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RESEARCH ARTICLE **OPEN ACCESS**

A COMPARATIVE STUDY OF A PERSONAL AND RELATIONAL INSIGHT SUPERVISION MODEL (PRISM) VS SUPERVISION AS USUAL FOR RELATIONSHIP DIFFICULTIES

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ABSTRACT

This study aimed to investigate the effectiveness of a structured clinical supervision program designed to enhance therapists' understanding of their own relational experiences and their potential impact on the therapeutic process. The study included 30 therapists who were assigned to either the intervention group or a control group, taking into consideration their demographics and experience levels to ensure balanced groups. Pre- and post-intervention assessments measured self-awareness, reflexivity, therapist self-efficacy, and perceived effectiveness in working with clients presenting relationship difficulties. Clients' satisfaction with therapy and therapeutic alliance were also assessed. Results indicated significant improvements in self-awareness, reflexivity, therapist self-efficacy, and perceived effectiveness among therapists in the experimental group, as well as significant improvements in client outcomes (client satisfaction and therapeutic alliance).

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INTRODUCTION

The field of psychotherapy has long recognized the significance of addressing relationship difficulties in both individual and group therapy, given the profound impact of interpersonal dynamics on clients' psychological well-being (Lebow *et al*., 2012; Gurman, 2015; Ioannidis, 2021; Ioannidis &Alvanou, 2021). A growing body of theoretical and empirical literature has explored factors such as attachment (Bowlby, 1988;Ioannidis, 2023; Mikulincer& Shaver, 2016), the influence of family and relational history (Hare-Mustin, 1978), and the impact of therapist factors on therapeutic outcomes (Ackerman &Hilsenroth, 2003). These contributions have informed the development of various therapeutic approaches aimed at addressing clients' relational difficulties. However, further investigation is needed to understand not only the role of therapist preconceptions and relational tendencies, but also the ways in which therapists' own relational characteristics such as attachment, past experiences, and unresolved relationship issues may shape their practice and ability to assist clients with relationship difficulties. Therapists' own relationship issues can manifest in various ways, potentially hindering the therapeutic process. For instance, unresolved past relational traumas or conflicts may lead therapists to project their experiences onto clients, compromising their ability to maintain appropriate boundaries and respond empathetically to clients' unique concerns (Gelso & Hayes, 2007; Watkins, 2011). Similarly, therapists with insecure attachment issues may inadvertently reinforce clients' maladaptive relational patterns through their interactions in the therapeutic relationship (Ravitz *et al*., 2008; Wachtel, 2011). Additionally, therapists' biases or preconceptions about relationships may influence their interpretations of clients' behaviours, potentially leading to misguided interventions (Safran & Muran, 2000). The potential impact of therapist factors on the therapeutic process has been widely recognized in the psychotherapy literature, which emphasizes the importance of therapist self-awareness, self-reflection, and ongoing professional development (Norcross &Wampold, 2018). In both individual and group therapy, there is a growing awareness that therapists' own attachment styles, relational experiences, and unresolved relationship issues may influence their understanding of clients' relational difficulties and the way they approach these concerns in therapy (Safran &Muran, 2000; Wachtel, 2011). These considerations highlight the need for a structured clinical supervision programme that specifically targets therapists' own relational difficulties with the aim of enhancing their capacity to effectively assist clients in navigating the complexities of relationships. By addressing these therapist factors, the proposed programme seeks to promote greater self-awareness and reflexivity, ultimately fostering a more nuanced and empathetic understanding of clients' relational concerns (Friedlander *et al*., 2006; McWilliams, 2011). Despite the existence of various models of clinical supervision, ranging from traditional, unstructured approaches to more structured, competency-based frameworks (Milne, 2009), there is a paucity of research on the effects of a structured clinical supervision programme specifically tailored to address therapists' own relational difficulties, attachment styles, and resulting relationship preconceptions. The present study aims to address this gap by developing and evaluating a structured

clinical supervision programme designed to enhance therapists' understanding of their own relational experiences and their potential impact on the therapeutic process.

METHODOLOGY

Participants: The study included a total of 30 therapists (18 females, 12 males) with an average age of 38.4 years (SD = 9.3). The therapists had a range of experience, with a mean of 8.7 years (SD = 5.2). Experience levels were categorized as follows: 10 therapists had 1-5 years of experience, 12 therapists had 6-10 years of experience, and 8 therapists had more than 10 years of experience. Theoretical orientations were diverse, with 12 therapists identifying as cognitive-behavioural, 10 as psychodynamic, and 8 as person-centred.

Procedure: All participating therapists provided informed consent prior to participation. Pre-intervention assessments were conducted for both groups, including measures of self-awareness, reflexivity, and perceived effectiveness in assisting clients with relationship difficulties. Each therapist had to select the 5 newest clients with no acute mental health disorders and administer the CSQ-8 online, two times with a 6-month differential, once in the commencement of the study and once at the end of the intervention. The intervention group then underwent the structured clinical supervision programme, consisted of weekly, 60-minute sessions over a 24-week period. The control group continued with their regular weekly 60-minute supervision during this time. Post-intervention assessments were administered to both groups to evaluate changes in therapists' self-awareness, reflexivity, and perceived effectiveness. Additionally, the Working Alliance Inventory (WAI; Horvath & Greenberg, 1989) was utilized to assess the quality of the therapeutic alliance between therapists and their clients. To further evaluate the impact of the intervention on therapists' practice, the Therapist Self-Efficacy Scale (TSES; Lent *et al*., 2006) was used to measure therapists' confidence in their ability to manage various therapeutic situations, including addressing clients' relational concerns.Each condition included 6 CBT therapists, 5 Psychodynamic Therapists and 4 person-centred therapists.

The protocol for PRISM was as follows: Initial Assessments (2 hours): The first step of the supervision program involved administering several psychometric assessments to the therapists. These included assessments of therapists' attachment styles, relationship histories, and unresolved relationship issues.

Relational History Discussion (2 hours): Over the course of three sessions, therapists engaged in in-depth discussions of their relational histories. This included discussions of family relationships, romantic relationships, friendships, and any significant relational experiences or conflicts.

Personal Relational Variables and Client Difficulty Recognition (2 hours): Supervisors and therapists spent the next two sessions discussing how therapists' personal relational variables and experiences might influence their recognition and understanding of clients' difficulties. They explored any potential biases, preconceptions, or blind spots that could affect their therapeutic interventions.

Personal Relational Variables in Therapeutic Relationships (4 hours): The following two sessions were devoted to discussing how therapists' personal relational variables might manifest in the therapeutic relationship. They explored how these variables could potentially impact therapists' interactions with clients, the therapeutic alliance, and the overall therapeutic process.

Case-by-Case Examination (6 hours): Supervisors and therapists then spent the next three sessions engaging in a detailed, case-by-case examination of therapists' current clients. They discussed how therapists' relational variables and experiences might be influencing their understanding of these clients' difficulties, their therapeutic interventions, and the therapeutic relationship.

Goal Setting (2 hours): Supervisors and therapists spent the next session setting specific, measurable, achievable, relevant, and time-bound (SMART) goals for each client. These goals were tailored to the specific relational difficulties of each client and were informed by the insights gained from the previous sessions.

Technique Selection and Implementation (4 hours): In the following two sessions, supervisors and therapists discussed and selected appropriate therapeutic techniques for each client, based on the previously set goals. They also discussed strategies for implementing these techniques in therapy sessions.

Supervisor-Supervisee Relationship (2 hours): The final session of the supervision program was dedicated to discussing the supervisor-supervisee relationship. This included discussions of the ways in which this relationship mirrored other relationships in therapists' lives addressing any potential issues that may reflect obstacles in psychotherapy as well as discussions on strategies for maintaining a productive and supportive supervisory relationship. Throughout the program, supervisors provided ongoing feedback and support to therapists. They also modelled reflexivity and self-awareness, encouraging therapists to continually reflect on their own relational variables and their impact on the therapeutic process. Furthermore, supervisors encouraged therapists to maintain a curious, open, and non-defensive stance towards feedback and self-reflection, promoting an environment of ongoing learning and professional development. The ultimate goal of this supervision program was to foster greater self-awareness and reflexivity among therapists, thereby enhancing their effectiveness in working with clients presenting with relationship difficulties.

MATERIALS

1. **Demographic questionnaire:** A demographic questionnaire was administered to collect information about the therapists' age, gender, ethnicity, years of experience, and theoretical orientation.
2. **Self-Awareness and Consciousness Scale (SACS):** The SACS (Parker *et al*., 2003) is a 20-item self-report measure that assesses therapists' level of self-awareness. Items are rated on a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree), with higher scores indicating higher levels of self-awareness.
3. **Reflexivity Scale (RS):** The RS (Grant *et al*., 2012) is a 15-item self-report measure that assesses therapists' level of reflexivity, or the ability to critically reflect on their thoughts, feelings, and actions in therapy. Items are rated on a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree), with higher scores indicating higher levels of reflexivity.
4. **Therapist Self-Efficacy Scale (TSES):** The TSES (Friedlander *et al*., 2006) is a 10-item self-report measure that assesses therapists' confidence in their ability to perform therapeutic tasks. Items are rated on a 7-point Likert scale from 1 (not at all confident) to 7 (extremely confident), with higher scores indicating higher levels of self-efficacy.
5. **Perceived Effectiveness Scale (PES):** The PES (Stiles *et al*., 2002) is a single-item self-report measure that asks therapists to rate their overall perceived effectiveness in their work with clients on a 10-point Likert scale from 1 (not at all effective) to 10 (extremely effective).
6. **Client Satisfaction Questionnaire (CSQ-8):** The CSQ-8 (Larsen *et al*., 1979) is an 8-item self-report measure that assesses clients' satisfaction with the therapy they received. Items are rated on a 4-point Likert scale, with higher scores indicating higher levels of satisfaction.
7. **Working Alliance Inventory (WAI):** The WAI (Horvath & Greenberg, 1989) is a 36-item self-report measure that assesses the quality of the therapeutic alliance between clients and

therapists. Items are rated on a 7-point Likert scale from 1 (never) to 7 (always), with higher scores indicating a stronger therapeutic alliance.

These materials were used to evaluate the outcomes of the intervention and to investigate the effects of the structured clinical supervision program on therapists and their clients.

Data analysis: Descriptive statistics were calculated for all variables. Chi-square tests were used to determine if there were significant differences between the experimental and control groups on categorical demographic variables at baseline (i.e., gender and theoretical orientation). Independent t-tests were used to compare continuous demographic variables (i.e., age and years of experience) between the groups. Mixed-model Analysis of Variance (ANOVA) was used to evaluate the changes in self-awareness, reflexivity, therapist self-efficacy, perceived effectiveness, and client outcomes from pre- to post-intervention within and between the two groups.

RESULTS

Demographic Analyses: Chi-square tests confirmed no significant differences between the experimental and control groups in terms of gender, $\chi^2(1, N = 30) = 0.28$, $p = .598$, and theoretical orientation, $\chi^2(2, N = 30) = 0.33$, $p = .847$, at the baseline. Independent t-tests revealed no significant differences between the groups in terms of age, $t(28) = -0.39$, $p = .699$, and years of experience, $t(28) = 0.12$, $p = .906$. This indicated that the random assignment of therapists to groups was successful in creating comparable experimental and control conditions at the outset of the study.

Primary Outcome Analyses: Changes in therapists' self-awareness, reflexivity, therapist self-efficacy, and perceived effectiveness were assessed using mixed-model ANOVA, which took into account the pre- and post-intervention measures and the two groups. Significant interaction effects were observed in all primary outcomes, which indicated that the changes in these variables from pre- to post-intervention were significantly different between the experimental and control groups. Specifically, for self-awareness, there was a significant interaction effect, $F(1, 28) = 15.32$, $p < .001$, $\eta^2 = .35$, with PRISM group showing a significantly greater increase in self-awareness scores from pre- (M = 58.2, SD = 4.8) to post-intervention (M = 64.9, SD = 4.5), compared to the control group, which showed a modest increase (pre: M = 58.5, SD = 5.1; post: M = 60.2, SD = 5.0). For reflexivity, there was also a significant interaction effect, $F(1, 28) = 8.73$, $p = .006$, $\eta^2 = .24$. The experimental group showed a significantly greater increase in reflexivity scores from pre- (M = 48.1, SD = 3.6) to post-intervention (M = 53.9, SD = 3.8), compared to the control group, which showed a small increase (pre: M = 48.7, SD = 3.7; post: M = 50.1, SD = 3.7). Therapist self-efficacy also revealed a significant interaction effect, $F(1, 28) = 11.91$, $p = .002$, $\eta^2 = .30$. The experimental group displayed a more pronounced increase in therapist self-efficacy scores from pre- (M = 48.6, SD = 4.1) to post-intervention (M = 55.2, SD = 4.3), in contrast to the control group, which showed a slight increase (pre: M = 49.2, SD = 4.2; post: M = 51.0, SD = 4.2). Lastly, for perceived effectiveness, a significant interaction effect was observed, $F(1, 28) = 7.51$, $p = .01$, $\eta^2 = .21$. Again, the experimental group showed a significantly larger increase in perceived effectiveness scores from pre- (M = 6.5, SD = 0.9) to post-intervention (M = 7.6, SD = 0.8), compared to the control group, which showed a minor increase (pre: M = 6.6, SD = 0.8; post: M = 6.8, SD = 0.7).

Secondary Outcome Analyses: Regarding client outcomes, repeated measures ANOVA with two time points (pre- and post-intervention) and two groups (experimental and control) were conducted for both client satisfaction and therapeutic alliance. The results revealed significant interaction effects for both outcomes. For client satisfaction, a significant interaction effect was found, $F(1, 148) = 9.22$, $p = .003$, $\eta^2 = .06$. Clients of therapists in the experimental group reported a significantly greater increase in satisfaction from pre- (M = 24.5, SD = 2.9) to post-intervention (M = 27.6, SD = 2.7), compared to clients of therapists in the control group (pre: M = 24.7, SD = 2.8; post: M = 25.3, SD = 2.7). Similarly, for therapeutic alliance, a significant interaction effect was observed, $F(1, 148) = 5.85$, $p = .017$, $\eta^2 = .04$. Clients of therapists in the experimental group reported a significantly greater increase in therapeutic alliance scores from pre- (M = 164.8, SD = 15.1) to post-intervention (M = 174.9, SD = 14.3), compared to clients of therapists in the control group (pre: M = 165.4, SD = 14.8; post: M = 167.6, SD = 14.7).

DISCUSSION

The results of this study provide preliminary evidence for the potential benefits of a structured clinical supervision program focused on addressing therapists' own relational experiences and their potential impact on the therapeutic process. The intervention led to significant improvements in self-awareness, reflexivity, therapist self-efficacy, and perceived effectiveness among therapists in the experimental group. Additionally, clients of therapists in the experimental group reported significant increases in satisfaction with therapy and a stronger therapeutic alliance, suggesting that the intervention may also have a positive impact on client outcomes. However, it is important to acknowledge the limitations of the study. First, the sample size was relatively small, consisting of only 30 therapists and 4 supervisors. This limits the generalizability of the findings, and future research with larger samples is needed to further validate the effectiveness of the intervention. Second, the study design did not include a blind assessment, which may introduce potential biases in the evaluation of the intervention. It is recommended that future studies employ a double-blind design to minimize potential biases in outcome assessments.Moreover, the study relied on self-report measures to evaluate therapist outcomes, which may be subject to social desirability bias. Utilizing additional objective measures, such as independent evaluations of therapists' skills and techniques or video-recorded therapy sessions, could provide a more comprehensive understanding of the intervention's effects. Despite these limitations, the findings of this study are promising, suggesting that a supervision model that focuses on therapists' personal and relational insights may improve their self-awareness, reflexivity, and perceived effectiveness in working with clients experiencing relationship difficulties. Furthermore, the improvements in client satisfaction and therapeutic alliance indicate that this intervention may have broader implications for the quality of mental health services.In conclusion, this study highlights the potential benefits of a structured clinical supervision program that addresses therapists' own relational experiences and their impact on the therapeutic process. While more research is needed to confirm and expand upon these findings, the present study offers valuable insights for enhancing clinical supervision practices and improving outcomes for both therapists and clients.

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