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OVERSEEING THE PARALLEL PROCESS IN SOCIAL WORK

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Summary

The parallel process has been and continues to be a controversial topic of interest in psychotherapy, and has been extended to social work supervision. The aim of the paper is to provide some guidelines for the supervisor and the supervisee to intervene in the situation following the awareness of the parallel process in supervision and to prevent the emergence of the parallel process in supervision in psychotherapy and social work supervision, with the adoption of a relational stance in psychotherapy and supervision. In this regard we adapted Ladany et all's Model (2005) and designed an Insight Sheet useful in psychotherapy, social work and supervision for the development of relational breathing competence. The theme of parallel process is a theme that we consider to be a necessary theme in psychotherapy and supervision training curricula.

Keywords: ***parallel process, supervision, social work supervision, insight.***

Introduction

Supervision in all professional fields, including social work is essential for the provision of quality professional practice, effective decision making and the wellbeing of social workers (Carpenter et al., 2013). Reflective practice is integral to effective supervision and yet studies on reflective practice, including studies on parallel processes are still underrepresented and their operationalization , their implementation in practice are still inconsistent (Ravalier et al.,

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2023; Wilkins et al., 2017). Possibly, this shortcoming explains the gap between the importance of supervision in social work and the reality of practice and refers to the awareness of the dominance of managerial approaches centered on a public management, concern for risk and management accountability (Bedoe, 2010; Turner-Daly & Jack, 2017).

Smith (2024) mentioned that social work supervision takes two forms: dyadic social work supervision (between a social worker and their manager) or in a group format where several social workers, sometimes other professionals receive supervision from their manager or another professional (Sewell, 2018). Social workers may also receive supervision from the perspective of taking on the role of a psychotherapist when they are trained as psychotherapists.

Parallel process in psychotherapy and social work

Any behavior that is repeated is not consciously aware by the therapist, rather the therapist unconsciously expresses elements of one relationship in another relationship (Bernard & Goodyear, 2009; Koltz et al., 2012). The parallel process can be bottom-up, bottom-up, when the therapist brings into the supervision client-therapist dynamic or top-down, when the therapist brings into the client therapy the supervisor-supervisee dynamic. So parallel processes can be bidirectional. The mechanisms by which the parallel process occurs are transference and countertransference, in which an individual is unconsciously influenced by similarities between his own and others reactions (Jacobson,2007). Hughes and Pengelly (1997) use the term mirroring: problems originating in the service user (client/beneficiary) are projected by transference into the relationship between the service user (beneficiary) and the worker (social worker), and then these problems are brought into the supervision session and are involuntarily replayed. The parallel process is a form of unconscious communication similar to transference and countertransference, which when interpreted provides important information about the original relationship from which it originates (Morrissey & Tribe, 2001; Tracey et al., 2012).

Delucia et al. (1989) and Bernard and Goodyear (2009) use the concept of *re-enactment* to explain the presence of the parallel process, describing how various impasses, resistances and other distortions in the therapist-client relationship manifest in supervision. Hawkins and Shohet (2012) argue that this re-enactment serves two purposes; one is that it is a form of discharge - I will do to you what was done to me and you will see how you like it; and the second is that it is an attempt to solve the problem by re-enacting it within the here and now relationship (p. 99).

Friedlander et al. (1989) described parallel processes as a phenomenon in which "supervisees" unconsciously present themselves to supervisors as their clients have presented themselves to them.

The supervisory relationship is a relationship built between three actors: client/beneficiary, therapist/supervised social worker and supervisor, with two explicit relationships (therapist/supervised social worker-client/beneficiary and therapist/supervised social worker-supervisor), and the common person is, in turn, the client/beneficiary and the therapist/social worker. The three parties influence each other, "unforeseen" interactions occur, and these interactions are analyzed and interpreted. However, many of them escape conscious control (of the therapist to bring them verbally, consciously into supervision) and not all of them are important (Vîșcu, 2018).

Parallel processes are useful in supervision from two points of view (Russel et al., 1984, apud op. cit. p. 267): the more the supervised therapist realizes the existence of parallel processes in his/her relationship with the client and with the supervisor, the more the understanding of the client's problems increases.

Then, we understand the importance of reflection in the therapeutic process, the more the processes are developed, the more the supervised therapist learns how to interact with the client in the same way he interacted with the supervisor.

For example, if a therapist is working with a depressed or agitated client, he or she may bring depressed or agitated manifestations to the supervision. There have been numerous occasions where colleagues in supervision have presented the case in a confusing manner, which does not characterize them, and the confusion is conveyed to us as supervisors.

Parallel processes are a "never-ending surprise", because there is an unrealistic assumption that "the teaching and learning of psychotherapy should essentially contain rational elements" (Eckstein, Wallerstein, 1972). Frawley O'Dea and Sarnat (2001, p. 182) state:

> "*The central conceptualization of the synthetic parallel process is a configuration of transference and countertransference, which may occur in the treatment of the supervised therapist in supervision. At this point, the relational pattern at play is unrecognized by members of the dyad. It is not available for conscious elaboration, discussion, signification or negotiation, because it has been verbally formulated by one of the dyad parties. The supervised therapist, being the shared member of both dyads, non-verbally exerts relational pressure on the member of the other dyad to enact a transferential and countertransferential matrix with the supervised therapist, in the unconscious*

> *hope that someone can contain, enact, process, and put into words what is now happening in both dyads. The key to synthetic parallel processes is that both the treatment and the supervisee dyads enact simian relational constellations.*" (apud Bernard, Goodyear, 2017, p. 269).

In the same category can also be included the pseudo parallel processes, described by Mothersole (1999), emphasized in the situation in which unresolved problems in the supervised therapist's work are transmitted in both directions, affecting both the therapeutic and the supervising relationship. However, one cannot speak of a parallel process, only the appearance of one.

Parallel processes have been explained in different ways, but also as bottom-up processes (Bernard, Goodyear, 2017, pp. 267-268):

- the therapist identifies with the client and produces in the supervisor reactions similar to those experienced with the client;
- unconsciously, the therapist reflectively states the client's problem (as the client has stated the problem, so he/she conveys it to the supervisor);
- the therapist selects only part of the client's problem. That part is similar to a personal problem of the therapist and is therefore exposed to the supervisor;
- the therapist translates the content not verbalized by the client into the act of the supervisor;
- at the beginning of the supervision, the therapist selects those learning problems from the client's discourse that are common and known to both;
- parallel processes are like rehearsals;
- in parallel processes, intercultural differences are noticeable when therapist, client and supervisor come from different cultural backgrounds.

The process put on the same list as parallel processes, isomorphism, is a concept introduced by structural and strategic family therapists, showing the inter-relational and structural similarities between therapy and supervision.

Abroms (1977) brought together the concepts of parallel process and isomorphism in the term meta-transference: 'to think in terms of meta-transference is to think in parallel structures at different levels of abstraction, that is, to recognize "the multi-layered mirroring of inter-relational processes" (p. 93).

Supervision is isomorphic to therapy, but not identical to it. Similarities are important to make the work of therapy and supervision effective. There are common rules that apply to both therapy and supervision: client and therapist are accompanied, goals are set in therapy and

supervision, consequences of environmental influences on therapy and supervision are taken into account, etc.

Isomorphism is essential for family system-oriented supervisors.

Parallel process in social care supervision

Searles (1955) referred to the parallel process as a "mirroring process" whereby dynamics in one relation appeared repeated in another relation, thus he identified isomorphic patterns, i.e. connected patterns of similarity in processes and structures between two entities. Ekstein and Wallerstein (1958), who coined the term "parallel process". The parallel process has been developed by several disciplines and theoretical approaches and psychotherapeutic orientations (counseling, marital therapy, systemic therapy, psychoanalysis, integrative psychotherapy, etc.). As a result, the parallel process is often presented "as an almost mystical phenomenon" (Bernard & Goodyear, 2009, p. 153). The study of the parallel process began in psychotherapy, specifically psychoanalysis, and was later extended to social work. There is currently no consensus in defining parallel process in social work supervision.

Kadushin and Harkness (2002) and Shulman (2020) have highlighted the parallel process in social work as a powerful pedagogical strategy in supervision. In the paper *Newer Directions for Parallel Process in Social Work Supervision,* Stein, Cullen (2024) conduct a review of the causal factors of parallel process in social work supervision. Thus, while in early work on the parallel process the key factor was identification as a defense mechanism of the ego, later work has focused on other factors, such as projective identification, countertransference and repetition compulsion, empathy, trauma reenactment dynamics and recent work in neurobiology. In the literature on social work supervision issues of race, ethnicity, gender, sexual orientation, disability, class, socioeconomic status, age, religion and other factors that, until the last decade, were apparently absent from the literature on parallel processes. The aforementioned factors can have a powerful impact, "both as a vehicle for the transmission of prejudice and as a means of identifying and reducing prejudicial practices" (Zetzer, 2015, p. 20). Parallel bottom-up and top-down processes are situated at the intersections of the identities and positionalities of the supervisor, the supervisee and the client. Zetzer (2015) highlights the phenomena of microaggressions, microinsults, and microinvalidations, concepts introduced by Sue et al. (2007) and Sue (2010), these are also future research topics for the multicultural exploration of parallel processes.

The view promoted for years that the parallel process is an unconscious phenomenon has been complemented by bringing Bandura's Social Learning Theory into the field of parallel process,

trauma-informed practice (neurobiology research).

a. Parallel processing and behavioral modeling

Bandura's social learning theory states that "new patterns of behavior can be obtained by observing the behavior of others" (p.3). Stein and Cullen (2024) delineate between the two concepts of modeling and parallel process, with modeling in social work supervision being viewed from the perspective of the supervisor's pedagogical interventions as facilitating the supervisee's learning. Searles (1955) developed the concept of parallel process when reflecting on the role of emotions in the supervision of a therapist; he became aware of a negative evaluation of the supervisee, who had previously been positively evaluated. Emotions had their origin in the therapist-patient dialog and then, were reflected in the therapist-supervisor dialog, the supervised therapist transferred the client's unresolved conflicts to the supervisee. Searles differentiated reflected emotions from classic countertransference reactions. When these dynamics are understood they become a source of insight into what unfolds in therapy. When the supervisor's countertransference is not recognized, it can over-identify with the client's defense against anxiety. Watkins (2017), "The parallel process can be conceptualized as a form of triadic enactment - a chain of enactment in which the linking link is the supervisor" (p. 507) (apud Stein, Cullen, 2024).

Doehrman (1976) first talked about the bidirectionality of the parallel process, which can take many forms. For example, the bottom-up parallel process unfolds as follows: in the therapeutic dialog, the client's unconscious conflicts are brought into the scene through the therapist's empathy and identification with the client. The case is brought into the supervision by the therapist, the therapist presents his or her difficulties and thus reenacts this experience with the supervisor. The parallel top-down process is realized in this way: the supervisor, as a result of the supervised therapist's reenactment of the experience in therapy, involuntarily plays the role of the therapist and will respond to the supervisor as if he or she were the client (Doehrman, 1976; Frawley-O'Dea & Sarnat, 2001).

Returning to modeling in social work supervision, supervisees through observational learning or learning by modeling will develop certain responses that they will later use in social interactions. The concept of modeling was developed by Bandura and Walters (1963) Bandura (1983) emphasized that cognitions are central to human development and influence the way people perceive, interpret, evaluate, and react to environmental stimuli. By cognitively evaluating observed behaviors in the supervisor, the supervisor will correct his or her behavior and reduce errors and behave with his or her clients in ways that mimic the supervisor's

behavior. The difference between the parallel process and modeling by learning is as follows: the parallel process involves an unconscious reaction, while modeling involves a conscious motivation, the supervisor is motivated to learn. Modeling explains the supervisee's imitation of the supervisor in office practice or in the social worker's interaction with his/her client/clients. Modeling begins with imitation of the supervisor's behavior. In fact, it is through imitation, modeling and involvement of the cognitions of the supervisee that the therapist's self is constituted, which initially takes the form of the "supervisor, and later on will be "filled" with the supervisor's experience.

b. Parallel process and research in neurobiology, trauma and relational approaches

Siegel (2020) mentions "resonance circuits" as sets of interconnected regions of neurons, thanks to which we tune and align our states with others. The tuning capacity is related to mirror neurons. These neurons connect our perceptions of what others do with our own behaviors and feelings. Siegel mentioned that mirror neurons create interoceptive maps that mirror or reflect what is going on inside someone else, making compassion and empathy possible. Searles (1955) notes that 'mirrored' emotions underlie the parallel process and as emotions are primarily unconscious processes, they prepare us for action without our awareness (Siegel, 2020). Analogously, our unconscious reactions influence our decisions outside of our awareness.

In supervision the brain of the supervisor receives information due to the interaction with the supervisee, producing reactions in the body of the supervisee, reactions that reflect the state of the supervisee. The information reaches the prefrontal cortex of the supervisee, the resonance circuit is completed, thus the empathic harmonization with the supervisee is made. The parallel process goes like this: in therapy the therapist and the client exchange energy/emotional communication, the therapist takes the energy, brings it into the dialog in the supervision. Note: the communication coming from the client is not adequately processed in the prefrontal cortex of the supervised therapist nor the supervisor (Stein, Cullen, 2024).

Siegel (2020) offers the following explanation. If a child has not had sufficient right-hemisphere interpersonal resonance with their caregivers in the first three years of life, then both the right hemisphere and the connections between the right and left hemispheres will underdevelop (apud, Stein, Cullen, 2024).

In the dynamics of parallel processes an important role is also played by: influences from the social environment and the brain's failure to process trauma (there are processing difficulties in the amygdala, instead of processing in the higher level of the prefrontal cortex). Evidence

from neurobiology also provides explanations for the mechanisms of identification, projection, projective identification (Cozolino&Santos, 2014) with key role in the dynamics of parallel processes.

Supervisors who work with therapists, social workers who have traumatized clients both they and the supervisee go through disturbing experiences (Frawley-O'Dea, 1997). The supervisor and the supervisee enact dyadic constellations of trauma identity. Miehls (2010) is a proponent of relational theories of supervisees questioning the universal nature of parallel processes. Miller and Twomey (1999) suggest that we need to question the emergence and significance of the parallel process "because it does not adequately account for the intersubjective field and the broader relational dynamics that influence all participants. An examination from a relational perspective of the parallelisms that may arise in a supervisory situation can provide a deeper appreciation of the complexities involved in any clinical encounter and thus serve as a cautionary note in applying excessive theorizing to unwieldy facts" (p. 566) (Apud Miehls, 2010). Miehls (2010) emphasizes the importance necessary to understand the Victim-Persecutor-Observer (stander) triangle in order to understand trauma; a victim in this dynamic is the survivor of trauma who has been harmed by the persecutor, and a bystander is that someone present during the traumatic event who either failed to help or remained detached or uninvolved (Basham, 2022, p. 387).

Relational supervision

If the therapist is a survivor of childhood trauma, manifestations of transference and countertransference occur in therapy. The supervised therapist may assume a masochistic stance towards clients, with sadistic attacks on clients (Davies, Frawley, 1994) or the supervised therapist plays the role of the zealous rescuer or spectator from his or her own history. If they cannot afford a saving attitude, supervised therapists will express anger or frustration in transference relationships. Trauma survivors enact the triadic Victim-Persecutor-Stander Self (observatory) through projective identification actions. The survivor does not remain fixated on one aspect of the Triadic Self, moving from one identity to another (Basham and Miehls 2004). The Triadic Self is a possibility to examine how the supervisee relationship can also be captured in the Triadic Self.

The relational supervisor is aware of the authorized power acquired through his or her status as supervisor and the influence he or she has over the supervisee. When the supervisor radically changes his or her view of the client, the supervisor realizes this and wonders whether the supervisor is trying to please the client. Such a change cannot lead to an understanding of the

client's problems and needs in therapy. The supervisor wonders whether this change is not due to his "expertise" imposed on the therapist. In the relational view of supervision, the therapist and the supervisee together construct the vision of the client for the client's benefit. A relational supervision entails (Miehls, 2010):

- Continuous supervisor-supervisee dialog to explore difficulties, mutual transfers in supervision,
- Listening attentively to the transfers in the supervision, only in this way empathy with the latent and manifest content is transmitted to what the supervisor communicates,
- Supervision should achieve educational and therapeutic goals for the supervisee and the client;
- Supervision should facilitate cognitive and affective learning and have permeable boundaries between personal and professional development and personality change,
- The selective development of countertransference from supervisor to supervisee has a beneficial effect on the relationship of the supervisor with the client,
- The supervisor "teaches" by example, but has a moral obligation to recognize his/her own anxieties, conflicts and not to project them onto the supervisee,
- The supervisor needs to be allowed a space to explore their feelings and reactions to the supervisor,
- The relational supervisor chooses to explore sociocultural factors such as race, gender, social class to better understand the supervisory relationship. Relational clinical practice is influenced by one's social identities, societal factors (Goldstein et al, 2009),
- The supervisor encourages supervisees to pay attention to the primary material delivered in the supervision through dreams, somatic states, fantasies, dissociative experiences, etc., and these materials will be discussed in the supervision,
- Frawley-O'Dea (2003) does not advocate an everything is permissible approach in supervision but suggests caution in pursuing the supervisor's personal transactions, the boundaries between supervisor and supervisee are co-constructed but the supervisee has the power to decide the extent of personal issues. A supervisor will be cautious if the supervisee has not followed his or her own personal path or is not continuing it.

In relational supervision the supervisory relationship is the place where if there is honest problem-solving between supervisor and supervisee, then the supervisee also has a model for problem-solving with the client. The social worker supervisor will encounter cases presented by the supervisee in the realm of death, existential essentials, with clients in stages of terminal illness, with clients or supervisees who have suffered loss. Training of the social worker

supervisor and the therapist/social worker supervisee are essential in working with such cases; unresolved issues and conflicts of the supervisee and the supervisee quickly surface in the supervisory relationship.

How are parallel processes reported and what is done?

From the integrative relational psychotherapeutic practice of the authors, observations and reflections will be summarized as follows:

- Supervisee observation of verbal and nonverbal behavior, mimicry, gestures.

a. The supervisor has known the supervisee for some time, has information about the supervisor's way of being and behavior

During the presentation of the case by the supervisee, the verbal and nonverbal behavior of the supervisee shows changes that do not characterize him: either he becomes absent and detached in the narration, sullen, agitated, sad, with pauses in speech. The supervisor becomes attentive to these verbal and non-verbal behaviors, to the mimicry, to the body expression, to everything that attracts his/her attention in the sense that he/she "does not recognize" the supervisee. If he/she notices these small behavioral changes, the supervisor discusses what he/she observes, seeks explanations together with the supervisee as to why he/she behaves in this way. The discussion moves towards: the supervisee's awareness of the behavior, at what point in the therapy/interaction with the client "something" happened (at the beginning, middle, end of the therapy), what was discussed then, what was the client's body posture, what was the therapist thinking about, how present was the therapist in the therapeutic relationship. The supervisee's awareness of what was presented may delay and cause him to react, to deny, to become agitated. The supervisor retains and will direct the dialog to times in the client's therapy when the client may have behaved this way. Direct confrontations of the supervised therapist with those noticed by the supervisor are recommended to be practiced less frequently and we suggest that the supervisor ask questions from close to close: When your client was... (describing the behavior of the supervised therapist from the supervisory dialogue). The supervisor reflects through questions the behavior of the supervisee, helps the supervisee to acquire self-awarenesses in the here and now of the supervisory relationship. The awareness of the supervised therapist/social worker is also with reference to his/her similarities with the client regarding possible unresolved problems. Here, another trap is for the supervisor to turn supervision into therapy but, it is the role of the supervisor to stop in time and recommend individual therapy to the supervisee. One wonders whether turning supervision into therapy is not a parallel process, the supervisor behaves with the supervisee as the therapist with the

client. Another source to avoid the two actors, the supervisor and the supervisee, from entering into a parallel process is to insist on the formulation and reformulation of the supervision needs mentioned by the supervised therapist, a situation recommended also if the supervisor knows the supervisee or when the supervisor does not know the supervisee, has not interacted with the supervised therapist/social worker until the moment of the supervision. The following will detail the situation with emphasis on the formulation and reformulation of supervision needs

- Formulating and reformulating supervision needs.

b. The supervisee does not know or knows little enough the supervised therapist

The formulation of supervision needs is actually the start of a supervision session, either individual or group. Supervision needs are the expression of the problems that the supervisee has (Vîșcu, Watkins, 2021; Vîșcu, Cădariu, Watkins, 2023). Supervision needs can be conscious as the expression of verbalizations of problems but they can also be unconscious or partially unconscious, with the interference of emotions. And then, the very formulation of needs for supervision is the expression of parallel processes. In order to bring clarification to the supervisor and the supervisee, it is recommended to reformulate the needs for supervision and to help the supervisor by asking questions: is your need for supervision related to the therapeutic relationship, to the technique or to yourself, what would you like to discover about yourself in relation to this case? Or ...so far I have noticed several supervision needs formulated by you, (the supervisor synthesizes and mentions them, keeping the words of the supervisor), which one would you like to dwell on? Formulating and rephrasing the needs of supervision provides structure to the supervision session, a structure that is especially useful at the beginning of the supervision process when supervisees are anxious. In order to achieve the reformulation of supervision needs the supervisor will adopt an understanding, patient, supportive style of interacting with the supervisee. The supervisee's awareness of the clarification of supervision needs reduces the risk of parallel processes and does not cause the supervision session to become disorganized.

- Self-observation and self-analysis of the supervisor's behavior

We believe that keeping the supervisor's attention on his own behavior, on the behavior of the supervisee and on what is happening in the supervisory relationship is the expression of a professional training as a supervisor, of a continuous professional training and the way to diminish the occurrence of parallel processes in supervision. The activity of mirror neurons, neurobiological manifestations explain the presence of parallel processes, but the supervisor feels and puts into words what the supervisee experiences and feels. Awareness of changes within the being of the supervisor and their verbalization also attracts the awareness of the

supervisee. The transpositions in the act are the consequence of the projective identifications of the supervisee, and it is the supervisor who is the first to perceive and to retrace in dialog with the supervisee the path of identifications and projections. Obviously, not every change or sensation that the supervisor becomes aware of is a transposition into act. Once again, the focus on the moment in the supervision when the changes are experienced, correlated with the moment in the therapy, with what the therapist and the client think and experience, sheds light and explains the parallel process, the delimitation of transference and countertransference.

- Training and continuous professional development of the supervisor and the supervisee

About the parallel process in psychotherapy, social work is learned in trainings in various therapeutic orientations, in training programs for supervisors c should be a prerequisite for becoming a supervisor. But, the parallel process conscientized and transformed into a learning situation under the guidance of the supervisor is the best pedagogical method of teaching and explaining. So, therapeutic practice, supervisory practice are the most appropriate ways to get in touch with the parallel process. As the problems of clients, therapists, social workers, supervisors are infinite, hence the possibility of parallel process cannot be stopped. The initial and continuing training programs of therapists, social workers and therapists should not omit from their curricula information about what a parallel process entails and how it can be stopped before it generates the effect of distancing from the client, of transforming the therapy into the therapist's own therapy, of "using" the client and in fact, of behaving contrary to professional ethics and deontology. We consider that parallel processes occur but the therapist has the possibility to be taught how to recognize them and after becoming aware of them to transform them into sources of learning and working for the benefit of the client/beneficiary and not least for his/her own benefit.

- Focusing the supervisor on the characteristics of the organization in which the supervisee works

One way to prevent and cope with the emergence of the parallel process is for the therapist, the social worker to focus on the therapeutic relationship, the relationship with the beneficiary: the characteristics of the relationship, empathy in the relationship, compassion, presence, etc. A high anxiety of the specialist in relation to a beneficiary contributes to the therapist's, social worker's haste to "solve" the beneficiary's problem, a problem that may be his own and not necessarily the beneficiary's. But, the rush to "solve the case" is the consequence of pressures generated by a high performance management of the organization where the therapist/social worker works. The high workload, the pressures of an organizational management that demands performance, push the social worker on the road to exhaustion. Hence the social

worker's empowerment in stress management, self-compassion, the ability to cope with professional burnout and not to give up the social work profession. The value conflicts between the social worker and the organization can spill over into the social worker's relationship with the client as well as into the supervisory relationship. Dealing with value conflicts in supervision helps the social worker/therapist to better understand his/her place and role in the organization, to deal with the assimilation and integration of the values in social work and in the organization into his/her own value system. The integration of values is an ethical desideratum of the specialist with positive effects in avoiding parallel process.

- Supervised development of relational breathing competence. Ladany et al's critical events model (2005)

The relational breathing competence of the supervisor and supervisee is necessary in therapy and supervision and is developed by understanding the role of the supervisory and therapeutic relationship (Vîșcu, Cădariu, Watkins, 2023). Relational breathing is developed in the therapist and supervisor through training programs and by developing insight in therapy and supervision (Vîșcu, Cădariu, Watkins, Pintea, 2024).

Ladany et al (Ladany, Friedlander and Nelson (2005) consider that the insight of the supervisee brings about a change in the supervisee's relationships with self and the world in the present and future. The supervisee must be helped by the supervisor to cognitively and emotionally understand how his or her behavioral style of being influences a client's reactions and therapy in general. The supervisee's understanding and insight will also determine the supervisor's adjustment of the style to meet the client's needs. Ladany et al's (2005) model is a relational model of supervision that brings the parallel process into consideration and helps to raise awareness of the insight of the supervisee. The characteristics of the proposed model are: it presents the similarities and differences between psychotherapy and supervision, it has general applicability regardless of therapeutic orientation, it takes into account the contributions of the supervisor and the supervisee, it emphasizes the supervisee's development, it considers the supervision session as a sequence of events with a beginning, middle and end, it brings into discussion critical events in therapy and supervision, it introduces the concept of marker and working environment and each critical event has three phases (marker, working environment and resolution). The marker is that problem, need for supervision expressed explicitly or implicitly by the supervisee. In the case narrative, the supervisee may skip over some cues from the client's therapy, mention them in the case presentation but do not dwell on them. In the dialogue between supervisor and supervisee, such oversights constitute clues for markers to be discussed in the supervision. The supervisor's insistence on the deciphering of the marker, on

the awareness of what constitutes to be a problem in therapy and in supervision prevents the emergence or the awareness of the supervisor and supervisee of the situating of the two in a parallel process.

The task environment (Ladany, Friedlander, & Nelson, 2005) consists of the totality of the interaction sequences between supervisor and supervisee. The authors of the model include 12 interaction sequences: focus on the supervisory alliance, focus on the therapeutic process, exploration of feelings, focus on countertransference, participation in the parallel process, focus on self-efficacy, normalization of experience, focus on skills, assessment of knowledge, focus on multicultural awareness, focus on evaluation, and case review.

At this stage, the supervisor's attention is centered on exploring the feelings of the supervisee to get to the emotional components of the insight through:

- Emphasize the link between the affect of the supervisee and their cognitive understanding;
- Emphasizing the identified countertransference, transference, parallel processes, and with the identification of parallel processes, the supervisor also provides the supervisee with a corrective emotional experience.

Ladany's critical events model identifies 5 behaviors that would characterize the supervisor-supervisee relationship. We have included these 5 behaviors in the content of the competency entitled relational breathing of the supervisor (Vîșcu, Cădariu, Watkins, 2023):

- *Exploration of* feelings - the supervisor focuses here and now on the feelings of the supervisee about the client, the therapeutic process, the supervision process, the supervisee's progress, the supervisee's personal problems;
- *Focus on the* therapeutic *relationship*- the supervisor centers and invites the therapist to explicit discussions about the therapeutic relationship, goal achievement, task setting to achieve goals in therapy with the client; therapist participation and inviting the client to be a qualitative co-researcher in therapy;
- *Focus on* countertransference- the supervisor discusses with the supervisee how the supervisee's feelings or personal issues are triggers in therapy with the client if therapy has been influenced ;
- *Focus on supervisory alliance*- the supervisor discusses with the supervisee the agreement on: tasks, goals, evaluation of supervision, emotional bond between supervisor and supervisee;

- *Focus on* parallel *processes*- the supervisor is attentive to what may or may not be a parallel process in supervision, centering the supervisor on the similarities between the therapist's interactions with the client and the therapist's interactions with the supervisor.

The relational breathing competence of the supervisor and supervisee is practiced and developed in the supervision session through dialogue based on questions posed to the supervisee for: exploration of feelings, focus on the therapeutic relationship, focus on countertransference, focus on the supervisory alliance, and focus on parallel processes. A set of questions can be formulated for each of these directions (Vîșcu, Cădariu, Watkins, 2023):

Exploring feelings:

How do you feel about the client? Describe the therapeutic relationship and the moments you consider important in the relationship with the client. When did you feel most affected in therapy? Describe how you feel, what you think before, during, at the end of and after the therapy/work with the client . if you made a hierarchy of feelings towards your client, what would it be?

Focus on the therapeutic relationship:

How do you work with the client? What were the objectives, tasks in working with the client? What role has the client assigned to you as a therapist/social worker? What role do you think you had in the interaction with the client? How did you ensure, what did you do to provide safety for the client?

Focus on counter-transfer:

What was the emotion, the strongest feeling you felt towards the client? How did you manage that feeling/emotion for yourself and in therapy? What about the client how did the client experience your emotion, how did your emotion influence your emotion, the client's response to therapy/intervention afterward? What changes occurred in the client? What do you think would be the signs that you would recognize your emotion before it influenced therapy? If you looked back in time, your emotion/feelings experienced in therapy, when did you encounter them later? If you made a projection into the future, what would you do in the meantime so that they would not influence the course of therapy?

Focus on the supervisory alliance:

What did you experience before and at the moment when we set the supervision objectives and tasks in this supervision session? How did you perceived, felt me as a supervisor? What was different in this supervision session compared to other supervision sessions? What did you want and not want to tell me at the beginning of the case report? What do you think there is more to say, did you try not to mention, or did you "pack" in this supervision session?

Focus on parallel processes

If there is something unmentionable or has concerned you how to tell me about the supervisory alliance, do you consider that "something" is also present in the therapeutic relationship?

In what other situations in your life have you experienced similar emotions/feelings in your interaction with the client (identify situations in the client's story that are similar to some situations in the therapist's personal life). I invite you to focus on the moments of similarity, difference between the therapeutic relationship and the supervising relationship and provide the necessary explanations for the mentioned situations. What emotions, words, thoughts do you think were triggers for you to change/de deviate from the course of therapy/intervention with your client?

Useful for the supervisor and the supervisee for developing the relational breathing competence, facilitating insight in supervision and becoming aware of parallel processes is the Insight Sheet (Table no.1), where the five components of Ladany's Model (exploration of feelings, focus on the therapeutic relationship, on countertransference, on the supervisory alliance and on the parallel process) are presented.

Spv needs Mentioned by supervised	Explore feelings	Focus on therapeutic rel	Focus on counter-transfer	Focus on the supervisory alliance	Focus on the parallel process
Need 1....2....n					
Discoveries supervisor					
Discoveries supervisor					
Recommendations Supervisor					

Insight sheet (Source Vîșcu, Cădariu, Watkins, Pintea, 2024, p.73)

For each marker or supervision need that includes the more or less explicit marker, the five components of Ladany's model are run through the questions. The insights of the supervisor, the supervisor's supervisor, and the supervisor's recommendations (if any) are noted in the worksheet.

Conclusions and proposals

Parallel processes are topics of interest for both supervision and social work supervision, first in the field of psychotherapy and later in social work supervision. Like the countertransference in psychotherapy, which has been seen and analyzed as a "deficiency" a minus in the psychotherapist's training and later as a way to reach and better understand the client, in the same way in social work, the awareness of the parallel process is a way of self-awareness of the supervisee and the supervisor to reach and better understand the client. Not everything brought unconsciously from working with the client into working in supervision is parallel process. Our perspective on the parallel process is that a better awareness of countertransference, of transference in supervision, allows for explanations to be obtained for the benefit of the supervisor and the supervisee, and increased attention by the supervisor to the verbal, nonverbal, mimic, gestural, tone of voice, etc. behavior of the supervisee prevents the supervisor from entering into a parallel process. We believe that it is the responsibility of the supervisor to be the first to notice the occurrence of a parallel process, and if both the supervisor and the supervisee are caught in the parallel process, it is also the responsibility of the supervisor to step back and initiate the awarenesses facilitated by the supervisory relationship and alliance. Relationship-based psychotherapy, relational supervision we believe reduces the occurrence of the parallel process by focusing on the characteristics of the therapeutic relationship and the supervisory relationship. The parallel process is also a topic of interest for psychotherapy and supervision training programs. We adapted Ladany et all's (2005) model (Ladany et all, 2005) to a relational supervision and designed the Insight Sheet to assist the supervisee in making sense of the awarenesses gained from the supervisory dialogue. Thus, we do not consider the emergence of the parallel process as a deficiency in the training of a supervisor and a psychotherapist, but we consider it necessary for the supervisor to notice it and invite the supervisee to dialog in order to gain insights for the benefit of the client and the two actors in the supervisory relationship.

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