresponded to the needs for safety and acceptance with her husband and supervisor. Eva feels safe and accepted in the relationship with the therapist but does not allow herself to defend her opinions in therapy if she disagrees. After a series of imagery rescripting situations from childhood with the mother and adulthood with her husband and boss at work, the therapist and client practised speaking assertively about their needs, rejecting excessive demands and finding compromises.

(6) Fear of Criticism Parallel Process: This occurs when a therapist fears criticism or negative feedback from their supervisor, which may reflect a similar fear of criticism or negative judgment from the client in the therapeutic relationship. The client fears that the therapist will hurt or criticize them, just as the therapist is concerned that the supervisor will hurt or criticize them.

Tom is a therapist working with a client named Jane, who is afraid of being criticized due to past experiences of harsh criticism from her parents. Jane is often reluctant to share her feelings or thoughts because she fears that Tom might judge her negatively. In his supervision sessions with Supervisor Daniel, Tom is unwilling to share the problems he faces in his sessions with Jane for fear of being criticized by Daniel. Tom only communicates what is going well and avoids saying when he has trouble with something in therapy.

Supervisor Daniel initially tended to appreciate and encourage Tom. However, during the continuous supervision of the client Jane, the supervisor finds that Jane is not improving in therapy, even though the therapist Tom is talking and describing successful therapeutic steps. When the supervisor empathetically confronts the therapist about this discrepancy, Tom confides that he has trouble discussing what is going wrong because he fears the supervisor's criticism. What happens in supervision mirrors the situation in therapy. Reflecting on the whole situation, it turns out that Tom can talk about his problems in other cases, but in this case, he is ashamed to admit the problems because, from the beginning of supervision, he reported that the therapy was going well. Therapist Tom realizes that something similar may happen with client Jane in therapy. By realizing this, Tom was able to separate his feelings from Jane. Then, in therapy with Jane, he opened up the whole topic and managed to connect it with the negativity/pessimism schema, which was created in childhood by Jane's father's cruel upbringing. Tom led Jane to write an unreviewed therapeutic letter to her father. Jane rebuked her father for his behaviour and expressed anger. Despite the father being long dead, reading the letter in a therapy session led to the expression of anger towards him. In another "ideal letter from the other side", she wrote an ideal letter to herself from her father that she would like to receive. In this letter, she expressed sympathy for the little girl whose father criticized, beat and made excessive demands on them. Tom read this letter to Jane. That led to Jane not being afraid to say what she thought and felt to the therapist in the next therapy. It was also easier for her to take the next steps in life, especially to leave her partner, who criticized and abused her in the same way as her father.

In this scenario, the client and the therapist share a common fear of being criticized or hurt by the other party in their respective relationships. The client fears criticism or hurt from the therapist, and similarly, the therapist fears criticism or hurt from their supervisor. This shared fear creates a parallel dynamic between the two relationships, providing an opportunity for therapeutic intervention and growth.

(7) Protective Countertransference Parallel Process: In this scenario, the therapist and the supervisor experience protective countertransference towards their counterparts. The therapist feels a protective countertransference towards the client, and similarly, the supervisor feels a protective countertransference towards the therapist. This shared protective sentiment creates a parallel dynamic between the

two relationships, offering therapeutic intervention and growth opportunities.

Emily is a therapist working with a young client, Lily, who has experienced significant trauma due to physical abuse at the hands of her parents and now suffers from excessive anxiety, worrying about her children's health and her health. Emily feels very protective of Lily, moved by Lily's story, and often feels a strong urge to protect Lily from potential harm or distress. While supervising Jozef, the supervisor notices that he also feels an urge to protect Emily and not ask about controversial things, even though he was challenged at times during supervision, for example, when Emily emphasized how well she understood the client's health concerns of her children, or that she scolds or shouts at her partner when her partner does little with raising the children and the household.

During three supervision sessions, where a similar process was repeated, during his self-reflection after the supervision session, Jozef realized that he was suppressing critical things that would cross his mind during supervision. The therapist was still overprotective of the client, reassuring her that she was behaving correctly and that the client's health and relationship with her husband had deteriorated. By realizing this, Jozef could challenge his distortion and separate his feelings from Emily's. Jozef opened up about it at the next supervision session with Emily, and together, they discovered that something similar was happening in therapy. Emily stopped reassuring Lily and discussed the positive and negative consequences of criticizing her partner. Emily repeated in her partner relationship what she saw in her parents and experienced in herself. In chairwork therapy, she then replayed the situation with her partner and, during the role change, realized the effects it had on him. Then, they practised with the therapist how to assertively manage their needs and communicate constructively with their partner so there is a greater chance that he will participate more in raising the children and running the household.

(8) Trust Deficit Parallel Process: This happens when there is a lack of trust between the supervisor and supervisee that mirrors a similar lack of trust in the relationship between the therapist and their client (Mehr *et al.* 2015).

David is a therapist working with a client named Alex, who is struggling with trust issues due to past experiences of betrayal by close friends and family members. Alex often doubts David's intentions and questions the sincerity of David's interest in him. During supervision sessions with supervisor Václav, David has trouble trusting the supervisor's feedback.

In David, the "mistrust/abuse" schema was activated, which was triggered in him by working with client Alex. When the supervisor pointed out to David that he had the impression that David did not trust him enough in what the supervisor was telling him and that this was similar to the mistrust of the client David was experiencing, a realization dawned on David. Further discussion between the supervisor and the therapist revealed that in most of the supervision, David trusted what the supervisor told him and took it as true and honest. In the supervision

of Alex's case, he had the impression that the supervisor was flattering him and not being honest. Otherwise, he would have to see clearly how his work with Alex is not progressing. David realized that in the situation with Alex, he was experiencing pity and helplessness when he encountered the fact that the client did not trust him. Subsequently, he did not trust that the supervisor's feedback was sincere in supervision. So David decided to do the same thing the supervisor did in supervision - tell Alex that he felt Alex did not trust him enough and that this made therapy difficult. Alex admitted that he could not fully trust the therapist because he had been repeatedly disappointed in people. David expressed his understanding, saying that he likes that Alex is open about things and that he understands that his frustrations are related to past disappointments. He will not question him anymore, but it leaves it entirely up to Alex to confide according to his level of trust. After this session, the client began to confess, and the therapy deepened.

(9) Embellishment of Success Parallel Process: Parallel process of embellishing success: This type of parallel process occurs when the therapist exaggerates or embellishes their success in therapy sessions during supervision, reflecting mirroring the client's tendency to embellish their progress or success. This shared tendency to embellish accomplishments creates a parallel dynamic between the client-therapist and therapist-supervisor relationships.

Sona is a therapist working with a client named Matej. Matej often exaggerates his progress in overcoming anxiety problems, especially agoraphobia. Matej to Sona often talks about situations where he could stay calm and what he can do now. Over time, Sonia begins to notice inconsistencies in Matej's statements. Still, it is difficult for her to admit this in her supervision with supervisor Anton, where she has boasted about her successes in therapy with Matej.

During the supervision, Sonia's supervisor, Anton, noticed that Sonia was talking less enthusiastically about how the therapy was going with Matej. When the supervisor pointed this out, Soňa disappointedly admitted that she had found inconsistencies in Matěj's statements. It is difficult for her to confront the client about this because she is afraid of hurting him. It was also difficult for her to admit in supervision that the therapy was not going as well as she had said in previous supervisions. Because the supervisor did not criticize Sonia for this but expressed understanding, Sonia managed to realize that her activated scheme of "unlimited standards/hypercriticalness" prevented her from seeing in time that Matěj did not talk about what was wrong with him in therapy and that he could have a similar problem Matej, so he fails to admit failures in therapy. When Sona realized this, it helped her to ask Matěj about what obstacles appeared in the planned therapeutic steps. She empathetically confronted him with inconsistencies in his claims, for example, that he had already mastered the journey by subway. At the same time, his wife did not want to drive him to work. Matej admitted that he exaggerated his successes from exhibitions to make her happy. This was related to his childhood when he always tried to please his mother and then had to hide his failures in school.

Soňa expressed an understanding of this strategy, which Matěj had used since childhood. They discussed the advantages and disadvantages of this strategy in life. They concluded that Matěj behaves similarly in marriage and at work, where he shows off his successes and has trouble admitting problems. This leads to criticism from others and his feelings of failure when problems are revealed. Soňa praised Matěj for his sincerity and expressed his understanding. Still, she also asked him to tell things as they are in therapy. Gradually, in therapy, they experimented with the fact that Matěj started talking about what was not going well with his wife and with his boss at work.

Opposite parallel processes

Parallel processes in which something happens between the therapist and supervisor are opposite to what happens between the client and supervisor.

(10) **Dominance-Submission Parallel Process:** This occurs when there is a power dynamic in the supervisory relationship where one person adopts a dominant role, and the other assumes a submissive role. This can mirror similar power dynamics in the therapeutic relationship. The client behaves submissively towards a dominant therapist, and the supervisor also acts submissively towards a dominant therapist. This shared submissive behaviour towards a dominant figure creates a parallel dynamic between the client-therapist and supervisor-therapist relationships.

Yannis is a therapist working with a client named Olivia. Olivia often takes a submissive role during their sessions, allowing Yannis to lead the conversation and decide the direction of the therapy. In his supervision sessions with supervisor Tomas, after several supervision sessions, the supervisor notices that Yannis dominates their joint discussion and decision-making process. At the same time, it does not happen between them with her other clients, but only when it comes to the supervision of client Olivia.

The supervisor opened it up with Yannis as a topic they would need to discuss during the supervision. Together, they realize that Olivia has a scheme of "subjugation" that induces the need to guide and control her in Yannis. Then, when he supervises her case, he feels that he knows best how to do therapy with Olivia and tends to convince the supervisor of this. He feels that he understands Olivia's needs best, and the supervisor has nothing to offer him in this case. Interestingly, in this supervision, the supervisor got into a position with Yannis where he allowed himself to be led and managed. A joint open discussion led to the straightening of the supervisory relationship. Subsequently, there was also a change in Olivia's therapy. Yannis began to lead her more freely. He began to leave the homework planning to her, and he let her create a schedule of exposure and make independent decisions in life. At first, the client felt a little abandoned by this. She repeatedly urged Yannis to advise her, but gradually, she learned to be independent.

(11) **Divergent Emotional Response Parallel Process:**

This type of parallel process occurs when the emotional responses or reactions of the supervisor and supervisee diverge significantly, which may reflect similar divergent emotional responses in the therapeutic relationship.

Ludmila is a therapist working with client Anton. He often reacts to situations differently than Ludmila would expect based on her understanding of Anton's experiences and emotions. Anton, for example, laughs at serious problems and becomes too serious about trivial matters. It is mainly about how Anton perceives his relationship with his wife. Ludmila is sometimes angry with him for this and takes the side of Anton's wife. During supervision sessions, supervisor Martin notices that his emotional reactions are often very different from Ludmila's and that he perceives them as unimportant in some situations from work with client Anton.

In contrast, Ludmila perceives them as serious, while it is the reverse in others. It is something similar to what happens in therapy, and it is repeatedly about "masculine-feminine" issues. It is interesting for Martin because Ludmila comes to him for supervision with other clients, and it does not happen there. He, therefore, asks Ludmila how she experiences these situations with him. Ludmila admits that she is angry with him in the same way that she is angry with her client because she feels that he does not want to understand the needs of women and emphasizes the needs of men. After a joint discussion with the supervisor, it turns out that Ludmila and Martin have very similar views on male-female equality and perceive the needs of patient Anton and his wife similarly. The rivalry between Anton and his wife, who also entered therapeutic and later supervisory work, was transferred to supervision. When Ludmila realized this, it helped her greatly, and she began seeing Martin as a supportive supervisor. In therapy, she began to take Anton's needs seriously. She found a more balanced position in which she could perceive both spouses' needs. This significantly helped Anton, who, during chairwork, better understood his wife's needs and could fulfil them better while not neglecting his own needs.

Management of the parallel process

Parallel process can be a powerful tool in clinical supervision when used positively. It can help therapists better understand their clients' experiences and improve their therapeutic work. Here is an example of a positive use of the recognizing of the parallel process:

Therapist John works with a client, Jane, who has difficulty expressing her emotions and often shuts down during therapy sessions. John discusses this issue in his supervision with his supervisor, Mary. During their discussion, John shuts down and fails to express what he is experiencing emotionally. Mary recognizes this as a parallel process and helps John explore his emotions. In supervision, John learns directly on himself how to guide a patient who has trouble identifying his emotions. This work on himself during supervision helps John better understand his emotions and learn techniques to help patient

Jane express her emotions. By recognizing and addressing the parallel process, John was able to improve his therapeutic work with Jane.

The supervisor can then help the therapist recognize and address these parallel processes, leading to a deeper understanding of the client's experiences and improved therapeutic work (Ociskova *et al.* 2022). To manage parallel processes in supervision, it is helpful for the therapists to self-reflect and be open to supervisor feedback (Prasko *et al.* 2021b). Clear communication is essential when a parallel process occurs. The supervisor may choose to communicate with the therapist about how the therapist and client are communicating, as well as how the therapist and supervisor are communicating (Safran *et al.* 2011; Watkins 2012). In this way, the supervisor makes the implicit aspects of the parallel process more explicit for the therapist (Tracey *et al.* 2012).

A negative parallel process occurs when the therapist experiences emotions, thoughts, or behaviours incompatible with the client's or the supervisors. That can create conflict, misunderstanding, or avoidance in the supervision and therapy. Reflection and elaboration in supervision are more difficult but usually possible.

Therapist Lisa works with a client, Mark, who has a history of trauma and abuse. Lisa feels angry and frustrated by Mark's lack of progress and resistance to therapy. Lisa discussed this issue in her supervision with her supervisor, Tom. During their discussion, Lisa becomes defensive and hostile towards Tom, who tries to offer constructive feedback and support. Tom sees this as a parallel process and tries to understand Lisa's feelings and how they may relate to Mark's trauma and abuse. Lisa rejects Tom's attempts to recognize the process, accusing him of insensitivity and incompetence.

In this example, the parallel process between Lisa and Tom hindered Lisa's ability to work effectively with Mark. In the next supervision session, Tom returned to it. In the beginning, Lisa is still resistant to Tom's empathic confrontation. Still, she gradually began to recognize the parallel between how the client Marek behaves in the session and how she behaves in the supervision. After the next work in supervision, she empathised more with her client when she sat on Mark's chair during chairwork. When the supervisor sat down in Mark's chair, she expressed a deep understanding of the client. She also managed to do this in a therapy session with Mark.

By recognizing and addressing parallel processes, therapists can better understand their clients' experiences and improve their therapeutic work. It is important for therapists to be open to feedback from their supervisors and to engage in self-reflection to recognize and address parallel processes (Tracey *et al.* 2012).

The following case highlights how supervision in schema therapy can reveal parallel processes and improve therapist-client relationships. Experienced supervisor Lukas works with novice therapist Adela, who avoids confrontational

interventions with client Eva. Lukas models empathic confrontation, but Adele fails to apply it. Recognizing a deeper problem, the supervisor avoids confrontation and names a parallel process during supervision. Together, they explore Adeline's past anxiety-related conflicts and help her understand the need for support and confrontation in therapy.

Lukas: How do you feel about your client?

Adela: Well, it's quite challenging. She has a borderline personality disorder and often behaves manipulatively and aggressively. Sometimes, I feel like she is playing a game with me and trying to divide me into a good therapist and a bad therapist.

Lukas: What exactly do you mean by "manipulative and aggressive"? Can you describe this behaviour and how you respond to this behaviour of hers?

Adela: You are right. Maybe I'm stigmatizing her. What she does is repeatedly complain that others are ignoring her, specifically her partner and colleagues at work. She also blames me for not giving her my phone number so she can call me when she's sick. She says it's because I don't like her enough. I try to be empathetic and set clear boundaries, but sometimes it doesn't make sense. Sometimes, I think I should be tougher and not be swayed by her moods. But then I'm afraid of losing or damaging our relationship. I want the therapy to continue and to deal with the fear of not hurting her and imposing something on her, but also to have a proper structure and the whole therapy going somewhere.

Lukas: You seem conflicted between your needs and the client's perceived needs.

Adela: Yes, exactly. She wants me to understand her and always be on her side, but she doesn't want to do anything to improve her. At the same time, I understand her immediate needs. Still, I realize that even my support won't make a difference if she doesn't do anything. And I don't know how to solve it.

Lukas: We can try to understand it more and then look for a way to solve it. But you know what's interesting? I have a feeling that something similar is happening here. On the one hand, it's as if you also want to show me how problematic your client is and how you are worried that you don't know what to do. I am trying to support you and help you discover what you could do, but at the same time, I feel that it is not enough that you want so much more. Like I'm supposed to give you some magical answer that will solve everything. And I would like to give it to you, but the problem is that there is no such answer that solves everything.

Adela: Really? It is interesting. You're right. As if I were repeating the situation with the client.

Lukas: How do you perceive what is happening to you?

Adela: I want to feel as safe as possible with you. You are important to me. I want to think that you support me and that I am doing things right and well. And you appreciate it. Maybe I miss it when you tell me that I can be a little more confrontational, to know when I need to confront the client and not be afraid of it with clients. Maybe I also want you to show me that you can be a little strict and have authority. To make me feel you are in control of the situation, even if you are a bit confrontational.

Lukas: Ah, you need both of these aspects from me - support and confrontation - and a client from you, if I understand. What she can want from you, you can want from me. This is

what a parallel process looks like. What would you like to do differently in therapy and supervision?

Adela: Maybe I'd like to learn to recognize my needs better. This could help me guide the client to better understand her own.

Lukas: That's a good goal. How would you like to do it? Do you have an idea or want some inspiration?

Adela: Show me an example of how to work with it.

Lukas: Sure, I'd like to try. For example, I need to talk to you about parallel processing. One need is to be helpful and help you with your problem. Another need is to be respected and appreciated for your work. And yet another need is the need to be authentic and honest. I recognize these needs based on what I feel and what I think. For example, I feel satisfaction when my questions help you. Or I feel disappointed and angry when I think you don't take me seriously. I also feel tension and conflict when I think I should be telling you something other than what I am saying. I express these needs by telling you about them directly and honestly. For example, I can tell you: "I am very glad you managed to find your goal. I feel useful and satisfied." Or I can tell you, "I feel like you don't pay attention to me and don't trust me. I feel disappointed." Or I can tell you, "I've got something on my mind that I want to tell you, but I'm afraid of how you'll take it. I feel tension and conflict." This is how I express my needs in I-statements that describe my feelings and thoughts. I try to be authentic while respecting you and your feelings and thoughts. This also opens up space for dialogue and collaboration. I think you could try using the same approach as me.

First, you should recognize your needs in the client's situation. What do you feel and what do you think? What are your needs as a therapist? You can then try to express your needs to the client in I-statements. For example, you can tell her: "I want to help you with your problem. I need you to tell me the truth about what's happening with you." Or you could tell her, "I have something on my mind that I want to tell you, but I'm afraid it will hurt or make you angry. I am hoping you could listen and try to answer me honestly." Or tell her, "I'll be very happy if we start talking more about your lover and feelings of guilt towards your husband. We've both avoided it so far, but it's an important topic because, as I understand it, you've been suffering from dissociative attacks ever since." This way, you can be authentic and honest with the client while showing her that you respect and want to help her.

Adela: That sounds good. But I don't know if I can do it.

Lukas: We can try it together. I'll play your client for you if you want, and you try to empathically confront me. Choose yourself what it will be with.

Adela: Okay.

Lukas, as Eva: I don't think you understand me at all. When I tell you how annoying my boyfriend is, you ask me if I understand his needs. But I don't care about his needs. I want him to be interested in me. Adela: Okay Eva. I want to understand you. But at the same time, I want to help you feel better about your relationship with Peter. It's hard for me because I understand that you want me to be on your side, and at the same time, you want your relationship with Peter to improve, but you don't want to hear anything about his needs. I think that if you don't understand both your needs and his needs, then there

is no chance for your relationship to improve. Also, when you tell me I don't understand you, I'm sorry because it's not true. I understood you in many things, and you said it yourself. But now you have to decide if you want to understand more about your relationship with Peter, even at the cost of thinking about his needs together, or if you resign yourself to that and focus only on your needs.

Lukas: I liked it. It sounded good to me. How satisfied are you with it yourself?

Adela: I am satisfied with that. I think she could take it if I could tell her like that.

Conclusion: This dialogue illustrates how discussing the parallel process can help the therapist and supervisor to become aware of what is happening in therapy and subsequently change it and find a way to work with the client. Thanks to supervision, the therapist learned to recognize and express her needs in therapy. The supervisor helped the therapist find a healthy way to be more authentic and honest with the client while respecting and supporting her.

There are different methods and interventions for effectively dealing with parallel processes in the context of psychotherapy supervision (Taylor et al. 2006). These interventions include:

- (1) *Staying present and examining the current state* - the importance of staying engaged with the confusion and exploring the present moment. This approach is closely connected to the supervisee's experience and needs, benefiting the client. In schema therapy, it could be done through the affect bridge.
- (2) *Utilizing role play* - using role play (chair work) as an intervention technique to navigate the dynamics of the parallel process and allow to express emotions, such as anger.
- (3) *Prioritizing self-care for supervisors/therapists* - the importance of self-care for supervisors and therapists and how supervision can help address issues that arise from parallel processes.
- (4) *Developing an Internal Supervisor* - is the significance of developing one's internal supervisor (Healthy adult mode). This involves cultivating self-awareness, self-reflection, and self-regulation skills to navigate parallel process challenges effectively.

An example of a parallel process from the supervised perspective.

George is a CBT therapist. He works in therapy with student Milada, who suffers from the psychological consequences of sexual abuse and has attempted suicide. George tells his supervisor, Elena, that he initially felt progress in his work with Milada. She told him about her trauma. But he doesn't want to go back to it. He only occasionally mentions the trauma in passing and immediately runs away from the topic. George does not push the client; he is empathetic, but therapy stagnates. George wants to process the trauma, but at the same time, he doesn't want to force Milada to do it. After listening to the audio recording of the session, the supervisor tells George

that his voice sounded "urgent and a little sweet." George has trouble accepting this view but does not tell the supervisor. He is tense, withdrawn and has a flat contact with the supervisor. Supervisor Elena points out that she feels George is disconnected. With strain in his voice, George asks for an explanation of her remark. She thinks that his reactions are only an expression of empathy for Milada. Supervisor Elena agrees. Still, she finds his voice a little urgent and sweet. She admits this may be the case and is her subjective feeling.

In the following four weeks, Milada's therapy did not progress much.

Elena: So, George, how are you and Milada? How do you perceive your cooperation?

George: Well, quite differently. Milada has already told me something about what happened to her, but she doesn't want to return to it. He talks about it detachedly and without emotion. I try to be kind and empathetic to her, but the therapy is not continuing.

Elena: I understand. We talked about this in the last session. Have you thought about what is the reason for this? Have you ever felt like you could change something about what you do?

George: I want to encourage her to open up and express her feelings. I think it's important for her to work through her trauma.

Elena: And how would you like to do it?

George: Well, I don't know. I would probably push her more to talk about what happened to her. But at the same time, I am afraid that I would scare her and discourage her from therapy.

Elena: I see. Can we hear a recording of your last session with Milada?

George: Yes, we can.

Elena: (after listening to the recording) So, George, what did you notice about your voice and tone?

George: Well... I don't know. It sounded normal.

Elena: It can be seen that you try to help the client and are involved in the therapy. You try to understand and encourage her. I like it very much. However, I noticed something interesting. Your voice sounded so... urgent and a little... kind of sweet.

George: What? You can't be serious!

Elena: Yes, I think so. How do you feel now that I'm telling you?

George: Well... confused and angry. This is bullshit! I just wanted to empathize with Milada!

Elena: I understand your confusion and try to understand your anger. Let's try to hear you say it again. Can I play it again?

George: Okay.

They are listening to a recording.

Elena: So, how do you feel now?

George: The way I hear it, I try to be empathetic. I don't know what you perceive as "a little too sweet" about it! I'm just trying to be kind!

Elena: Maybe you're right. It's my subjective feeling. How does your voice sound to you?

George: Maybe, somewhat flatteringly. I want to gently convince her not to be afraid that we can work through her teenage trauma together.

Elena: What was the trauma like?

George: She was sexually abused by her uncle.

Elena: As I recall, she trusted him because he was nice to her before...

George: That's right, even though he was abusing her, talking nice to her, it confused her. She felt he was doing something wrong to her, but simultaneously, he spoke to her gently and sensitively.

Elena: Can we briefly play a scene from the video in reverse? Can I play you, and you can play your client Milada? A client whom her uncle sexually abused as a child.

George: Okay.

Elena (speaks softly, sensitively, but simultaneously a little urgently, similar to George in the video): Honey, we've been seeing for a long time. I had the feeling that you already trusted me quite a bit. I know the trouble you had with your uncle in your childhood. I also know that those memories often come back and come between you and your relationship with your boyfriend. Maybe it would be important to talk a little more about what happened so you can come to terms with it more.

George (as a client): I don't want to discuss it! I've said it once before, but it didn't help. It makes me sick to say it.

Elena: You play Milada very well. What do you think is happening with her when she answers like that?

George: I don't know... but you were urgent, yet you had a soft voice... I thought her uncle, who abused her, might sound like that, too.

Elena: It's possible. Does it all make sense to you?

George: Absolutely. If I insist that we should revisit the painful note. That reminds her of her uncle. She is understandably resilient. I hadn't thought of that at all, but it makes sense. Besides, she has a strong feeling that it's all her fault. So, it may remind her of her uncle's behaviour but also make her feel guilty.

Elena: I also remember that when I told you a month ago that your voice on the session recording was "urgent and a little sweet", you strongly objected. What happened?

George: You're right. I felt like you thought I was doing something wrong, and I felt guilty about it. That's why I resisted it.

Elena, it's interesting that this is similar to what Milada might be experiencing - she has childhood guilt like she failed back then. We sometimes call this a parallel process. Something similar to what happens in therapy then happens in supervision. Do you think there could be something to it?

George: You're right. She refuses to discuss the trauma because she feels guilty, and I refuse to accept that I might traumatize her because I feel guilty. It wasn't until we played the reversed roles that I could empathize with Milada more and understand what my tone of voice could do to her. Thank you.

Elena: Maybe we could have done this a month ago, but I felt it was too uncomfortable for you, so I backed off.

George: It's similar to what's happening to me with Milada. I persist for a while, but when I encounter resistance, I withdraw and retreat.

Elena: Can you think of anything you could do to help her?

George: I'll probably tell her straight, as I understand it now, and give her a choice. I also think her guilt can hold us back because it's very uncomfortable for her. I also tell her that I don't think it's her fault. It's all her uncle's fault. I also think I should use a more neutral voice. Maybe then check with her if, as a guy, I sometimes remind her of something painful from the past and if it doesn't block her.

Elena: That sounds good.

In another therapy, George told Milada that it would be good to discuss painful things from the past together. However, she understands that it is not easy for her. At what pace and how openly she will talk about it is up to her.

They subsequently started therapy, were more open to difficult issues, and stayed with them. This allowed Milada to explore many negative feelings. Some were related to George. She admitted that she was afraid to talk to him about her trauma. Fearful that this might make George angry with her and disrespect her, she has lost her self-esteem since experiencing the trauma with her uncle.

The therapy started working well. Milada is becoming more and more open. She found more confidence in George. In addition to common CBT methods such as the vicious cycle and cognitive restructuring, they also began to work with abuse trauma. Using imaginary rewriting, they repeatedly rewrote the trauma. They then focused on exposure therapy, where Milada learned to talk to men without fear or avoidance. Milada was increasingly open, communicative and self-confident. The case was closed at the end of the school year. Milada was very pleased. George was also pleased with this progress and shared it with his supervisor.

Conclusion: Thanks to the supervision, the therapist learned to recognize what his client Milada probably experiences with him in therapy, and from his own experience in supervision, he understood how feelings of guilt could block her.

By recognizing and addressing the parallel process, therapists can gain insight into their behaviour and how it may affect their work with clients, ultimately improving their therapeutic work using therapeutic methods. The following two case studies are other examples of a parallel process from the supervisee's perspective.

Supervisor Pavel collaborates with therapist Teresa, who is struggling with a client suffering from depression and self-harm. The therapist feels helpless and frustrated because the client does not want to cooperate in changing her behaviour and refuses any help. She repeatedly wants the therapist to advise her but then rejects any advice, saying that it does not help her. The supervisor notices that the therapist is critical and intolerant of the client and that she tries to convince her of the seriousness of her situation and how she needs pharmacological treatment. The supervisor also noticed that the therapist behaved similarly towards him, accusing him of being unable to give advice.

The supervisor empathically helps the therapist to understand that a parallel process is developing and that a situation similar to that in the therapeutic relationship is developing in the supervisory relationship. The therapist admits that she feels responsible for the client and fears for her life. At the same time, she feels angry at both the client and the supervisor because they do not give her enough support and respect. The supervisor then suggests to the therapist that her feelings may be similar to those of the client toward her and others. The client may feel responsible for her problems. At the same time, she may feel angry with the therapist and other people because

she thinks they do not understand and acknowledge her. The supervisor then helps the therapist understand how her critical and intolerant attitude can discourage the client from cooperating and how a greater understanding of the client's situation could be more effective in building her trust and motivation. The supervisor thus helps the therapist realize and process the parallels between her relationship with the client and him. At the same time, he shows her how to work with the client and her own emotions in therapy. The result is improved communication and cooperation between therapist, client and supervisor. Dialogue between supervisor and therapist:

Pavel: So, Tereza, how are you and your client Petra?

Tereza: Well, nothing much. As you know, she is a young woman who suffers from depression and self-harm. She has low self-esteem and feels guilty about what happened to her in her childhood.

Pavel: What happened to her in childhood?

Tereza: Her father physically abused her, and her mother neglected her. She never had love or support. She was isolated and bullied at school.

Pavel: That is not easy. And how does her depression and self-harm manifest?

Tereza: She is always sad and hopeless. He has no interests or goals. He often cuts his hands or attempts suicide. She thinks she deserves it and that no one cares about her.

Pavel: And how do you react to her behaviour? How do you feel in therapy with her?

Tereza: Well, I feel helpless and frustrated. I try to help her, but she doesn't want to cooperate. He refuses any help or advice. At the same time, he demands and then refuses advice. She doesn't want to talk about her feelings or what happened to her. She sits and is quiet or aggressive and abusive.

Pavel: And how do you react to her rejections and insults?

Tereza: I try to be kind and empathetic towards her, but sometimes it doesn't make sense. Sometimes, I think I should be tougher and not be swayed by her moods. But then I fear losing her or damaging my relationship with her.

Pavel: It seems that you are in several contradictions. You try to be nice and empathetic towards her. She doesn't think it's enough. Then you have anger towards her that you don't want to allow yourself to show. You also think you should be stronger but fear breaking your relationship.

Tereza: Yes, exactly. And I don't know how to solve it.

Pavel: Do you know what I noticed now? We seem to be dealing with a similar situation here. You want to show me how complicated the client is. At the same time, you want to give advice, but then you refuse the advice. I try to be a support and look for a way to help the client with you. But I understand that you might be hoping for more.

Tereza: Really? Maybe it is similar. It is interesting. Sometimes, I get mad at you for not giving me proper advice. Maybe you're right. Perhaps the situation with the client was mirrored here with you.

Pavel: What do you think you are trying to achieve in supervision?

Tereza: Maybe I want to feel safe with you. Also, I want to know that I am doing the right thing and to have your support. But maybe I also want you to show me that you understand my

case. To make me feel like you have the situation under control. I feel clueless when you're always empathetic and encouraging and don't give me advice.

Pavel: Ah, you need both of these aspects - support and confrontation - from the client and me. How can we help you with this conflict? What would you like to do differently in therapy and supervision?

Tereza: I would like to be honest and tell the client how I imagine we will work without hurting her.

Pavel: What prevents you from doing so?

Tereza: I'm afraid that if I'm this honest and direct, I will discourage the client or make her close off even more. How do I know when to use this approach and when to be more cautious and sensitive?

Pavel: That is another good question. I don't think there is a simple answer to when this approach is appropriate and when it is not. Some clients need more support and recognition. Others need more confrontation and challenge.

Tereza: And how do I know how the client reacts to different types of interventions?

Pavel: Something can be learned from previous interventions, but sometimes you must experiment.

Tereza: That seems strange to me. After all, the client is not a guinea pig. How do I know which technique to use and when?

Pavel: You are right. The client is not a guinea pig. However, therapy is a process that sometimes involves trying different approaches to find what works best for the client. It is important to consider the client's reactions and adjust your approach accordingly.

Tereza: I understand. So, it's about being flexible and adapting to the client's needs.

Pavel: Exactly. And it's also about being aware of your reactions and feelings in therapy. Sometimes, our experiences can influence how we approach a client, and it's important to be mindful of them.

Tereza: Yes, I can see how my helplessness and frustration with Petra can affect how I approach her in therapy.

Pavel: That is a good insight. And we can work on this in supervision to help you better understand your reactions and how they might affect your work with Petra.

Tereza: Thank you, that would help. I want to be able to help Petra, but sometimes, I feel like I'm not making any progress.

Pavel: It's understandable to feel that way, but remember that progress in therapy is not always linear. Sometimes, it takes time for a client to open up and trust the therapeutic process. Being a client and continuing to provide support and understanding is important.

Tereza: Yes, you're right. I will try to keep this in mind and continue to work with Petra in a helpful and understanding way.

Pavel: That sounds like a good plan. Remember, you can always raise any concerns or issues you face during supervision. I am here to support you in your work with Petra.

The supervisor, Pavel, discussed the client's Lukas situation with the therapist. Lukas, a father of three, is depressed after his wife left him. He's unable to express anger and was raised to be non-aggressive by his dissident family. Despite his wife's hurtful actions, Lukas still helps her and doesn't get angry. The

therapist, Tereza, feels frustrated by Lukas's passivity but cannot express it. In a recent session, Lukas asked if she saw him as a man, and she impulsively said he was a pushover, hurting him. Now, the therapist seeks the supervisor's help to understand her reaction and how to handle Lukas in the next session.

Pavel: So, Tereza, how are you doing with Lukas? How do you feel about your collaboration?

Tereza: Well, pretty bad. Lukas is depressed and unable to be angry with his ex-wife. He has some dysfunctional schema that he must always be decent and understanding, even when his wife cheats and humiliates him. I try to show him that he has a right to his emotions and should stand up for himself, but he does not feel it.

Pavel: And how do you feel when you work with him?

Tereza: I feel angry at his wife and also at him. I feel frustrated and helpless. I think that the therapy is not going well.

Pavel: And how does your anger manifest itself in therapy?

Tereza: Well... I try to suppress it and be professional, but sometimes I get carried away. For example, in the last session, Lukas asked me if I perceived him as a man. I was surprised and impulsively told him that he would not impress me because he was trying too hard and was still hypercompensating. I immediately tried to apologize, but I could see that it hurt Lukas further.

Pavel: I understand your embarrassment. But try to look at it from a different angle. What if your statement was a display of your authenticity and sincerity? What if you showed him something important about yourself and him?

Tereza: What? You cannot be serious!

Pavel: Yes, I think so. How do you feel now that I'm telling you?

Tereza: Well...confused and angry. That's nonsense! I just wanted to be empathetic towards Lukas!

Pavel: I understand your resistance. But try to look at it from a different angle. What if your statement revealed something about your schema or mode?

Tereza: What does that have to do with what I told Lukas?

Pavel: Well, I have such a hypothesis. Maybe you were in some child or dysfunctional parent mode at that moment, maybe in Angry Child or Critical Parent mode.

Tereza: What? This is absurd! If I was an Angry Child or Critic, I behaved unprofessionally.

Pavel: Stop criticizing yourself. We must understand the situation more. Can we dig into this more? Try to remember the situation with Lukas. How did you treat him? How did you feel?

Tereza: Well... I was angry that he took me by surprise... but I've also been angry with him for a long time for being so weak that he doesn't get angry at his wife. I also had such feelings of helplessness that nothing had changed for a long time.

Pavel: And how did you feel at that moment?

Tereza: I felt... vulnerable and unappreciated. I was angry with him, too.

Pavel: You say vulnerable and underappreciated... what does that remind you of in your life?

Tereza: It is like with my parents. I always tried hard, and they didn't appreciate it. I felt like I wasn't getting enough love from my parents. I felt like I had to be perfect and strong.

Pavel: And do you see any connection between what happened to you and what is happening to Lukas?

Tereza: Well... yes. Maybe it's the same pattern. He also tried and did not feel anger. This is similar. He doesn't get angry, but I feel that anger for him, and I am also angry at his wife. I guess I reacted in Angry Child mode.

Pavel: It may be so. And what do you think is the goal of this reaction? What do you gain?

Tereza: Well... maybe I'm just trying to get attention and recognition. My work would seem more successful if he got angry with his wife. I'm mad at him because he doesn't help me feel more successful. And that he is the same pushover to his wife as I am to my parents and you. I'm still trying to show you how hard and well I work.

Pavel: And is it true? Are you getting my attention and appreciation? Are you making our relationship better? Are you increasing your value?

Tereza: Well... no. On the contrary. I'm estranged from Lukas and you.

Pavel: Excellent! You are a skilled therapist, and I trust you. So, Tereza, now you understand why you said what you said to Lukas. And you also know it wasn't all that helpful for him or you. What would you like to speak to him about next time?

Tereza: Well... I want to apologize to him and explain to him what happened. I want to tell him I was angry with him because he cannot be angry with his wife and suppress it. But I understand that it also happens to me with some important people.

Pavel: That sounds good. And how would you do it?

Tereza: Well... maybe I would start by telling him I realized I hurt him and that I'm sorry. Perhaps I would tell him I realized I had similar feelings and tried to be better than him. Maybe I would tell him I realized I had an unrelenting standards schema and dealt with it with schema therapy. And I'll also help him deal with it if he's interested.

Pavel: And how do you think Lukas would react to this opening?

Tereza: Well... maybe he would understand or forgive me. Perhaps he would feel better or more connected to me. He might also want to participate in working with his schemas and modes.

Pavel: What about you? How would you feel if you opened up to him like that?

Tereza: Well... I would feel exposed or vulnerable. But I would also feel relaxed. I would feel more authentic and honest.

Through supervision, the therapist learned how to be more authentic and honest in therapy with Lukas and helped him strengthen his Healthy Adult and Vulnerable Child. Lukas thus could express his emotions and needs and stand up for himself concerning his ex-wife. He also found a new girlfriend with whom he is more decisive. His depressive symptoms improved, and his relationship with his children became more harmonious.

DISCUSSION

The parallel process is used in CBT and schema therapy supervision as a source of case information and an opportunity to learn and develop therapeutic skills. A parallel process can also be associated with transference and countertransference, with unconscious projections of past experiences into current relationships. A parallel process can be identified through

strong emotions, unusual behaviour, or bodily reactions during supervision or therapy. The parallel process requires an empathetic and confrontational supervisory intervention that helps the supervisee realize and process the parallels between their work with the client and the supervisor.

The literature highlights the danger of shifting from supervision to therapy when working with a parallel process. Role-playing and modelling are recommended (Prasko *et al.* 2023a). Interpretations when the therapist is experiencing strong emotions can make the therapist feel misunderstood or judged (Prasko *et al.* 2023b).

One of the supervisor's tasks is to create sufficient security so that these unpleasant experiences disappear, which enables the therapist to develop a similar sense of security for the client. Parallel process work techniques mostly focused on exploring the "here and now" and working with feelings of shame and confusion, trying to help participants cope with the problems that arose from the parallel process. Based on the therapist's needs and experiences, they recommended cultivating an "inner supervisor" to fulfil the client's needs. The parallel process's main function is transferring "unconscious messages" information from one field configuration to another, which helps the supervisor and the therapist understand what may have been happening with the client. This information was perceived as unconscious and, therefore, difficult to convey in any other way. The purpose is to express something that is outside of consciousness and can be revealed through, for example, playback.

A more direct examination of the parallel process in supervision is needed before firm conclusions can be drawn about its contribution to effective supervision.

Supervision generally has a two-fold goal: growth and support. Even though the supervisor focuses on the functioning of the supervisee, their development is subordinated to improving their functioning for the benefit of the client's growth.

The results of Friedlander *et al.* (1989) demonstrate the presence of a parallel process, while empirical studies such as those of Gross Doehrmann (1976) and Martin *et al.* (1987) provide support for the value and effectiveness of parallel process interventions within the supervisory relationship as reported by both supervisees and supervisors. In many developmental model studies, it is unclear whether the supervision session was used to demonstrate counselling principles, transference and countertransference issues, or openness and defensiveness were applied in parallel from the supervision to the counselling session or vice versa. However, the results of these empirical studies seem to confirm the observations of Rabinowitz *et al.* (1986) that as participants become more experienced, their openness to solving personal problems in supervision increases.

Thus, it seems likely that parallel process interventions involving personal transference questions, defences, etc., may be best applied and perhaps better

assimilated by advanced supervisees. Recall that a novice was the only supervisee in Gross Doehrman's (1976) study who did not benefit from a parallel process in terms of transference-countertransference coupling. These findings are consistent with current developmental models of supervision and training. Stoltenberg & Delworth (1988) hypothesized that novice students lack self-awareness and insight regarding their influence on clients. Beginners demonstrate a strong need for specific, structured types of intervention to reduce anxiety and increase basic counselling skills. As participants gain experience through therapy and supervision, the insight, self-awareness, and complexity with which they can view the therapeutic process increases. Empirical support for these postulates has also accumulated (Russell *et al.* 1984; Worthington 1987).

Consequently, while we agree with Stoltenberg & Delworth (1988) that those parallel process interventions may apply to participants of any level, we suggest that when applied to novices, such interventions should be simple and specific and address the problems that have been demonstrated. Be more salient for beginners and readily apparent in therapy and supervision sessions, such as anxiety level or self-awareness. Confronting the parallel transference processes of countertransference in a beginner who lacks insight and self-awareness can only increase anxiety. We suggest that intermediate and advanced therapists demonstrate increased readiness and a greater ability to fully understand and assimilate multiple higher-level conceptual issues, such as transference or countertransference, as they manifest in a parallel process.

It is also interesting to speculate whether similar recommendations might apply in psychotherapy. For example, would the application of parallel process interventions addressing complex transference-countertransference issues in novice clients increase levels of anxiety that could lead to early termination?

While we appreciate the use of parallel process interventions in supervision, our experience as supervisors suggests that overemphasizing the process or the supervisory relationship, in general, can be tiring for students at any level of their preparation. Indeed, Heppner and Roehlke's (1984) finding of a negative relationship between supervisor effectiveness and the relational focus of supervision activity supports our observation. As in effective psychotherapy, the timing of parallel processes or relational interventions in supervision can determine their effectiveness and facilitate insight and understanding on the part of the trainee.

The empirical literature suggests that students at more advanced levels are ready to solve more personal problems in supervision, which may be reflected in a parallel process. However, dealing with personal or parallel processes can reflect the connotation of supervision/therapy overlap. Consequently, supervisors may be reluctant to discuss these issues in supervision for fear of entering into an ethical dilemma regarding the

dual role of supervisor and personal therapist for the supervisee. We emphasize that supervision should not be personal therapy and that the confusion of the boundaries between supervision and personal therapy for the supervisee leads to a conflicting relationship between the two roles. Gross Doehrman (1976) provided some excellent guidelines for clarifying these boundaries. She pointed out that to explain the parallel process, the supervisor might engage in such "therapeutic" practices as encouraging the expression of feelings or insight and that trainees may experience such practices as "intensely therapeutic". However, Gross Doehrman aptly suggested that the difference between supervision and personal therapy is purposive; that is, the goal of supervision is to teach psychotherapeutic skills, while the goal of therapy is to change the client's characteristic ways of responding so that he functions more effectively in all areas of his life. In contrast, the student's problems in supervisory and therapeutic situations are addressed, but only to the extent that they affect his relationship with the supervisor or their clients.

In summary, similar to Loganbill *et al.* (1982), we believe that the parallel process in supervision in its various manifestations may be the focus of some of the most effective and efficient interventions within the supervisory relationship. Consequently, we suggest that supervisors pay close attention to this process to facilitate effective supervision and supervisees' personal and professional growth. However, due to the general lack of investigation of the parallel process, much remains to be seen about its impact on supervisors and supervisees or why it is even considered an important focus of supervision. We recommend a more systematic examination of various aspects of the process. Although traditional empirical methodology can offer important insight into the effectiveness of the parallel process, we believe that case study and phenomenological approaches can also provide an equally valid yet different perspective, perhaps explaining why the process can be effective both from the point of view of supervisors and from the point of view of supervisees. As a result, we recommend that both supervisors and researchers interested in studying the parallel process approach to this problem from different methodological approaches, and we hope that this article can stimulate interest in further investigation of the process.

CONCLUSIONS

The parallel process is an unconscious process that is replayed in supervision. Despite its routes in psychodynamic therapy, it can also be observed and worked on in CBT and schema therapy supervision. It offers the possibility to name the unnamed, to give meaning to the information that brings it from the dimension of "then and there" to "here and now". It is a co-occurring process that offers the possibility of healing. It is

often accompanied by strong or, conversely, no feelings, changes in expressions or bodily functions on the part of the therapist or supervisor. It is a process with inevitable field dynamics, and the starting point of its origin cannot be determined. Memories of the parallel process may be blurred by shame and require sensitivity from the supervisor, who should model an attitude of curiosity, acceptance, and connectedness, as shame indicates that the person anticipates a lack of support in the field. The parallel process can be dealt with using the full spectrum of approaches available to the supervisor, which should be influenced by the therapist's level of development and maturity and their resistance to shame. Pushing the parallel process into consciousness brings the possibility of understanding shortfalls from the client, the therapist and the supervisor. It can be seen as a reparative transference when transference phenomena are broken and contact is deepened.

The parallel process requires attention and reflection on the part of both the therapist and the supervisor. Working with a parallel process requires recognizing its presence and manifestations, understanding its causes and functions, communicating respectfully and openly, and using it to develop yourself and others.

CONFLICT OF INTEREST STATEMENT

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

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