

# Managing supervisory drift in cognitive behavioral therapy: A narrative review with case vignettes

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## Abstract

Drift is a phenomenon that can occur in cognitive-behavioral supervision, where core components of supervision are omitted, avoided, or deprioritized. This narrative review explores the signs, reasons, and impact of supervisory drift at the experiential, cognitive, and emotional levels for both the supervisor and the supervisee. Additionally, the article presents potential solutions for preventing and addressing supervisory drift, such as staying on track, anticipating problems before they arise, adapting supervision to the supervisee's needs, using active supervision methods to understand drift better, engaging in Supervision of Supervision (SoS), and using alliance measures. Through the use of case vignettes, we illustrate the potential solutions. We aim to provide a comprehensive understanding of supervisory drift and offer practical strategies for its prevention and management.

## INTRODUCTION

Drift is a phenomenon that can occur in different types of supervision, including cognitive-behavioral (CBT) supervision. As one of the common supervisory roadblocks, it presents by omitting, avoiding, or deprioritizing the core components of supervision, which prevents meeting its purpose (Townend *et al.* 2002; Prasko *et al.* 2023a). This is an especially significant issue in CBT supervision, a highly structured, agenda-driven method (Overholser 1991). In this context, the term "supervisory drift" may describe instances where components, such as outcomes monitoring, direct observation, and mutual feedback, are not taking place (Townend *et al.* 2002; Pugh & Margetts 2020).

The importance of addressing supervision drift cannot be overstated. Quality supervisory is central to psychotherapy (Geben 1991; Falender & Shafranske 2017; Prasko *et al.* 2022). A competent supervisor is aware of when tensions might arise between the need to attend to restorative aspects of the role while maintaining a focus on the normative and formative elements (Gross Doehrman 1976; Prasko *et al.* 2011; Prasko *et al.* 2023b). Thus, drift may occur when there is too little focus on one of these domains or too much of a restorative focus (Prasko *et al.* 2023a).

Supervision drift can have significant consequences for both the supervisor and supervisee. For the supervisor, it can lead to feelings of inadequacy and frustration and a loss of confidence in their ability to provide effective supervision (Havrdova & Hajny 2008; Milne & Reiser 2017). For the supervisees, it can result in a lack of progress in their development as a therapist and a decrease in their confidence in their ability to provide effective therapy (Milne & Reiser 2013; Falender & Shafranske 2014). Therefore, supervisors must be aware of the risks of supervision drift and take steps to prevent it.

This narrative review explores the signs, reasons, and impact of supervisory drift at both supervisors' and supervisees' experiential, cognitive, and emotional levels. Through the use of case vignettes, we illustrate the potential solutions for preventing and addressing supervisory drift, such as staying on track, anticipating problems before they arise, adapting supervision to the supervisee's needs, using active supervision methods to understand the drift better, engaging in Supervision of Supervision (SoS), and using alliance measures (Prasko *et al.* 2023c).

## METHOD

This narrative review was conducted using a systematic approach to identify and synthesize the existing literature on supervision drift in cognitive-behavioral supervision. A comprehensive search of electronic databases, including PubMed, PsycINFO, Web of Science, and Scopus, was conducted to identify relevant articles published in English. The search strategy included

keywords "supervision drift" and "cognitive-behavioral therapy", or "supervision of supervision", or "alliance measures". Since there were relatively few articles in the search ( $n = 10$ ), we searched for other literature from the sources of these selected articles, which, according to the authors of the articles, were relevant to the topic ( $n = 15$ ). Additionally, we supplemented them with several papers in Czech language textbooks ( $n = 2$ ) covering the concept of supervision drift ( $n = 2$ ). In total, the final sample was 28 papers. In addition to the narrative review of the literature, this article also presents case vignettes to illustrate the potential solutions for preventing/addressing the supervisory drift. These case vignettes were developed based on the authors' clinical experience and expertise in cognitive-behavioral supervision.

## RESULTS

### Signs of A Supervision Drift

A supervision drift can manifest in several ways, including a lack of structure in supervision sessions and insufficient clarity in the learning agenda. A lack of structure in supervision sessions can result in unfocused and unproductive sessions, with little progress toward the supervisee's learning goals (Milne 2009; Tracey *et al.* 2012). Insufficient clarity in the learning agenda can lead to confusion and uncertainty about what is expected from the supervisee, hindering their development as a therapist (Reichelt & Skjerve 2002; Prasko & Vyskocilova 2010; Lohani & Sharma 2023).

Townend *et al.* (2002) have identified several signs of a supervisory drift, such as the lack of structure in supervision sessions, the absence of a supervision contract that outlines learning objectives, and insufficient clarity in the learning agenda within sessions. Additionally, supervisors may rely too heavily on teaching and directing, while active, experiential learning is minimal, as are homework assignments for the supervisee. Audio or videotaping in poor supervision may also be limited, and active learning methods such as role-playing, rehearsals, and feedback may be absent (Townend *et al.* 2002). Several studies also highlighted a shortage of routine clinical outcome monitoring or limited utilization of objective evaluation methods, such as adherence competence rating instruments (Reiser & Milne 2017b). Furthermore, various ways to ensure accurate and constructive feedback may not be implemented. Sociocultural issues and variations in the supervisory relationship may also not be addressed properly. In summary, supervision drift can be present by omitting basic steps and content of effective supervision and sidestepping from the standard supervisory process.

### Case Vignette 1: A Lack of Structure in Supervision Sessions

Elisabeth is a cognitive-behavioral (CBT) supervision trainee. As part of the training, she supervises David, who is currently

undergoing CBT training. David treats his client while being under active supervision. In the initial session, they discussed the goals and methods of supervision and began to work on the supervision of David's client. However, Elisabeth struggled to stick to the supervision session's structure. It seemed somewhat mechanical, and she preferred to talk freely with David about his clients and their treatment. She asked David if he was okay with that, and he agreed. At first, David was prepared for the supervision sessions but soon abandoned them. Over time, Elisabeth noticed that their supervisory sessions were not sufficiently focused and productive. David often came to sessions unprepared and seemed unsure of what to work on. In her supervision session (Supervision of Supervision, SoS), Elisabeth realized that the lack of structure in their sessions probably led David to stop preparing for supervision, not seeing it as necessary, and coming to supervision thinking that he would talk about whatever came to his mind, without considering in advance what kind of things he wanted to solve in supervision.

Therefore, Elisabeth decided to introduce more structure to their supervision sessions and discuss openly with David what had happened. David admitted that he did not prepare in any way for the supervision. He felt it was unnecessary because they always came up with something during the session, and it seemed to him pleasantly free. He also said that in his supervision as part of his training process, he felt restrained due to the high level of structure, yet it was clearer for him what to do with the client in the following sessions. In comparison, when he saw Elisabeth, he felt more relaxed; however, he was also more ambiguous about how to proceed in the therapy sessions with the presented client. Since Elisabeth and David shared the same feelings, they decided to create an agenda at the beginning of each session, discuss homework, then agree on the problems and goals of the supervision session, and at the end, agree on the next homework and provide each other with feedback. Elisabeth also asked David, as part of the feedback, to discuss the supervision evaluation according to the rating scale that evaluates the individual aspects and methods of supervision. They agreed that David would bring notes or recordings of his sessions with clients to supervision sessions so that they could review his use of CBT techniques.

Introducing more structure and rules to their supervision sessions helped both of them. David began to prepare for the supervision session, bringing the audio recordings of the session and preparing directly the questions that he would like to discuss with the supervisor. They often replayed the situations from the recording using role-playing, and together, they searched for the optimal course of action. Over time, David became more confident in using CBT techniques with his clients.

### Different Manifestations of a Supervisory Drift

A supervisory drift can manifest itself in different ways:

(1) The supervisor focuses on their own experiences and stories instead of the supervisee's needs.

Jana is a psychotherapist who participates in supervision with supervisor Jarmila. During supervision sessions, Jarmila often talks about herself and her experiences with clients instead of focusing on Jana's work. Jana tries to bring this issue to supervisor Jarmila's attention, but Jarmila cannot change her attitude. Finally, Jana sought a different supervisor.

(2) The supervisor criticizes the supervisee and their work instead of providing constructive feedback.

Peter is a psychologist who participates in supervision with Mirek. Mirek often criticizes Peter and his work during supervision sessions or says that his client is a psychopath and nothing can be done with him instead of providing him with constructive feedback. Peter feels demotivated and eventually stops going to Mirek for supervision.

(3) Supervisor and supervisee develop a warm relationship, but supervision does not occur in practice because both fear disrupting the relationship, and this enables them to use main supervision techniques, including empathetic confrontation.

Maria is a social worker who participates in supervision with Veronika. Veronika and Marie develop a good relationship during the supervision sessions, but there is practically no supervision, as both are afraid of disrupting or losing the relationship. Veronika only praises Maria and is fearful of any confrontation.

(4) The supervisor focuses on solving problems and conflicts but fails to provide a broader perspective and support in the professional growth of the supervisee (Roscoe *et al.* 2022).

Tomas is a psychologist who participates in supervision with supervisor David. During the supervision sessions, the supervisor focuses only on solving individual problems and conflicts that the client experiences or is experiencing about the therapist but fails to provide a broader perspective and support in Tomas's professional growth.

(5) The supervisor focuses on their needs and interests instead of the supervisees or the ones which need to be addressed in supervision.

Eva is a psychotherapist who participates in supervision with the supervisor, Vladimir. During supervision, Vladimir focuses on showing how he "genuinely" solves everything himself and gives advice on what Eva should do, fulfilling his own need to dazzle and be admired instead of focusing on Eva's needs as a therapist.

(6) The supervisor fails to provide adequate feedback and support, which may lead to frustration and demotivation of the supervisee.

Martin is a novice CBT therapist who participates in supervision with supervisor Karel. During the supervision session, Karel extensively discussed the theory and what Martin should do. Still, he fails to provide specific feedback and support, which leads to frustration and demotivation in Martin, who would like to discuss particular cases, not a theory of how to do what.

(7) The supervisor fails to maintain a professional relationship with the supervisee and tries to build a friendly or personal relationship instead.

Anna is a psychologist who participates in supervision with supervisor Peter. During supervision sessions, the supervisor fails to maintain a professional relationship with Anna and instead tries to please and build up a personal relationship that he cares about more than guiding Anna in supervision and attending to her clients.

It is important to remember that supervision should be a lifelong learning process that helps supervisees develop professional skills, strengthen relationships in the work team, and find solutions for problematic situations (Pugh & Margetts 2020). If supervision does not meet these objectives, seeking another supervisor or considering other forms of support may be appropriate.

### Reasons for Supervision Drift

There are several reasons why a supervision drift may occur, including a lack of knowledge about supervision approaches and negative beliefs about these approaches (Waltman 2016). A lack of knowledge about supervision approaches can result in supervisors using ineffective or inappropriate methods, leading to this drift. Negative beliefs about supervision approaches, such as the belief that they are unnecessary or unhelpful, can also contribute to a drift by causing supervisors to deprioritize or avoid certain supervision components.

Along with these causes, Pugh & Margetts (2020) suggested that several other factors could potentially lead to supervisory drift – apprehension and humiliation during enactment of the supervision approaches, the desire to protect the supervisory relationship instead of risking it with difficult conversations, and the lack of time to incorporate specific methods in a supervision session. These factors can be divided into three levels: experiential, cognitive, and emotional.

At the experiential level, previous experience in supervision impacts both the supervisee and the supervisor as they come to the supervisory relationship with their expectations of what should happen during the sessions and their views on the overall goals (Roscoe et al. 2022).

At the cognitive level, both a supervisor's and a supervisee's cognitions can contribute to a supervisory drift. Supervisors bring their beliefs about themselves and therapy to the supervisory relationship. These beliefs shape the supervisor's professional identity based on their supervision experiences, including the supervisor's training. Supervisors can find it challenging to take on the normative aspects of supervision due to their schemas, such as the need for approval (Pugh & Margetts 2020). Similarly, supervisees may have certain beliefs and assumptions influencing their behaviour in supervision (Vyskocilova & Prasko 2013). Various assumptions, such as "The supervisor is always right", can prevent a supervisee from suggesting how supervision should be structured (Pugh & Margetts 2020).

At the emotional level, a supervisor's and a supervisee's feelings can contribute to supervisory drift. Inexperienced supervisors may feel anxious about their perceived knowledge or embarrassed about their clinical work if the supervisee is likely to criticize them (Pugh & Margetts 2020). Supervisees may also experience various emotions during supervision, such as anxiety, fear, shame, embarrassment, or sadness.

Failing to normalize or name these emotions within supervision could lead to supervisees engaging in safety-seeking behaviours to protect themselves (Pugh & Margetts 2020).

Speers et al. (2022) thoroughly examined existing literature to uncover the factors linked to a therapist's drift in psychological practice. These studies shed light on nine specific characteristics associated with therapist drift (Speers et al. 2022). As such, they may influence the supervision to drift from either the supervisor or the therapist. The characteristics include:

- 1) *Therapist knowledge*: The review revealed that therapists had a limited understanding of general psychology research findings and specific evidence-based treatments like exposure therapy for anxiety disorders. Higher therapist education correlated with greater use of evidence-based treatments. Therapists with better knowledge tended to have more positive attitudes toward evidence-based interventions.
- 2) *Attitudes towards research*: Therapists' attitudes toward research and treatment manuals impact their use of empirically supported treatments (ESTs). Positive attitudes correlate with greater EST utilization, while scepticism was linked to non-EST approaches. Training and experience solidified therapists' allegiance to specific approaches.
- 3) *Therapist's anxiety*: The therapist's anxiety affects the treatment approach. Higher anxiety leads to avoidance of anxiety-provoking treatments, like exposure therapy. Negative beliefs about exposure therapy also reduced the chance of actually using it. Addressing these concerns early could prevent therapist drift.
- 4) *Clinical experience*: Busy therapists increasingly rely on clinical experience rather than research evidence as their practice length increases, necessitating further investigation into the impact of post-training drift from ESTs.
- 5) *Therapist's age*: Contrary findings on the connection between age and therapist drift were discovered. While age may correlate with clinical experience, it is a distinct influence. Further research is needed to determine if age affects therapists' tendency to drift or if other factors play a more significant role.
- 6) *Theoretical orientation*: Therapists' theoretical orientation significantly influences their attitudes toward research and EST use. Cognitive-behavioural therapists are more likely to accept and use ESTs, value research evidence, and rely on treatment manuals than therapists with other orientations.
- 7) *Critical thinking abilities*: To minimize a therapist's drift, future research should explore the impact of critical thinking ability on trainees' clinical decision-making.
- 8) *Personality traits*: Two studies in this review found associations between personality traits and adherence to ESTs (Peterson-Scheffer et al. 2013; Brown & Perry 2018). One study showed that therapists' openness to experience was negatively linked to treatment

fidelity for children with autism spectrum disorder (Peters-Scheffer *et al.* 2013). Another study revealed that therapist's self-efficacy and therapeutic optimism predicted adherence for patients with eating disorders (Brown & Perry 2018). However, the representativeness of the samples and the measures were not entirely clear, indicating a need for further research in this area.

- 9) *Cultural competency*: The therapist-client ethnic match links to greater adherence to treatment in youth with antisocial behaviours and substance use issues, suggesting that therapists may not be as responsive to different ethnicities or that clients prefer ethnically similar therapists (Schoenwald *et al.* 2003; Chapman & Schoenwald 2011). However, another study found no relationship between therapist adherence and the percentage of minority clients seen, so further research is needed (Cho *et al.* 2019).

To summarize, therapist's drift poses a considerable concern as it can affect client outcomes. Drift can occur without detection or intervention during regular practice. The therapist's causes of drift may influence the supervision as well.

#### Case Vignette 2: Reasons for a Supervision Drift

Sylvie is a supervisor candidate in CBT supervision training. She has been working with his supervisee, Anton, for several months. Anton is a relatively experienced therapist practising CBT for many years. Sylvie tried to structure the session according to how she was taught in her training and managed to follow it with Anton. However, over time, Sylvie noticed that Anton became less involved in the sessions and repeatedly excused himself from the sessions. She discussed her observation with him and what he thought about it. Anton said he liked seeing her, but the sessions felt the same. It was like going to school for him. He told her he was a bit bored in the supervision sessions. Sylvie realized that in supervision, she uses almost exclusively Socratic questioning, working with the vicious circle and automatic thoughts. However, she avoided experiential approaches such as chairwork or imagery work because she was unsure about them.

During the supervision about her work with Anton in her supervision training, she also explored her negative beliefs about these approaches, such as the belief that they were unnecessary or unhelpful and her fears of getting involved and embarrassing herself in the sessions with Anton. Then, she and her supervisor tried imagery work and chairwork while working with Anton. Since she was pretty good at it and was appreciated by her supervisor, she carried it over to work with Anton.

By challenging her negative beliefs about experiential approaches and how they were manageable and expanding her supervisory training skills, Sylvie could adapt her approach to better meet Anton's needs. She introduced new techniques such as role-playing, imagery rescripting, and soft toys into supervision to help Anton further develop his CBT skills. Anton liked it a lot because he was apprehensive about using experiential approaches in therapy himself. Over time, Anton increasingly

used experiential methods in his work. The supervision sessions stopped being boring and "school-like" and brought him more joy and understanding.

This case example illustrates how fears about some supervision procedures, self-doubt, and negative beliefs about these approaches can bind the supervision session and lead to a supervision drift, which can be reflected in the supervisee's therapeutic procedures. Sylvie managed the drift by expanding her supervision procedures, challenging her negative beliefs and providing Anton with more effective supervision.

#### Impact of Supervision Drift

The shift in supervision can significantly affect the supervisor's and the supervisee's experiential, cognitive, and emotional levels (Prasko *et al.* 2023a, d). At a cognitive level, a drift can lead to confusion and uncertainty about what is expected of the supervisees and how they should proceed. On an emotional level, a drift can result in frustration, inadequacy, and self-doubt for both the supervisee and the supervisor. At an experiential level, a drift can lead to insufficient progress in the supervisee's development as a therapist and a decrease in their confidence and ability to provide effective therapy.

#### Case Vignette 3: Impact of A Supervision Drift

Supervisor Lida has worked with her supervisee, Sonia, for several months. Sonia is a novice therapist, still in her training and developing her CBT skills. In their initial supervision sessions, Lida and Sonia discussed the rules and structure for the supervision sessions. Because they understood each other, they created a friendly atmosphere, but they gradually broke the rules – for part of the session, they talked to each other as friends, and the structure slowly disappeared from the supervision sessions. However, over time, Lida realized that their supervision sessions were becoming unfocused and unproductive, although they both felt good about each other. Sonia stopped preparing for the sessions; she spoke only superficially about the clients she was treating. Lida told her they rarely got to what would be appropriate to change in each client's therapy. Lida realized that the friendly relationship with Sonia led to a gradual departure from supervisory work. During the supervision in which Lida participated, she came across different levels of the impact of supervisory drift.

Cognitively, the loss of structure in their supervision sessions led to confusion and uncertainty for Sonia about what was expected of her and how she should proceed in supervision. She replaced it with a friendly chat and was detached in talking about clients. In therapy sessions with them, she was unsure what to focus on in sessions with more complex clients, slipping into talking with them about what the moment brought. Similarly, as structure disappeared from the supervision sessions, it also disappeared from the therapy sessions.

On an emotional level, this confusion and uncertainty resulted in frustration, inadequacy, and self-doubt for both Sonia and Lida. Lida felt frustrated that she could not effectively support Sonia's development as a therapist. In contrast, Sonia felt inadequate as a therapist and doubted her ability to succeed in therapy with

more complex clients. However, she was ashamed to tell Lida because she was afraid of draining their friendly, equal relationship, which was pleasant.

On an experiential level, this lack of progress and a gradual supervisory drift left Sonia feeling less confident in her ability to provide effective therapy to her more complicated clients. She began to doubt her therapeutic skills and tried to avoid more complex clients.

This case vignette illustrates how a supervisory drift can significantly affect both supervisor and supervisee at cognitive, emotional, and experiential levels.

### Potential Solutions for a Supervision Drift

Several potential solutions for preventing and addressing a supervisory drift include staying on track, anticipating problems before they arise, adapting supervision to the supervisee's needs, using active supervision methods to understand drift better, engaging in Supervision of Supervision (SoS), and using alliance measures.

Staying on track involves reviewing learning goals and plans to ensure that supervision sessions are focused and productive. Supervisors can help ensure their supervisees' progress toward their learning goals by avoiding drift at the outset. However, errors are unavoidable and to be expected, so the key is spotting errors and responding appropriately. It is essential for supervisors to become familiar with best practice guidance and regularly use it in supervision. With these principles in mind, supervisors and supervisees can jointly reflect on whether supervision sessions have included these facets regularly (Pugh & Margetts 2020).

Anticipating problems before they arise involves being aware of potential challenges and taking steps to prevent them from occurring. For example, gathering a basic overview of the supervisee's personal and professional self-history can help normalize interpersonal reflection within supervision. The supervisor can ask the supervisee questions about managing the supervisory relationship, such as "What background information do you think it is important for me to know about you?" or "How might we address differences of opinion?" The responses can then be used to anticipate instances in supervision where these might be relevant (Roscoe et al. 2022).

Adapting supervision to the supervisee's needs involves being flexible and responsive to the supervisee's emotional, learning, and situational needs. Supervisors should consider the supervisee's learning style preferences and the context in which the supervision occurs to move between normative, formative, and restorative tasks. Trainees may need a greater focus on supervision's normative or formative aspects, while inexperienced therapists may need a greater emphasis on the formative elements (Reiser & Milne 2013).

Using active supervision methods to understand drift better involves role-playing, rehearsals, and feedback to help supervisees gain meta-cognitive awareness

of their motivations. For example, the supervisor might ask the supervisee to interview their "resistant self" or use chair work to help supervisees handle criticism by interviewing the supervisee's "personal self" and "therapist self" (Pugh & Margetts 2020).

Engaging in Supervision of Supervision (SoS) involves a process of reflection to help the supervisor reflect on how they manage supervision and how various characteristics, including personal characteristics, subsidize their supervisory practice. A fresh set of eyes allows an impartial observation of the dynamics that are in operation between the supervisor and supervisee. The meta-supervisor can also use frameworks to provide feedback on the supervisor-evaluated skillset (Pugh & Margetts 2020).

Using alliance measures involves using validated tools such as the Working Alliance Inventory (WAI) or the Supervisory Working Alliance Inventory (SWAI) to monitor the quality of the supervisory relationship. A solid supervisory alliance is essential for effective supervision, but more evidence is needed to show how widely and if all these measures are used in CBT supervision. A validated alliance measure could facilitate the disclosure of helpful negative feedback and allow for a mutual exchange of feedback about each party's supervision experience (Pugh & Margetts 2020).

By implementing these potential solutions, supervisors can help prevent and address a supervisory drift and ensure their supervisees receive effective and supportive supervision. Supervisors must keep themselves in balance by recognizing when a supervisee or their clinical practice has changed. They should use appropriate strategies to negotiate an ongoing change in supervision, such as group supervision. Supervisors' personal and professional beliefs can impact the consistency or inconsistency of behaviours that result in supervisor drift.

Supervisors who hold solid and healthy beliefs or are more aware of their triggers or/and are aware of their schema are less likely to give up on evidence-based practice. Although supervisors can bring their own beliefs to the relationship, they can still "drift" by indulging in certain aspects of supervision, which can negatively affect the supervisee's progress and outcome.

To summarize, tips to prevent a supervisory drift include:

- (1) Maintaining supervision structure: Have a clearly defined agenda and goals for each session and stick to them. This will help ensure that supervision is productive and focused on the supervisee's needs (Roscoe et al. 2022).
- (2) Using experiential methods: Experimental methods such as behavioural experiments, role-playing, imagery rescripting, and chairwork are powerful techniques that can help supervisees develop their skills and improve their practice (Pugh & Margetts 2020; Prasko et al. 2023c).

- (3) Being open to feedback: Seek the supervisor's feedback and be open to criticism. This will help you identify problems and adapt your approach so that they are better suited for the needs of the supervised (Prasko et al. 2023b).
- (4) Educating yourself regularly: Keep up-to-date with the latest research and best practices in supervision. This will help you provide quality supervision and prevent supervisory drift (Prasko et al. 2022).
- (5) Engaging in the supervision of supervision: Much like a therapist would, in some situations, be blind to his process, it happens to the supervisor, too. Therefore, continuous supervision of supervision is essential.

#### Case Vignette 3: Staying on Track

Jolana is a CBT supervisor working with her supervisee, John, for several months. John is a relatively inexperienced therapist, still in CBT training, who is still developing his skills in CBT. In their initial supervision sessions, Jolana and John set clear learning goals and a structured plan to achieve them. For example, one of John's goals was to improve his ability to use cognitive restructuring techniques with his clients, which he struggled with with more complex clients. Another goal was to enhance experiential practices such as imagery rescripting and chairwork, which he was afraid to use with his clients. Even though they agreed initially, during the following supervision, they continued to talk about the clients and what John was doing with them, which Jolana commented on. They discussed it together but did not conclude that Jolana directly used cognitive restructuring or an experiential approach, nor did these supervision procedures play a part in role-playing. Both felt safe in the dialogic form of supervision. Still, John's frustration grew that the skills he wanted to improve were not being developed during supervision, but he was afraid to tell Jolana. However, Jolana noticed that their supervision sessions were becoming stereotypical and dull. The dialogue about the various clients was interesting, but the topics were repetitive, and John's skills were not developing. In addition, John was starting to bring less and less specific material. He seemed unsure of what to work on. For example, during one session, John mentioned having difficulty using cognitive restructuring techniques with a particular client. Still, he did not bring any session notes or recordings for them to review.

Jolana realized their session deviated from their original plan and goals. To solve this problem, she refocused their sessions by reviewing their initial goals and objectives. She worked with John to develop a more detailed program for each session, including specific tasks and activities. For example, they agreed that John would bring notes or recordings of his sessions with clients to each supervision session so that they could review his use of cognitive restructuring techniques and then try them out in the supervision role-play session. Similarly, they will work through role-play and imagination in each supervision session, keeping dialogue to a minimum.

By staying on track and following their plan, Jolana was able to help John progress as a therapist. Over time, John became

more confident using cognitive restructuring, imagery rescripting, and chairwork techniques with his clients.

#### Case Vignette 4: Adapting Supervision to the Supervisee's Needs

Michael is a CBT supervisor working for his supervisee, Rachel, for several years. Rachel is an experienced therapist who has developed high competence in CBT. In their initial supervision sessions, Michael used a structured approach that focused on helping Rachel build her skills in specific areas of CBT. For example, one of their initial goals was to help Rachel improve her ability to use exposure therapy with clients who have anxiety disorders.

However, Michael noticed that Rachel became less engaged in their sessions. She seemed less interested in discussing specific techniques and more interested in exploring broader issues related to her practice as a therapist. For example, during one session, Rachel mentioned feeling burnt out and struggling to balance her work and personal life.

Michael realized he needed to adapt his approach to meet Rachel's needs better. To address this issue, he worked with Rachel to develop a new system for supervision sessions that focused on her broader professional development as a therapist. They discussed self-care, managing complex cases, and balancing work and personal life. For example, they discussed strategies for managing stress and preventing burnout, such as setting boundaries with clients and taking regular breaks.

By adapting his approach to meet Rachel's needs better, Michael re-engaged her in their supervision sessions. Over time, Rachel reported feeling more supported and better able to manage her work challenges as a therapist.

## CONCLUSION

A supervisory drift is a phenomenon that can occur in CBT supervision, where core components of supervision are omitted, avoided, or deprioritized. This narrative review has explored the signs, reasons, and impact of a supervisory drift at the experiential, cognitive, and emotional levels for both the supervisor and the supervisee. Through the use of case vignettes, we have illustrated potential solutions for preventing and addressing a supervisory drift, such as staying on track, anticipating problems before they arise, adapting supervision to the supervisee's needs, using active supervision methods to understand drift better, engaging in Supervision of Supervision (SoS), and using alliance measures.

The supervisor and supervisee can use existing CBT principles, such as self-practice and self-reflection, to make sense of supervisory drift and why it occurs. A bespoke formulation of supervisory drift helps the supervisor and supervisee have a shared language for discussing the phenomenon. The supervisor can draw upon existing best practice resources, such as the Evidence-Based Clinical Supervision framework and the range of resources available, to help them evaluate and improve their supervision skills and self-reflection.

These resources can also be introduced to the supervisee to promote more effective use of supervision time.

By being aware of the potential for a supervisory drift and taking steps to prevent it, supervisors can help ensure that their supervisees receive effective and supportive supervision that promotes their development as therapists.

## 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.

## REFERENCES

- Binnie J (2011). Cognitive behavioural therapy supervision: supervisee and supervisor development. *Issues Ment Health Nurs.* **32**(3): 158–162.
- Brown CE, Perry KN (2018). Cognitive behavioral therapy for eating disorders: How do clinician characteristics impact on treatment fidelity? *Journal of Eating Disorders.* **6**: 1–10.
- Chapman JE, Schoenwald SK (2011). Ethnic similarity, therapist adherence, and long-term multisystemic therapy outcomes. *Journal of Emotional and Behavioral Disorders.* **19**: 3–16.
- Cho E, Wood PK, Taylor EK, Hausman EM, Andrews JH, Hawley KM (2019). Evidence-based treatment strategies in youth mental health services: Results from a national survey of providers. *Administration and Policy in Mental Health and Mental Health Services Research.* **46**: 71–81.
- Falender CA, Cornish JA, Goodyear R, Hatcher R, Kaslow NJ, Leventhal G, Shafranske E, Sigmon ST, Stoltenberg C, Grus C (2004). Defining competencies in psychology supervision: a consensus statement. *J Clin Psychol.* **60**(7): 771–785.
- Falender CA, Shafranske EP (2014). Clinical supervision: the state of the art. *J Clin Psychol.* **70**(11): 1030–1041.
- Falender CA, Shafranske EP (2017). Competency-based Clinical Supervision: Status, Opportunities, Tensions, and the Future. *Australian Psychologist.* **52**: 2, 86–93.
- Greben SE (1991). Interpersonal aspects of the supervision of individual psychotherapy. *Am J Psychother.* **45**(3): 306–316.
- Gross Doehrmann MJ (1976). Parallel processes in supervision and psychotherapy. *Bull Menninger Clin.* **40**(1): 1–104.
- Havrdova Z, Hajny M (2008). Practical supervision [Praktická supervize. in Czech] Galen.
- Kühne F, Maas J, Wiesenthal S, Weck F (2019). Empirical research in clinical supervision: a systematic review and suggestions for future studies. *BMC Psychol.* **7**(1): 54.
- Lohani G, Sharma P (2023). Effect of clinical supervision on self-awareness and self-efficacy of psychotherapists and counselors: A systematic review. *Psychol Serv.* **20**(2): 291–299.
- Milne D (2009). Evidence-based clinical supervision: principles and practice. Oxford, UK: Blackwell Publishing Ltd.
- Milne DL, Reiser RP, Cliffe T (2013). An N = 1 evaluation of enhanced CBT supervision. *Behav Cogn Psychother.* **41**(2): 210–220.
- Milne DL, Reiser RP (2017). A manual for evidence-based CBT supervision. John Wiley & Sons.
- Overholser JC (1991). The Socratic method as a technique in psychotherapy supervision. *Professional Psychology: Research and Practice.* **22**: 68–74.
- Peters-Scheffer N, Didden R, Korzilius H, Sturmey P (2013). Therapist characteristics predict discrete trial teaching procedural fidelity. *Intellectual and Developmental Disabilities.* **51**: 263–272.
- Prasko J, Abeltina M, Krone I, Gecaite-Stonciene J, Vanek J, Burkauskas J, Liska R, Sollar T, Juskiene A, Slepecky M, Bagdonaviciene L, Ociskova M (2023a). Problems in Cognitive-Behavioral Supervision: Theoretical Background and Clinical Application. *Neuro Endocrinol Lett.* **44**(4): 234–255.
- Prasko J, Burkauskas J, Belohradova K, Kantor K, Vanek J, Abeltina M, Juskiene A, Slepecky M, Ociskova M (2023d). Ethical reflection in cognitive behavioral therapy and supervision: Theory and practice. *Neuro Endocrinol Lett.* **44**(1): 11–25.
- Prasko J, Ociskova M, Abeltina M, Krone I, Kantor K, Vanek J, Slepecky M, Minarikova K, Mozny P, Piliarova M, Bite I (2023b). The importance of self-experience and self-reflection in training of cognitive behavioral therapy. *Neuro Endocrinol Lett.* **44**(3): 152–163.
- Prasko J, Ociskova M, Vanek J, Burkauskas J, Slepecky M, Bite I, Krone I, Sollar T, Juskiene A (2022). Managing transference and countertransference in cognitive behavioral supervision: theoretical framework and clinical application. *Psychol Res Behav Manag.* **15**: 2129–2155.
- Prasko J, Vanek J, Ociskova M, Krone I, Slepecky M, Abeltina M, Burkauskas J, Grambal A, Bagdonaviciene L (2023c). Role-playing in cognitive behavioral supervision. *Neuro Endocrinol Lett.* **44**(2): 74–85.
- Prasko J, Vyskocilova J, Mozny P, Novotny M, Slepecky M (2011). Therapist and supervisor competencies in cognitive behavioural therapy. *Neuroendocrinology Letters.* **32**(6): 101–109.
- Prasko J, Vyskocilova J (2010). Countertransference during supervision in cognitive behavioral therapy. *Act Nerv Super Rediviva.* **52**(4): 251–260.
- Pugh M, Margetts A (2020). Are you sitting (un)comfortably? Action-based supervision and supervisory drift. *The Cognitive Behaviour Therapist.* **13**: E17.
- Reichelt S & Skjerve J (2002). Correspondence between supervisors and trainees in their perception of supervision events. *J Clin Psychol.* **58**: 759–772.
- Reiser RP, Milne DL (2017b). A CBT formulation of supervisees' narratives about unethical and harmful supervision. *The Clinical Supervisor.* **36**(1): 102–115
- Reiser RP, Milne DL (2013). Cognitive behavioral therapy supervision in a university-based training clinic: a case study in bridging the gap between rigor and relevance. *J Cogn Psychother.* **27**(1): 30–41.
- Roscoe J, Taylor J, Harrington R, Wilbraham S (2022). CBT supervision behind closed doors: Supervisor and supervisee reflections on their expectations and use of clinical supervision. *Couns Psychother Res.* **22**: 1056–1067.
- Schoenwald SK, Halliday-Boykins CA, Henggeler SW (2003). Client-level predictors of adherence to MST in community service settings. *Family Process.* **42**: 345–359.
- Speers AJ, Bhullar N, Cosh S, Wootton BM (2022). Correlates of therapist drift in psychological practice: A systematic review of therapist characteristics. *Clinical Psychology Review.* **93**: 102132.
- Townend M, Iannetta L, Freeston MH (2002). Clinical supervision in practice: A survey of UK cognitive behavioural psychotherapists accredited by the BABCP. *Behavioural and Cognitive Psychotherapy.* **30**(4): 485–500.
- Tracey TJ, Bludworth J, Glidden-Tracey CE (2012). Are there parallel processes in psychotherapy supervision? An empirical examination. *Psychotherapy (Chic).* **49**(3): 330–343.
- Vyskocilova J & Prasko J (2013). Countertransference, schema modes and ethical considerations in cognitive behavioral therapy. *Activitas Nervosa Superior Rediviva.* **55**(1–2): 33–39.
- Waltman SH (2016). Model-consistent cognitive behavioral therapy supervision: a case study of a psychotherapy-based approach. *J Cogn Psychother.* **30**(2): 120–130.