

Role-playing in cognitive behavioral supervision

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Abstract

Role-play helps the supervisor present a moment of therapy, and reflect on what has happened to the therapist to the patient and further model the therapeutic skills. Usually, the supervisor or other supervisees (in group supervision) play the patient, and the therapist plays a significant moment in the psychotherapeutic session. Supervisors or supervisees in group supervision can play the patient in different situations, and can also reverse roles when the therapist plays their patient, and the supervisor plays the therapist. Before role-playing, there is a need to set a specific goal. Playing roles in supervision can focus on (a) conceptualizing the case; (b) assessing and optimizing therapeutic strategies; (c) a better understanding of the therapeutic relationship. A specific goal needs to be set before role-playing. The technique can focus on (a) case conceptualization; (b) assessment and optimization therapeutic strategies; (c) a better understanding of the therapeutic relationship. A variety of approaches can be used for role-playings, such as pattern learning, modelling, chaining, encouragement and feedback, or psychodrama techniques such as monologue, an empty chair, role change, alter-ego, using multiple chairs or toys.

INTRODUCTION

Role-playing is one of the most popular methods used in cognitive-behavioural therapy and supervision. While lectures, reading, debate, and model observation are considered to be the most

beneficial for acquiring declarative knowledge, active approaches to learning such as role-playing, modelling through imagination, and reflective learning are considered the most effective in

acquiring procedural skills (Bennett-Levy *et al.* 2009). Role-play helps the supervisor present a moment of the therapy and reflect on what has happened to the therapist and to the patient and further model the therapeutic skills. A role-playing strategy is the most significant factor in evaluating and building therapeutic skills. It can serve for several purposes:

- (a) analyzing the behaviour of the therapist and the patient in a therapeutic situation (it is more instructive to let the therapist show how he/she behaved at some point in the therapy than to describe the situation),
- (b) practising appropriate therapeutic behaviour.

Usually, the supervisor or other supervisees (in group supervision) plays the patient, and the therapist plays themselves on a particular moment in the psychotherapeutic session. The supervisor or supervisees in group supervision can role-play different situations with the patient, often also reversing when the therapist plays their patient, and the supervisor plays the therapist. In a group, role-playing can be enriched with other approaches, such as double role-playing with multiple chairs, and so on. When role-playing with the novice therapist, the supervisor usually uses a more directive approach as the work is primarily focused on evaluating chosen therapeutic strategies and their practising. The role-playing may be more intense with advanced therapists and focus on the formation of a therapeutic relationship, on transference and counter-transference, or sophisticated therapeutic strategies.

AIMS OF ROLE-PLAYING

Role-playing in supervision can focus on:

- (1) case conceptualisation;
- (2) assessment and optimization of therapeutic strategies;
- (3) a better understanding of the therapeutic relationship.

(1) Role-playing in case conceptualization

For a deeper understanding of the patient, it can be helpful when the therapist or the supervisor plays the patient in specific (especially more complex) therapeutic situations.

Therapist: Martina tends to get angry on almost everyone. She says that it sometimes happens for no reason. For example, she says she often experiences the outbursts with her husband, and after that, she feels sorry. Similarly, almost every session, we have to deal with her anger. Is it possible for a person to rage without cause?

Supervisor: I do not know... What do you think?

Therapist: I think there must always be a cause... However, in the case of Martina, I really do not know....

Supervisor: Last time, we discussed her conceptualization... I remember she did not have a carefree childhood...

Therapist: No, she did not. Her mother was as explosive as she is now. She scolded her for every little thing, often for no reason.

This explosive behaviour, whenever she was dissatisfied, Martina learned from her.

Supervisor: You say whenever she's dissatisfied... What can disappoint her within a therapy session?

Therapist: I don't know, she's probably dissatisfied with something...

Supervisor: Can we go back to the last time she got mad at you? Do you remember what happened?

Therapist: Well, it was two weeks ago. We discussed that she had misunderstood the homework and only accomplished a small part of it. I didn't criticize her at all. I was just asking for the reasons why she didn't complete homework exercise. She suddenly got mad at me. She said that I am too demanding, slammed the door, and left. Then she wrote me an e-mail saying she was very sorry for what she did. I can understand that her anger repeats in many situations as she got angry with me like she gets angry with her husband, her child, or her colleague.

Nevertheless, it annoys me, and I am not sure that I know how to stop her repeating such behaviour...

Supervisor: Now we have at least two questions. The first is why she explodes in the session, that is, what the triggers are, and the second, which consequences are there, and whether the consequences do not reinforce the tantrums. Maybe the third question is how to respond appropriately to her tantrum. The initial questions were what caused her to get angry. Can we start with that?

Therapist: Yeah, but I would like to know how to respond appropriately to these situations

Supervisor: Okay, let's try to role-play this situation, to improve our understanding of Martina's feelings and find the appropriate response. I'll be you, and you will be Martina. If it was too different how I represent you, you just tell me ...

Supervisor as a therapist: Hello Martina, how was your week? ... First, as usual, we will discuss your homework. How did it go?

Therapist as Martina: Doctor, I did something (pulling the notebook from her backpack), but I couldn't do everything. It was too much for me; I didn't understand everything. I didn't have much time either, because Barunka is ill and we were in the emergency room.

Supervisor as Therapist: I'm sorry Barunka is ill. And what did you not understand? Tell me what else kept you from doing your homework?

Therapist as Martina: (shouts) What else should keep me...!? You don't listen to me at all! Your homework is hard on me, and I cannot manage them. You are doing this on purpose to challenge me. You do it to show me how incapable I am! (gets up and goes)

Supervisor: So, I really couldn't say anything anymore ...

Therapist: It was similar... she yelled at me and then left quickly without saying a word...

Supervisor: How did you feel being in her role? When you told me that Barunka was sick and you didn't make it....

Therapist: It seemed to me that you had left it off... I have a sick daughter; you only briefly acknowledge it and then ask what I didn't understand. You didn't even ask me about Barunka as if you didn't care, and then you didn't also look at what I did in my homework and asked what was stopping me from doing my homework... Oh yeah... she was experiencing a lack of empathy from me towards the illness of her daughter and attention to what she did. Maybe she did enough as I know her, I have not

found out. I have not even appreciated that she did part of the task.

Supervisor: Well, when you think about it, it's possible that it happened to her before... How does it fit into her story?

Therapist: Mother didn't appreciate when Martina did something. I acted a little like her mother. That must have upset her.

Supervisor: Any idea about what to do about it?

Therapist: Maybe I could discuss it with her ... and next time explore the worries she has and praise her for what she did.

For a deeper understanding of the case conceptualization, it sometimes may be helpful to examine some situations from the patient's life in supervision. The therapist communicates what the patient reports to them about their life, and then takes the role of the patient, and the supervisor takes the role of that person in the patient's life. The roles played in this way may be inaccurate because it reflects the therapist's version of the patient's vision, may be influenced by countertransference and is more of a patient's imagination, but it may also help create alternative views of the patient's situation.

Therapist: Martina often complains about her boss at work. She feels he doesn't like her, doesn't appreciate her, and prefers others.

Supervisor: How does Martina respond to this?

Therapist: Most of the time, she experiences anger but suppresses it because she does not want to be fired. She had screamed twice at the boos and received an oral and then written reprimand. If she is to have one more incident, it's a reason for letting her off. So, now she tries to control herself and completely suppresses the feeling. Then after the tiniest thing at home, she screams at her husband or daughter.

Supervisor: Did she tell you exactly what her boos was saying or doing? What triggers Martina's anger?

Therapist: Many situations... For example, when the boos criticize her for doing or not doing something or forgetting something. She also gets angry when the boss doesn't praise her for something she should be praised for. She also gets upset when the supervisor praises Veronica or even when she sets Veronica to her as an example. Veronika is a colleague Martina does not like, and she is convinced that Veronika mainly just pretends to work and shows off every little thing she does. Also, she is false and continually tries to be kind to the boos....

Supervisor: Do you know anything more about her boos? How did Martina characterize her?

Therapist: I know only a little. She is an overweight lady, according to Martina, stern, quickly raising a voice, cold, and shrewd. Not much discussing.... directs... And she praises others but not Martina.... As I say it, it reminds me of how Martina described her mother ... Now I realize that she might experience transference reactions here...

Supervisor: That is an interesting hypothesis. Hmm... Can we try to play one of their situations? I'll play the lady I don't know much about, but I'll try it according to what Martina told you about her. Furthermore, you can try the role of Martina, based on how you know her ... you played her last time, how she reacts to you ... Do you think that because you didn't pay enough attention to her

concern for her sick daughter and forgot to praise her the part of the homework, that she also developed some mother-to-you transference?

Therapist: I think so... She felt unaccepted by her mother, me, and the boos ...

Supervisor: So, I'm the boss; you will be Martina and try to role-play it according to how she says she's responding...

Supervisor as the boos: "Martina, the written documents you have prepared have shortcomings. Here, I marked what you need to change. If you want an example to help you with that, ask Veronika about her preparation, and she'll be happy to help you..."

Therapist: That would make me angry as Martina describes it, I'll try to react like Martina...

Therapist in the role of Martina: (convulsively) "Yes, I will try. When do you need it?"

Supervisor as the boos: "I'm glad. Moreover, don't forget to show Veronika what you did; she can help you."

Therapist in the role of Martina: (darkly and upset) "If it helps me, I'll ask her ..."

Supervisor as the boos: (emphatically) "Not so much excitement in your voice as I would expect... Nevertheless, I want to hear from you soon and have the documents well prepared. It's not just about you; it's about the whole business..."

Therapist in the role of Martina: (beeps) "Yes, I understand ..."

Therapist: If it's only partially done the way you played it, it's hard for Martina... I understand that she'll come home and let the steam off on her husband or daughter.

Supervisor: We don't know how it really happened. I was just trying to play it as Martina described it to you. It may look completely different... However, can it be useful to you in any way?

Therapist: Yes, it might be something... I take it, as you said at the beginning, that it's a hypothesis... I can play the same thing with Martina when she plays the chief and then we can change roles ... We can look for the best way to react.... However, most of all, I think it helped me understand how Martina could transfer expectations from the mother to boos. At the same time, she feels humiliated, wounded by her criticism, and she is angry with her... Martina describes similar feelings with her mother. She behaves similarly. Usually, she is silent or even nodding and suppressing the anger within herself ... And sometimes she also acts up.

Conceptualization can also be aided by awareness of the countertransference that the patient induces in the therapist. The patient may trigger such reactions in important people, and it is, therefore, important that the supervised person understands their countertransference reaction. In this case, the supervisor plays the role of the patient according to how the supervisee describes them, and the supervisee plays themselves.

Therapist: I also realize that if Martina expresses her emotions indirectly, or if she acts up, it can affect the behaviour of the boos towards her...

Supervisor: No doubt ... How did Martina's behaviour affect your behaviour and relationship with her? What do you think?

Therapist: When I asked her about things, she criticized herself, or if I didn't praise her enough for her effort or homework, she held it in herself and spoke outwardly in a strangled voice, then she got angry. When she was angered, it somehow made me want her to admit I was right. Then I guess I pushed her too much by making her explain things. Due to that, she just acted up.

Supervisor: Can we make another short role-play with the situation you just described? I'll play Martina, and you'll be yourself. Do you agree?

Therapist: Sure.

Supervisor as Martina: (strangled voice) You're right, I didn't do my whole homework...

Therapist in his role: Martina, if you don't do your homework, the therapy won't continue. What we say in the session is not then transferred to the home environment. Why don't you do them? What are the obstacles that prevent you from doing your homework? I will be happy to help you overcome these obstacles. We'll look for ways. You do not do homework for me, but for yourself.

Supervisor as Martina: (angry voice) You don't understand me at all.

Therapist in his role: I'm trying to do it, Martina, but the homework is essential...

Supervisor as Martina: (blows up) I tell you; I don't have time for it... All about homework... I have a child, a husband, a job, and I still must do your stupid homework....

Therapist in his role: (also frustrated) All right, Martina. Homework was part of the agreement we made at the beginning. I have told you repeatedly that without homework, you cannot use what you have learned in session, at work or in your home environment....

Supervisor: What comes to your mind when you think about your reaction to her behaviour... Can other people respond to her the way they do in similar situations?

Therapist: Sure. Martina has a clear pattern of behaviour. She probably treats me like her boss and her mother, and they react to her the way I do. That's very likely... I'm sorry to see that I respond just like her mother and her boss...

Supervisor: "Are there any ways you can learn from the experience we just had?"

Therapist: Yeah, if I don't behave like her mother or boss and react more to what she tells me....

Supervisor: What about the homework then?

Therapist: It will be fine. I realize that I cannot force her.

Supervisor: Can you help her with this?

Therapist: Sure. When I praise her more and ask her what she would like for her homework.

(2) Optimizing therapeutic interventions by role-playing

Optimizing therapeutic interventions during supervision may require testing interventions using role-playing (Praško & Vyskočilová 2011). The choice and implementation of a therapeutic plan for a particular patient may be role-played in supervision to maximize the quality of the sessions. The supervisor helps the therapist to organize and reflect on a decision-making approach for a particular patient (Kuyken *et al.* 2009, Prasko *et al.* 2011). Typical steps are as follows:

- (1) *Communication analysis:* The supervisor asks the supervisee to describe the situation and to tell what in their opinion was done well and what was not. The aim is to find out the pattern of communication between a therapist and a patient which precludes progress in therapy.
- (2) *Playing the situation:* It may be beneficial to recreate particular difficult situation by having the supervisor (or, in the case of group supervision, one of the group members) to the role-play the patient and the therapist role-play himself.
- (3) *Assessment:* The supervisor, therapist, and the group (if present) go through what was going well in the role-played situation and which parts should be improved or which alternative approach would help.
- (4) *Searching for an alternative approach:* The supervisor (or the group) helps the supervisee to plan an alternative strategy. The supervisor uses inductive questions to find the best role-playing path, and the supervisee leads themselves to discover other solutions.
- (5) *Playing the new alternative* by the therapist, the supervisor (or a member of the supervisory group) plays the patient. The therapist will try to play the desired behaviour in the situation. The supervisor can help them with gestures and general feedback. The supervisee repeats the whole scene, trying to change their behaviour according to the instructions of the supervisor and other observers.
- (6) *Feedback:* The supervisor asks the therapist how satisfied they are with the new version (Prasko *et al.* 2010). It is essential for the supervisor first to appreciate what the therapist did well and then focus on what they could improve or do differently in their therapeutic approach.
- (7) *Next steps:* Sometimes, it may be appropriate to change roles to have the therapist experience the part of their client when the supervisor (or someone in the group) plays their position. Subsequently, the supervisor asks about feelings in the role of the patient. In the end, the supervisee should always be complimented for their efforts and the achieved improvements, even small ones.
- (8) *Homework assignment:* The supervisor and the therapist discuss what the therapist could do until the next meeting. Supervisees are suggested to do some homework if possible, based on the training.

Therapist: She can't do enough cognitive restructuring, especially when she has to do it herself. We always do it satisfactorily in the session when I lead it a lot. But what she does at home, the results are far from the proper cognitive restructuring. Instead of writing a new idea that has a chance to calm emotions, she writes positive slogans, such as "I will never be afraid again!", Or "I can hold on and not explode!" And she claims that these slogans improve her mood. She still complains that nothing is getting better, though.

Supervisor: What does it look like when you are doing cognitive restructuring together in a session? Can you describe it more?

Therapist: The last time she came up with her homework, the situation described was getting angry at her 12-year old daughter for not eating the snack she'd given her to school. She had thoughts like, "She's going to be anorexic! Why can't she listen to me! She'll be the same cripple as me! I am an incompetent mother!" That came after she found out that her daughter hadn't eaten a snack at school. And then the second part that followed shouting at her daughter. These were thoughts such as: "I am unable to control myself! I will destroy her self-confidence! I am an incompetent mother!" After a series of thoughts, she first felt anxious and helpless, then angry at her daughter, which led to the explosion. After an outburst of anger, she was angry at herself and helpless... What she had written as alternative thought was that she would never explode again at her daughter... She hadn't caught the thoughts that led to her anger at her daughter. We tried to work with that ...

In the session, she was furious with how stupid she was ... Then she realized that if her daughter had anorexia, the others would blame her as a mother. It was not possible to work very well...

Supervisor: Okay, I'll play Martina, who came up with the homework, and you try to work with me.

Therapist in his role: Martina, let's look at homework together. You should have, if I remember correctly, record your automatic thoughts and emotions in situations where you get into discomfort and then ask for evidence for and against those thoughts and find an alternative view. How did you do it?

Supervisor as Martina: It was okay, look. I made one record every day. Here's the situation with my daughter. I found that she hadn't eaten a snack at school that I had prepared her this morning. I thought, "She's going to be anorexic!" I believed it to 80 %, and it caused my anxiety to be 9 out of 10. "Why can't she listen to me?!" I believed it to 70 %; it caused my anger to be 8 out of 10. "She's going to be the same cripple as I am! She'll be the same." I believed this idea at 90 % and frightened at 9 out of 10. "I am an incapable mother!" I believed it at 90 % too, and it caused anger at myself at 9 out of 10. Then I screamed at my daughter.

The therapist in his role: And which thoughts and emotions led you to the screaming at the daughter?

Supervisor as Martina: Um, I don't know... I guess the thought that she was going to be anorexic... Or that she was going to be the same cripple as me...

The therapist in his role: Were there any thoughts that could provoke rage? Let's try to get back to the situation...

Supervisor as Martina: Yeah, she does it on purpose... That she doesn't eat snacks... And I will be blamed for raising a girl with anorexia...

Therapist in his role: Do you think it could have triggered the anger at the daughter that led you to scream at her?

Supervisor: Yeah. I'm a selfish idiot! I think only about myself! I should be ashamed my daughter has anorexia!

The therapist in his role: There could be other thoughts ... Let's stay with what you wrote about your homework exercise.

Supervisor as Martina: (exasperated) I wrote that I would never scream at her again. And I believe it for 90 %. That relieved me, and all my emotions decreased to 4.

Therapist in his role: I don't understand how it might have relieved the idea of "She's going to be an anorexic" or "She's going to be the same cripple like me."

Supervisor as Martina: (grudgingly) Relieved anyway, then I felt good. What else do you want from me? I did it best I could...

Therapist in his role: What's going on Martina? It seems to me that you felt a little bit distressed...

Supervisor as Martina: It does not matter. You don't understand me at all...

Therapist: Yeah, so we got into a situation like that. I don't know how it got there. We didn't finish working on the thoughts. I feel like an elephant in a china shop trying not to make her feel angry towards me or the therapy I am delivering...

Supervisor: So, we can get back to it, evaluate what happened, what could be different, and then look for an alternative approach. We'll play the situation again. What do you think?

Therapist: I'll be happy. Perhaps it was a good thing that I asked about the thoughts that led to the rage at the daughter and screaming at her. That was missing in her record.

Supervisor: I liked that too. That was a crucial hidden part that Martina did not discover at home. It immediately led to self-blaming and probably painful emotions in the session.... How did you react?

Therapist: I underestimated that... That it's a different situation and that we'll treat it sometime next. I didn't realize it could hurt her and start blocking her work. But I wanted to continue with her homework so, we don't jump from one thing to another...

Supervisor: Got it. It was a hard thing to decide... Do you think you could attend to both things?

Therapist: I don't know... Maybe yes.... I could be empathetic to what she was experiencing at the time and write down those thoughts. Ask her if she thinks this more often... Say that we'll do that once we've done the homework because it's essential, and then just go back to the original record...

Supervisor: That makes sense to me... Do you still think about the way we played it or about the initial situation with Martina?

Therapist: There was the other part. As she told herself, she would never shout at her daughter again, and I tried to tell her that it couldn't help with some thoughts and emotions from the original situation. And she, like you, was stuck in this situation. This pattern of conversation repeats often.

Supervisor: Yeah... yeah... That was the situation.... How do you understand what happened? You said that the thought couldn't relieve me and I responded that I was relieved anyway, and then I asked grudgingly what else you wanted from me. I did the best I could...

Therapist: As if you knew her, it was similar in a session... She had to defend herself... Why? I just wanted to help her find other, more constructive thoughts.

Supervisor: She found one and felt relief at her, although it was a commitment rather than a constructive idea...

Therapist: I did not acknowledge it to her; on the contrary, devalued it.... That is why she probably began to feel frustrated ... And she was already unhappy for not paying attention to when she started to blame herself... That's so hard...

Supervisor: It makes me happy to see how fast you can find things, even though they are so subtle...

Therapist: Well yeah, if only I can figure it out in the session when I am with a patient...

Supervisor: Still, I like how fast you do that...

Therapist: So, I wonder what to do next time in a similar situation. Perhaps the best thing would be to appreciate her, for her idea, and then to ask how it affects those original automatic thoughts. Also, I can tell her that I understand that if she commits, she will be relieved because I know she wants to believe it. And then which commitments worked in the past and which not. To realize that it is maybe an unrealistic expectation of herself that calms her in the short term but cannot be met.

Supervisor: That looks interesting. Let's try to play it? I'll be Martina again.

Therapist in his role: And which thought led you to start yelling at your daughter?

Supervisor as Martina: I didn't write it there... I thought that she was doing it on purpose and that if she were anorectic, everyone would look at me, that if I had failed again... I am a selfish idiot...

Therapist in his role: Martina, now these are self-blaming thoughts... It can be so hard when you blame yourself... does this happen more often? I'll write the thought you just described down, and we'll consider them as soon as we finish the homework. What do you say?

Supervisor as Martina: I tend to blame myself now and then. I will be glad if we deal with it. It always blocks me completely.

Therapist in his role: So, it is essential to do this. Can we finish the homework first?

Supervisor as Martina: Yes. I wrote one constructive idea there. I will never scream at my daughter again. And that relieved me. I actually made a commitment.

Therapist in his role: This is such an extraordinary commitment. I wish you were successful. Have you ever made such a commitment?

Supervisor as Martina: Yeah, maybe with the supervisor at work. I haven't expressed my anger at her for two months, even though she often upsets me...

Therapist in his role: Perfectly, it works there. What helps?

Supervisor as Martina: I committed, and if I do it, there is a real risk of being fired. The fear of being out of place again and how to explain it to my mom and my friends... I guess the fear helps a lot.

Therapist in his role: I understood. There are more reasons why it works. And with your daughter, what would support that commitment? Have you ever made a similar commitment to your daughter?

Supervisor as Martina: I did... But it didn't work... Like with my husband. I still pledge not to shout at them, but it doesn't work. I always stop with the screaming for a while, but then I start again. I guess I'm not afraid they will "fire me".

Therapist in his role: Martina, I really like how truthful you are about this now. Can we go back to the negative automatic thoughts you had in that situation?

Supervisor as Martina: Sure. I would have liked my commitment to work, but it seems unrealistic.

Therapist in his role: You have thoughts on the record: "She's going to be an anorectic! Why can't she listen to me! She'll be the

same cripple as me! I am an incompetent mother!". And we came up with other thoughts that lead to shouting at her daughter. They sound: "She does it on purpose. It would be up to me if I raised an anorectic." Which one is most important to you now?

Supervisor as Martina: Making her an anorectic. It triggers my fear, and then it emotionally flies. But without fear, it would probably not start.

Therapist in his role: It also seems to me ... Let's try to find evidence that your daughter will become anorectic.

Supervisor as Martina: Sometimes she doesn't eat a snack. Sometimes she doesn't eat lunch. She often looks in the mirror and says she has thick legs. She compares herself to her classmates and says they're thinner. She says, "I'm fat".

Therapist in his role: Yes, we have a lot of evidence for. Do you think we could find any evidence against it?

Supervisor as Martina: She has average weight, is neither skinny nor fat, she looks beautiful. She usually eats normally and has a good appetite that she inherited after my husband and me. She would not withstand any food restriction because, fortunately, she is not so disciplined. She is rather carefree, joyful and can enjoy life. Regular exercise always lasts only a short time; she has no determination like girls with anorexia. She's cool as her dad.

Therapist in his role: When you talk a lot about your daughter, you smile brightly. Now I will read the evidence for and against anorexia... (reads the evidence). Do you have any idea that would be more balanced if you find that your daughter has not eaten a snack?

Supervisor as Martina: She was not hungry or did not like it. She will not develop anorexia, for that she has a very relaxed nature and adequate weight. She usually eats normally.

Therapist in his role: How much do you believe this new view of the situation?

Supervisor as Martina: Now 99 %.

Supervisor: So how do you feel about it?

Therapist: Nice. I'm satisfied. I do not know how you felt in the role of Martina, but I was experiencing cooperation on your part, and you seemed pleased. But I'm not sure.

Supervisor: So, we can play it the other way around if you want. You can play Martina more convincingly because you know her and you can experience her role.

They are replaying the whole scene with restructuring in opposite roles.

Supervisor: So, how did you feel in the role of Martina?

Therapist: It was lovely. I felt you were taking me seriously, appreciating me, and it was good to name why my daughter was not at risk of anorexia nervosa. I was pleased with the evidence that I was doing well.

Supervisor: Perfect. We're approaching the end of the session. It would be good to think about homework. I would like it to be based on what we discussed today. Do you have any idea what would help you?

Therapist: Maybe I'd like to go back with Martina to a cognitive restructuring that we didn't finish last time because she was freaking out. I will ask her what happened at that time, how she experienced it, and then I will tell her that I appreciate her homework. Later I'll try to do it the way we did here. The important thing is that I understand her, what she deserves, and what she

feels when her emotions change. And I will acknowledge when she is right...

Supervisor: I believe it will work. Today I liked how you did therapy with me and how you played Martina. I had the feeling that you understood her and were able to empathize with her. It was nice to supervise you. We'll meet at the same time in a week if you like.

Therapist: I felt good with you, too. I look forward to the next meeting after one week.

Supervision may be aimed at solving specific communication problems that the supervisee comes up with, or it may be necessary to systematically practice a particular strategy that the supervisee needs to practice, regardless of the patient's problem. This is more common in therapists who are just starting their practice.

(a) Role-playing to better understand the therapeutic relationship

Exploring the therapeutic relationship is a central part of supervision (Wachtel 1977, Praško et al. 2011). Playing roles in a supervisory session not only helps to understand better what is happening in a therapeutic relationship but also offers a model of how the therapeutic relationship can develop.

Therapist: With Martina, it repeatedly happens that I forget to empathize or praise her. It has already appeared in several supervisions of her case. I do not understand why this is happening to me, even though I know she needs a lot of empathy and praise.

Supervisor: Hmm, you are saying you forget to empathize with her or praise her ... Do you feel we can do a little more about it?

Therapist: That's why I came up with it. I'm more critical of her than others. I have a good relationship with her. I don't understand why that is so. I thought it was mainly her behaviour. Similarly, she is triggering critique both in her boss and in her mother. But theoretically, there must be something of mine in it. Otherwise, I would not react in a complementary way. Let's look at this.

Supervisor: All right. Do you remember some specific situation where you did not empathize with her or were critical to her...?

Therapist: This is the situation we discussed last week, working with automatic thoughts when she suddenly said she was useless, that she was selfish, thinking only of herself how shameful it could be if she had an anorexic daughter instead of thinking of the health of the daughter...

Supervisor: Okay, I'll be Martina.

Supervisor as Martina: Everyone will see that I have failed again... Now I am thinking only about myself and how shameful it would be.

Therapist in his role: Martina, you distract yourself from what we're doing now ... So we can't get anywhere if we keep straying away all the time ... You keep doing it ... Let's try to work with those ideas from the homework first.

Supervisor: We'll stop and take a step back. Close your eyes... She says, "I failed... Now I think of how shameful it is... Instead

of my daughter's health... I am a selfish idiot..." What is going with you?

Therapist: (eyes closed) I'm angry with her... She's running away again... And I'm helpless too...

Supervisor: You are angry, and you are also helpless ... remember a similar situation in your life that reminds you of this... First, that comes to your mind...

Therapist: With my daughter, at the time she was a teenager ... I tried to explain something to her about the school, and she pretended to be humbling her, while I was doing it for her ...

Supervisor: Well, describe the situation briefly with your daughter ...

Therapist: It was about a history class. She was sick and could end up with a bad grade. I decided to explain to her what they were discussing; it was Renaissance. I tried to explain it in the context of what was going on in the world to make it enjoyable and to describe the surge of architecture, painting, and sculpture in Italy. And she didn't care about it. She asked if I could buy her a new cell phone.

Supervisor: Okay. We can play it. I'll be your daughter Matilda.

Therapist as a dad: At that time, the Medici family ruled in Florence, they were great patrons of art... e.g. Michelangelo... Matilda, do not look into your mobile...

Supervisor as Matilda: Dad, I need a new cell phone, it's useless... It's obsolete....

Therapist as Dad: Why don't you pay attention to what I'm telling you. I do it for you because you got worse in history class...

Supervisor as Matilda: (annoyed) I listen to you, you were saying something about Italy... Will you buy me a new cell phone? I really need it, and it's impossible to do stuff with this one....

Supervisor: What are you experiencing?

Therapist: Anger at her and the helplessness...

Supervisor: What do you need now?

Therapist: Calm down.... Then consider what to do, not to moralize her, as always, because it does not go anywhere...

Supervisor as Matilda: So, Dad, will you buy me a new cell phone?

Therapist as a dad: (calmly) I will buy you one Matilda, but when you improve your history grade. I understand that you have an old cell phone; on the other hand, I don't want to buy you a new one if you're not studying ... But when you improve your grades, I'll buy it for you gladly, because I understand it's important for you to have a good cell phone.

Supervisor: Perfect. How are you?

Therapist: I did it calmly. I realized that Matilda was pushing my buttons at the moment, but at the same time, I love her, and I understand her needs during puberty...

Supervisor: So, let's play with Martina again? Try to keep the thought about Matilda and the realization that even if she offers something other than the ideas you had, you have a good relationship with her, and you understand her ...

Supervisor as Martina: Everyone will see that I have failed to raise my daughter... Instead of thinking about my daughter's health, I think about myself... I am a selfish idiot...

Therapist in his role: Martina, now there are other thoughts ... It can be hard when you blame yourself ... Does this happen more often? I'll write them down, and we'll take care of them as soon as we finish the homework. What do you say?

Supervisor: How satisfied are you with this?

Therapist: I am, what about you?

Supervisor: Me too... What was important in today's supervision?

Therapist: I realized the transference to Martina. That I treat her a bit like my daughter when she was a teenager, now Matilda is a young lady, and when I tell her about Florence, she smiles at me. She likes it when I am telling her something, and it makes me feel good. But Martina is not Matilda, although both their names begin with M.

Hawkins & Shohet (2006) described a useful technique of "Identity Checking", modified from "Counselling". The main objective is to help identify countertransference. The supervisor guides the supervisee in five steps:

- (1) The supervisee is invited to share the first spontaneous answer to the question, "Who does this patient remind you of?" It is essential to repeat this question until the supervised responds. A person who reminds a supervisor of a patient could be from their past, but also a well-known person or even a historical or mythical character or part of themselves.
- (2) The supervisor asks the supervisee to describe everything that the patient reminds them.
- (3) It is possible to use a role-play or an empty chair in this step. The main idea is to allow the supervisee to express their feelings about the person (which he found in step 1). This is especially useful if the relationship with the person has a rupture. The supervisor encourages the supervisee to tell the individual everything he wants or needs.
- (4) Now it is essential to ask the supervisee to describe everything that makes their patient different from the person.
- (5) Finally, the supervisee is asked to share what they want to tell their patient.

During this exercise, it is possible to discover unknown connections and unfinished thoughts and feelings that often obscure or distort the patient's vision. The problematic behaviour of a patient in a session, here and now, is often similar to other situations in life of therapist and may interfere with therapy. The same parallel process of problematic behaviour can be seen in a supervisory relationship and can also occur in other situations. Working with them here and now - conceptualization in a session can help understand its causes and function.

METHODS USED IN ROLE-PLAYING

A variety of approaches can be used to play roles, such as pattern learning, modelling, chaining, prompting, feedback, and more. The supervisor can also override the situation and be a role model for the therapist.

(a) Specific objective

Defining a clear objective is essential in a supervision session. Role-playing can provide a good picture of the

supervisee's problem and help in finding a solution for a particular problem. It promotes a joint approach between supervisor and supervisee. It also works at the level in which the supervisee can reflect and express the therapy process. Supervisee needs to determine in which situations they need to improve their communication with the patient, for example in cognitive restructuring, guided imagination, imagination rescript, work with diagrams, in response to homework failure, patient anger, and so on.

(b) Learning by modelling

The fastest way in which a person acquires a particular behaviour is through imitation. Learning according to the model is a very effective way to discover new forms of practice. We recall a person whose behaviour serves as an example of a prototypical model. The supervisor can play the situation themselves and be a model for the therapist to deal with the situation. In group supervision, the role of the model can be played by different group members. The closer the model is to the supervisee in terms of sex, age, nationality, education, and any other trait, the more the supervised will believe that they can imitate it. A model that shows so-called "masterful" expression, i.e. manages desirable behaviour without any problems, is not as beneficial for the supervisee as the "grasping" model, which has some difficulties in the given situation but can overcome them. Therefore, modelling is more effective in group supervision than in individual supervision, where the model is a supervisor. Supervisee will not newly learn behavioural patterns of the model which lead to undesirable consequences. Friendly, empathetic, and warm model motivates the supervisee to imitate their behaviour rather than the cold, insensitive, and distant model.

(c) Chaining

After playing the situation from the therapy, it is possible to model the therapeutic situation gradually, look for the optimal approach, and consider how the therapist feels natural and how the patient will feel. The careful approach should be taken instead of leadership and show progress in short sequences and then chained together. Chaining consists of a supervisor demonstrating to the supervisee client-specific set of skill. Otherwise, the whole intervention may seem rather superficial. If done with a right pace and attention to details, modelling allows "learning in action" and usually brings much more to the therapist than explanation or feedback. When the therapist implements the whole strategy, the supervisor gives positive feedback about it.

(d) Prompting

Prompting is used when practising new behaviour so that the supervisor verbally leads the supervisee and advises them what to do. Instructions can also be

applied by giving examples and describing the possible consequences of practised behaviour. It is also possible to directly tell the therapist what to say or do. For example, showing that eye contact should be maintained, nodding head or giving short messages, such as "Focus on here and now!" to highlight a critical aspect of the current sequence. However, the supervisor should increasingly use fewer of these guidelines or direct feedback during role-playing as the therapist's skills increase, and they should be more targeted and less regular.

(e) Feedback

As a part of the feedback, the supervisor (in the case of group supervision, other group members) evaluates the therapist's performance in the role-play. Most of the novice therapists are sensitive to criticism. For them to benefit from feedback, the supervisor must first appreciate what has been done, what is positive, what they observed during the role play on the supervisee, and then constructively and empathically recommend what could be improved. Initially, positive comments should appear during the role-playing; the supervisor can encourage the supervisee by saying "Yes, that's it!", "Great, I like it!" etc.

(f) Use of the group

Training of therapeutic skills can be done individually, but working in a group is more productive, efficient, and economical. During a group session, each member of the group is allowed to play roles, and the other members of the group comment on its performance, practising their skills to observe, listen, encourage, and provide useful insights.

PSYCHODRAMATIC TECHNIQUES

Psychodrama methods initially originate from Moreno's psychodrama and Gestalt therapy. Typical examples of experiential techniques in cognitive-behavioural therapy are psychodrama-like reproduction of childhood situations, empty chairs, role changes, two or more chair techniques (Beck 1995). These are approaches that allow increasing self-understanding, but similarly, they can help the therapist to understand how they are involved in creating a therapeutic relationship when working with a particular patient. Specific techniques can also help the supervisor know how they are involved in creating a supervisory relationship with the supervisee.

(a) Monologue

The therapist sits on a chair and begins to speak about the therapy they are working on, for example, they are talking about the therapeutic relationship, the used strategies, the conceptualization, and so on. This monologue helps the supervisee to express their hidden thoughts, attitudes, and beliefs. The supervisee does

not address the supervisor but clarifies the different levels of therapy with the patient. A monologue is a way to become aware of automatic thoughts that can then be processed with usual cognitive methods, as well as to develop more deep-seated attitudes and beliefs that are associated with the supervisee thoughts.

(b) Empty chair

In an empty chair, we can fictitiously sit a patient whose therapist needs to tell them what was not yet told, because for some reason the supervisee could not though want to. It can be a personal message but also what their parents, partner, co-worker, or another significant person could tell the patient. Unlike role-playing aiming at practising what supervisee want to learn in communicating with patients, it is mainly about expressing emotionally important messages that may be accompanied by emotional abreaction.

Supervisor: What do you say if I fictionally place Martina on this empty chair? And if you could tell her everything you want, but for some reason, it doesn't work with her in therapy.

Therapist: Your outbursts of anger, Martina, it really annoys me. Even though you usually apologize after. You take advantage of the fact that I forgive you everything. Maybe I don't forgive; I just can't bring myself to tell you. You use that I like you. But do not think it means anything. I have never wanted to have an affair with you.

You are very stubborn and explosive; you cannot accept that you should change anything. This is a black and white vision as you see yourself and others. Either you are high, and the others are terrible, or the others are right. What's more, it's changing all the time; I never know whose side you're on.

But I like it very much. You are sincere and direct; you don't hide anything. You also think a lot about others. You need to help others. I appreciate that. You are smart, and you can be delicate and sensitive. That is great. Sometimes I see you as my daughter. I'm bringing the relationship with her to you. But you're not my daughter, you're Martina, who has her family and her pros and cons.

I am very sorry that the therapy is not progressing as it should, and you say you are not getting better. I wish you will feel much happier at home and work. But I know it's still a long way.

We'll even have to work on a relationship with mother, which you don't want to say anything about. I'm not going to get over this point with you either, because I also have a problem getting angry with my mom. That is why I have a problem with conflicts with women. Therefore, if you attack me, I'm helpless, and I don't know what to do. Being helpless is my business, and I will learn not to be helpless...

Supervisor: It was very open, and I watched you get involved emotionally. Thanks for your trust...

Therapist: That wasn't all. But I realized several things I couldn't tell her and a number I could say to her.

Supervisor: So, tell me what you could say and what you couldn't.

Therapist: I could tell her that I would like us to find some rules for those outbursts of anger because then I'm angry with her and

I don't want to. I can also admit that rage makes me defenceless. That I understand how difficult it is to be angry with one's own mother, that I also struggled with it, and I still can't do it. But it is essential. I can also tell her that I like her, that she is sympathetic to me, how sincere she is and that she does not hide anything, but I would sometimes be more careful not to hurt the others. Also, I could appreciate she is thinking about others and helping them.

Supervisor: Sounds good, it seems to me that this was everything you said empty chair. Is there anything you can't say?

Therapist: There's probably nothing. I just had to choose another form. And perhaps it is useless to tell her that she is stubborn, explosive and that she cannot accept that she should change anything. It is reproachful as if her mother or I was doing it to my daughter. That can't help anything. Nor do I need to tell her that I like being attracted to her, that is unnecessary, it would distract her from her problems. Nor that I perceive her as my daughter and carry it on her. That's my problem, not hers.

Supervisor: I like the way you think about it. I agree with you. Confirming with your countertransference could be misleading to her, and it's mainly your problem. It would only be worth it if it helped her.

Therapist: Well, it might help if I said I was having trouble with her rage. But even though the explosions bother me, and I can't limit them, it's also a problem to stop them.

Supervisor: Hmm, that sounds interesting. Can I play her for you?

Therapist: All right, let's get started.

Supervisor as Martina: Doctor, I have been with you for four months, and it is the same. I'm not getting better at all.

Therapist in his role: I'm sorry that you perceive it that way ... While you worked a lot on yourself, did a lot of good work at home... I have to appreciate that... You have stopped being angry so much on your daughter and husband.... You came here regularly, even if it wasn't easy for you... I appreciate that... That must be a discomfort when you say you are not getting any better.

Supervisor as Martina: I may have exaggerated it... I am doing a bit better... Even those feelings of rage are less frequent, but they still come, you know, I am still mad at you...

Therapist in his role: I also feel it's less often. I also like how honest you are, that you don't hide anything, but I would be more careful not to hurt others unnecessarily. However, you are right; the outbursts of anger still occur. I have a problem responding to it somehow. It's so fast that at that moment I feel helpless. Maybe it would be helpful if I was more emphatic at that time because I think that if I allow you to behave this way, you will not control yourself so much and next time you will act up again. Neither your husband nor I can resist that. But at work where there is a threat of sanctions, you got it under control. I would very much like you to get it under proper control with me, your daughter and your husband.

Supervisor as Martina: At work, I choke on the rage and then pour it out on my husband, daughter or even you for a little bit. So, you pay for that control at work. But I don't want to be so furious anymore. It is clear to me that these are mostly unimportant things where I feel wrong or misunderstood, and then I yell.

Therapist in his role: We've discussed it repeatedly. We frequently come back to your mother, who has acted up like this also. It is difficult for you to reject her angry criticism because you would feel ungrateful. But you seem really angry at her! The way you describe it when you say it shows that you are angry with her. She clearly hurt you...

Supervisor as Martina: I feel that she hurts me, but the anger... I really don't feel it yet... Somehow, I know I should feel it, but I can't feel it... I guess if I felt it, I would fear that I would tell her to lose her forever... and I don't want to.

Therapist in his role: Maybe we should deal first with the emotional injuries you have suffered from mom in your life. I have repeatedly empathized with you describing your childhood with an angry and bossy mom.

Supervisor as Martina: Maybe that's why it's hard for me to treat my daughter like that...

Therapist in his role: I understand that, but you want to change it, and that seems essential to me... You think not only of yourself but also of the people around, and that makes me happy...

Supervisor as Martina: You are right, I want to change it... Because of my daughter and husband, but also because of myself, because I torture myself for it.

Supervisor: So, what do you see? How did you do it?

Therapist: I opened something with her in this play, but not everything. That would not be good in one session. But I managed to shift the conversation about her mother. If it worked out the way, I wanted it would really be a shift. She wouldn't tell me, like you, that she didn't get any better, because that's not true. But I told her about my vulnerability and the fact that working on my relationship with my mother seemed essential to me, and she accepted it in her life, I'm satisfied.

Supervisor: Me too. I liked it. What you think would be best for you to do as homework.

Therapist: Perhaps the most important thing would be to get to her relationship with her mother and help her understand that it is essential to her and not to avoid it, as she has done so far.

Supervisor: It's not easy. But you said she said it herself, that she was only theoretically aware of it, but she didn't feel emotionally yet.

Therapist: Last time we did a role change, and it helped me to feel it more from her side. I was wondering if I could try it today when I have it a little pre-mapped from both sides.

(c) Role changing

Changing or reversing roles is one of the most used strategies in supervision. The supervisor or member of the supervisory group plays the therapist, and the supervisee plays the patient. The aim is for the supervisee to understand better how the patient feels, what their needs are, how they are in the therapeutic situation, and how the therapist's behaviour affects them. The therapist can then think about what they could change in their behaviour. A therapist can also follow the work of the supervisor or one of the members of the supervisory group on the problem they are currently struggling with.

Therapist: So, I would try to play Martina, and you, please play the therapist.

Supervisor: Well, we can try.

Therapist in the role of Martina: I know my mom hurts me, and almost every time I see her or when I talk on the phone, I feel bad. But I'm paralyzed. I don't feel any anger towards her, just helplessness, regret, sadness, anger at myself.

Supervisor as Therapist: I feel sorry for you whenever you talk about it. I think it's unfair. Because you have helped her so much, and she doesn't appreciate it, she criticizes you....

Therapist in the role of Martina: You're right, I try, and she still criticizes me, it's unfair.

Supervisor as a therapist: You remember a situation from before, especially from your childhood, when you felt similarly helpless, with regret, sadness and anger at yourself.

Therapist in the role of Martina: I have experienced dozens of such situations with my mother...

Supervisor as a therapist: Try to recall one that seems most important to you....

Therapist in the role of Martina: I know which one. I was fourteen, and it was Christmas. My mother had a broken leg with a plaster cast back then, so I went shopping with my dad. Then I prepared Christmas soup, turkey and pork cutlets, and potato salad. And my mom just sat there still checking me, not happy with the way I did it. I was desperate; I wanted us all to have a beautiful evening, especially my younger brother and dad, I tried, at the same time, I was on the verge of crying, as my mother was scolding me all the time.

Supervisor as Therapist: It must have been a difficult situation for a 14-year-old girl. To take care of everything, to try and still endure criticism. What did you need most Martina in that situation?

Therapist in the role of Martina: So that somebody will defend me. Either he/she silenced my mom, or he/she took her away....

Supervisor as Therapist: Whom could it be? Who, if entered, had the power to stop mom and protect you?

Therapist in the role of Martina: I don't know. But my mother's brother, uncle Peter. He always liked me, and he could win over my mom — the only one in the whole family. Otherwise, everyone was afraid of her.

Supervisor as Therapist: If uncle Peter comes in, what should he do to help you? Here we sit your mom (he puts a chair forward, a paper box with tea on it) and here will be your uncle (he puts a glass with a coffee on the table). What should your uncle tell your mom to stop her from criticizing you?

Therapist in the role of Martina: "Stop it, Lucy, you are so ungrateful. How can you treat Martina like that? She bought everything, and she is cooking now. And you're just attacking her. Get out of here, go watch TV and don't bother us anymore."

Supervisor as a therapist: Calming down Martina. I'll repeat it. (fiercely) "Stop it, Lucy just how do you treat a poor girl. She bought everything and cooked it. And you're just blaming her. Get out of here. Go watch TV and give yourself a break." How do you feel Martina now?

Therapist in the role of Martina: Pleased that someone stood up to her for me. But I'm all shaky about it.

Supervisor as a therapist: What else would you need?

Therapist in the role of Martina: To be embraced, someone appreciated the effort and the work...

Supervisor as Therapist: Uncle Peter or someone else?

Therapist in the role of Martina: Uncle, but mainly brother and dad ... to say so.

Supervisor as a therapist: So, we put them on the table next to their uncle (he puts two mugs there). What exactly do they say?

Therapist in the role of Martina: Dad says that I'm a good girl, that I was able to substitute my mother fully, and the dinner looks excellent, and he is proud to have such a daughter. And my brother says she has a wonderful sister, the most wonderful in the world. My uncle says I'm really a grown-up and admires how much I can do. And that mom is critical, but that she also likes me, she just can't be grateful, so she had to leave.

Supervisor as a therapist: How do you feel now?

Therapist in the role of Marina: Very lovely, everyone is on my side. My dad and brother would hug me again. I feel they like me.

Supervisor as Therapist: So, I'll play it back for you to enjoy it. Here's your dad (grabbing a bigger cup and modulating his voice): "You're a nice girl, Martinka. She completely substituted her mom. I am proud to have a daughter who thinks of others and runs the whole household when it is needed. I have the most fabulous sister in the world, and I want her to know." And here's uncle Peter (taking a container with a Nescafé): "You're really an adult lady, Marti, I admire how much things you can handle. You know, mom is critical, but she likes you too, she just can't be grateful. That's why she had to go."

Supervisor: So how did you experience it as Marina?

Therapist: It was very nice; I would like to try it with her. I do not know if I can do it this way, but I have already done a rescript of her work situation with her, and it was quite successful. She was also very relieved.

Supervisor: What do you think it will work in therapy?

Therapist: I think she has realized how important it is to work with her relationship with her mom. And it is up to me to try to give her enough security and acceptance for bearing the anger of her mother. Rescripting, where someone would stand for her, can help her dare to feel it. I also need to tell her that if she gets mad at her mom, that doesn't mean she's totally refusing her mother...

Supervisor: Perfect. So, you'll tell me next time.

(d) Role-playing using multiple chairs

In the multi-chair method, each chair can represent any person from the therapy, including the therapist and supervisor. When the therapist changes positions on the chairs (roles), it gives him/she a more profound insight into a protagonist needs and suggests him/she, how to fulfil them.

(e) Role-playing with toys

Cuddly animals, puppets, or dolls may represent the therapist and the patient. It is also good to have a baby chair were dolls representing the therapist and patient sit. Toys boost both distance and creativity. Many of the things that are out of awareness in the ordinary conversation, suddenly come under the spotlight. The supervisor asks the therapist to replay the situation from the therapy session with toys. The supervisor can select individual characters, usually the therapist and

the patient, but also the patient's family members, their boss, co-workers, or choose the toys representing the persons and play the dialogue of the persons within the therapist or the patient. They then discuss it and look for the optimum response and then play the scenario with the toys so they can review it again.

(f) Role-playing during video supervision

Role-play can also be used in video supervision. Supervision of the video recording is the optimal way for the supervisor not only to hear but also see the supervisee when working with the patients. The record can be paused, and it is possible to return to significant sections repeatedly. Furthermore, based on the video recordings, appropriate role play can then be used.

(g) Mindfulness-Based Role-Play supervision

The Mindfulness-Based Role-Play (MBRP, Andersson *et al.* 2010) in supervision focuses on therapists' empathic understanding of the clients. This approach has similarities with the 'empty chair' technique and integrates role play with dialogical mindfulness, which offers the supervisee an opportunity to access subtle details of information about the client. It helps to "catch" information that is already present, but not readily available to the supervisee's awareness (Andersson *et al.* 2010). Andersson and colleagues (2010) described three stages which could be revisited during the supervision session:

- (1) The *Acquainting stage*, where the supervisee role-played themselves and the client engaging in a general 'therapy conversation';
- (2) The *Theme stage*, where the role-play focuses on a 'theme', i.e. an area of difficulty in the therapy (for the therapist and/or the client);
- (3) The *Sharing stage*, where the role-played interaction between the therapist and the client was guided toward an imaginary sharing by the two interactants of how it was for them each to be with one another and how they felt about each other (Andersson *et al.* 2010).

The supervisor encourages to reduce the speed of the process, helps to focus on body sensations, invites to repeat the client's posture etc. The focus of such details could increase supervisee's awareness in both roles (as a client, as a supervisee). Regarding the pilot study results, such an approach in the supervision could enhance the therapist empathy and to improve therapy outcomes (Andersson *et al.* 2010).

CONCLUSION

Role-play helps to present a crucial moment of therapy, and reproduce on what has happened to the therapist and what might have happened to the patient, and further model and build appropriate therapeutic skills. The most significant advantage of using role-playing

is the ability to see the therapist's practical skills and further develop them through modelling, chaining, or imitation.

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. For the last two years, Dr Julius Burkauskas has been serving as a consultant for Cronos.

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