

LIVE SUPERVISION IN PSYCHOTHERAPY TRAINING

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***Abstract:** In the field of psychotherapy training, live supervision offers specific learning opportunities that extend beyond traditional forms of post-session discussion. By directly observing the therapeutic interaction, supervisory interventions can be more precisely attuned to concrete clinical situations, implicit decision-making processes can be rendered visible, and alternative courses of action can be collaboratively explored. At the same time, the use of live supervision raises methodological, ethical, and structural questions, for example, regarding experiences of evaluative pressure, the therapeutic relationship, or the protection of patients. Against this background, the present article aims to systematically examine experiences with live supervision within psychotherapy training. In addition to a conceptual clarification, didactic potentials as well as key challenges and contextual conditions are outlined. The goal is to contribute a differentiated perspective to the ongoing discussion on the role and significance of live supervision in contemporary psychotherapy training.*

***Key words:** supervision, live-supervision, Gestalt Theoretical Psychotherapy, psychotherapy training*

1. INTRODUCTION

Psychotherapy training emphasizes the development of professional competence as an integrated interplay of personal qualities, reflective knowledge, and practical therapeutic skills. Supervision plays an important, albeit varying, role in the individual training institutions. From the outset, psychoanalytic methods have considered supervision of one's own treatment cases to be an indispensable component [1]. In some behavioral therapy schools, however, the focus is less on reflecting on one's own actions and experiences and more on checking whether the still inexperienced psychotherapist is applying the disorder-specific manual correctly [2]. Systemic family therapies have introduced and further developed the use of one-way mirrors in the context of supervision. Here, therapy sessions can be observed live by the supervisor, who can even intervene

directly in the therapy process by contacting the supervisee ad hoc [3]. Supervision thus takes place live.

This article presents a special form of live supervision as used in the training of Gestalt Theoretical Psychotherapists in Austria. Gestalt Theoretical Psychotherapy (GTP) is a legally recognized psychotherapeutic method that is grounded in the tradition of Gestalt psychology of the Berlin School. Although historically and conceptually related to Gestalt therapy and other humanistic approaches, Gestalt Theoretical Psychotherapy constitutes an independent method with a distinct theoretical foundation and a consistent critical-realistic epistemological stance [4]. Within this framework, particular emphasis is placed on the development of a reflective therapeutic attitude, an understanding of the therapeutic task, and the capacity to act competently within complex relational situations.

Supervision also plays a very important role at this institution when students begin working with their first clients independently outside the training group. In the early years, frequent individual and group supervision sessions are essential. In addition, live supervision is used from the very beginning of the training, even before students work with “real” clients, when they practice therapy sessions in a training group. In this training group, the participants are both clients who are working on their own problems and issues through self-exploration, and therapists for their colleagues in the group guiding them through their own self-exploration process. Teaching therapists are present and supervise live.

This form of live supervision offers unique learning experiences beyond conventional supervision formats. Direct observation of therapeutic work enables implicit decision-making processes to be made explicit, alternative courses of action to be explored collaboratively, and therapeutic interventions to be reflected upon with reference to shared experiential material. At the same time, live supervision poses methodological, ethical, and structural challenges, particularly regarding evaluative pressure, group dynamics, the therapeutic relationship, and the protection of clients. These ambivalences are especially pronounced in group-based settings, where the group may function both as a powerful resource and as a potential obstacle to learning.

Against this background, the present article aims to examine the use of live supervision within psychotherapy training in a systematic and differentiated manner. Drawing on both the authors’ experiences as former trainees and current training therapists, as well as on semi-structured interviews with graduated psychotherapists, the article explores the didactic objectives, perceived benefits, and challenges of this training format. Particular attention is paid to the question of how live supervision contributes to the development of therapeutic competence, understood as the capacity to integrate personal attitude, relational awareness, methodological skills, and reflective judgment in concrete therapeutic situations.

2. LIVE SUPERVISION

Supervision mostly takes place asynchronously, in that therapy sessions and supervision occur at different times. Content from the therapy session is discussed post hoc and is based on the supervisee's memories or on audio or video material [5]. Supervision, relying on verbal reports from the supervisee's retrospective can only be based on the supervisee's experience and perspective. Studies show that, especially in the early stages of

professional practice, when supervisees still feel uncertain, therapy processes are presented in a distorted or incomplete manner [6]. Reasons for this may be that both remembering and verbalizing memories are subject to different censorship. Supervisees in the early developmental phase of their professional practice have also been shown to focus more on themselves than on their clients [7].

Empirical studies show that when asked about the extent of self-disclosure to their supervisors, a significant proportion of supervisees reported that they sometimes or frequently did not address alleged treatment errors in their supervision due to uncertainty and shame [8, 9, 10]. The ability to access audio or video material during supervision increases the density of information [3] and offers the advantage that the supervisor can observe the therapeutic process unedited. If supervision takes place at a different time, the debriefing can only rely on the supervisee's recollections.

In addition to supervision by means of a subsequent verbal report by the supervisee and supervision by means of subsequent observation (e.g., through audio or video recordings), live supervision is considered the third category of supervision forms [11]. Live supervision is characterized by the supervisor observing a treatment live and, depending on the needs and agreement, also being able to intervene directly in the therapy process [5]. It can therefore be described as a synchronous procedure [12], in which the supervisor can observe a therapy session in real time and/or provide direct guidance [13]. "Live supervision offers a format that allows the supervisor direct observation of the supervisee and thus an uncensored assessment of the therapy session and the supervisee's level of development. This allows the supervisor to influence the therapeutic competence of the supervisee and to provide a suitable, need-oriented impetus for professional development." [3, p. 172]

It is tricky to come up with a single definition of live supervision because there are different forms of it. Its beginnings are associated with the use of one-way mirrors in Systemic Family Therapy (Marriage and Family Therapy) in the 1950s. The great achievement at that time was the possibility of observation by the supervisor or a team of supervisors. However, the supervision itself took place at a subsequent point in time, at the earliest after the end of the therapy session. Gradually, methods were adopted that allowed direct intervention in psychotherapeutic processes. In this way, different forms of feedback were developed during an ongoing session, e.g., by means of a phone call ("phone-in" method), by entering the therapy room ("knock-on-the-door" method), or by means of headphones (earbuds) worn by the supervisee ("bug-in-the-ear" method). Digital methods are now also increasingly being used, whereby the supervisor does not have to be on site but can follow the session in real time via digital media and supervise directly using bug-in-the-ear and video, which the supervisee can view during the session [3]. Such methods are now used in particular in cognitive behavioral therapy, but psychodynamic approaches are also applying various forms of live supervision to an increasing extent [14], despite initial rejection [15].

2.1 A SPECIAL KIND OF LIVE-SUPERVISION

The type of live supervision discussed in this article differs from the common methods described above. We are referring to live supervision as part of training to become a psychotherapist from the first semester onwards.

In Austria, the training of psychotherapists has been legally regulated for over three decades and is characterized by a multi-stage structure combining general foundational training with method-specific psychotherapy training. Method-specific training in Gestalt Theoretical Psychotherapy typically extends over several years and deliberately integrates self-experience, early therapeutic practice, and theory-oriented instruction. In this method-specific training, we consciously focus on what is particularly required for future professional practice: we see this, on the one hand, in human qualities – the development of personal competence and a human therapeutic attitude – and, on the other hand, in reflected knowledge and practical therapeutic skills. Through the close combination of self-experience, early own therapeutic work, and practice-oriented theoretical instruction, we strive to create the best possible conditions for students to develop this therapeutic competence. In our view, the three pillars mentioned cannot be meaningfully taught individually and independently of one another, but only in a consistently interlocking form.

In the training model discussed here, these elements are closely intertwined through a long-term training group in which trainees take turns assuming the positions of client and therapist. In this context, we are explicitly not referring to role-playing, in which students assume the roles of therapist and client – an approach that has proven effective in therapy training programs and can also be highly beneficial [17]. In the GTP setting, they are not playing a role but actually carry out therapeutic work with a client who is seeking to make headway on their current issues.

A central component of this model is a specific form of live supervision, in which trainees practice therapeutic work within the training group in the presence of peers and teaching therapists. These conditions enable trainees to practice therapeutic work at an early stage of their professional development while receiving immediate support, supervision, and detailed feedback. While traditional supervision formats predominantly rely on retrospective accounts of therapeutic sessions, live supervision offers a distinct educational setting in which therapeutic processes can be observed, reflected upon, and shaped in real time. In this context, live supervision is often regarded as a particularly practice-oriented training element, as it enables direct access to the unfolding therapeutic interaction and allows supervisory interventions to be closely attuned to concrete clinical situations.

2.2 THE SPECIFIC PROCEDURE

In addition to theoretical seminars, subject-specific seminars, self-experience, and internships, students begin their GTP training in a three-year training group, where they regularly bring their own issues to the group as clients and also conduct therapy sessions in a dyad in front of the group as therapists. Upon entering the second phase of training – typically after the second year in the training group – students start working with actual clients outside the training group, a process that is further supported by “traditional” individual and group supervision. Live supervision is therefore not used in GTP training only once students are already working with their clients, but at an earlier stage, when they are learning and practicing practical therapeutic work. In this model, students have the opportunity to develop an understanding of the therapeutic task and practice therapeutic skills very early on through independent and live-supervised therapeutic work within the training group. This practice takes place among fellow students, in front of the entire group,

and in the presence of two supervising therapists. Thus, while students conduct their first therapy sessions themselves, not only are about eight fellow students present, but also two instructors who, if necessary, can either intervene directly or contribute their reflections immediately after the session.

Specifically, this means that two students take the lead for half a seminar day and guide the other group members in their therapeutic self-experience. This typically proceeds as follows: During an introductory round, the participants' individual concerns are identified. This is followed by intensive therapeutic work on two of these concerns, with the therapists encouraged to schedule approximately 50 minutes per session to get a sense of this time unit. Depending on the need, this may involve individual therapy, but group dynamics may also be addressed, or clarification of relationships may be required. Each therapeutic session concludes with feedback to the respective client or an exchange between the other group members—including the training therapists—and the client. This allows the client to gain insight into further aspects of the problem they are currently working on (and its resolution) that may have been overlooked previously. If the situation requires it, the training therapists are available to provide support (either in an advisory capacity or through intervention). At the end of the half-day session, the students who served as therapists receive detailed and concrete feedback on their work from all other group members and the two training therapists. We consider the advisory and supportive presence during the therapy session and the subsequent feedback to be live supervision within the training.

To what extent does this live supervision promote the development of the above-mentioned skills (interpersonal qualities and attitude, understanding of the therapeutic task, methodological competence, reflective knowledge) and the ability to then use and apply them in concrete work—or, as they say in sports, “bring them onto the field or perform”?

After the therapeutic work, the students are first asked to reflect on their work by presenting and illuminating their therapeutic approach in detail. The following question areas may be discussed:

- How did you experience the therapeutic relationships in the therapeutic situation? We speak of two therapeutic relationships here because, as critical realists in Gestalt-theoretical psychotherapy, it is particularly important for us to be aware that the therapeutic relationship is perceived and experienced differently by both sides – therapist and client [1].
- How did you get into the relationship and how did you stay in touch?
- Have you understood the client's concerns and, in line with GTP's holistic approach, grasped the client's entire psychological situation? This can involve a variety of things, such as encouraging, comforting, challenging, finding solutions, etc.
- Based on your understanding, how did you proceed, what goals did you pursue, and in which way did you try to achieve them? How did these goals relate to the client's goals?
- What guided or hindered you in your actions, both in relation to yourself (objectivity) and in relation to the client's concerns?
- Did your personality, hypotheses, theories, and assumptions influence the therapeutic relationship and the course of the process, and if so, in what way?

As part of the students' self-assessment, strengths, weaknesses, and uncertainties should be discussed, both in relation to their own personality, relationship building, and conversational skills, as well as in relation to their understanding and abilities in dealing with basic working methods and various interventions or techniques. The aim of this approach is for trainees to gain increasing confidence in their self-assessment of their therapeutic skills through the feedback that arises from the course of the therapeutic work itself (the so-called interplay of impression and reaction) and, so to speak, develop their own "inner supervisor."

Only after self-reflection do students receive feedback from group members and training therapists, which they can use as inspiration for their further therapeutic development. We consider the diversity and multi-perspectivity of the feedback from teaching therapists and group members that this approach brings with it to be very enlightening, as, like the preceding self-reflection, it promotes the development of independent perspectives and judgments, and not just those of a trainer.

3. BENEFITS AND CHALLENGES

First, let's focus on the particular strengths we see in this approach:

1. Self-exploration and therapeutic experience go hand in hand within the group and can therefore be easily integrated. This allows students to identify what helps them and how they might make this accessible to others.

2. Early active learning through the interaction between observation and reaction, combined with learning by example, as opposed to learning that is primarily focused on role models or the acquisition of knowledge independent of practical application.

3. In the group, students can learn not just from one role model, but from many. We believe this fosters the development of their own style and an understanding of the fundamental principles reflected in the various works and processes they observe.

4. The ability to draw on direct observations when reflecting on a process, rather than relying solely on reports and descriptions from supervisees, is certainly advantageous. This allows distortions, inaccuracies, and blind spots to come into focus that would otherwise have gone undetected. Compared to tape recordings and transcripts, the advantage is less significant, but it is still enriched by the nonverbal aspects of communication.

5. Applying these principles and insights under supervision in increasingly complex and diverse situations prior to working with patients – with support from a co-therapist within the group and the supervising therapists present – fosters inner confidence and the practical application of the acquired skills and knowledge. For example, students first gain initial experience in providing feedback. When conducting morning rounds, students must pay particular attention to building relationships as well as recognizing and addressing personal or group-dynamic concerns. Ultimately, this leads to the first therapeutic work as a co-therapist, in which the primary responsibility lies with a more experienced group member¹, which subsequently leads to the student taking lead as the primary therapist in their own in-depth therapeutic work.

¹ The training groups are ongoing groups in which participants of varying skill levels are taught together so that they can learn from one another.

6. Direct feedback and supervision by training therapists and group members allows for a multi-perspective view of the process, which can, on the one hand, enrich and clarify the possibilities for understanding what is happening, and, on the other hand – we hope – can better convey the provisional and hypothetical nature even of well-founded perspectives. This is important to us in terms of consistently adhering to a critical-realistic approach [4], because students, in their understandable search for orientation and security during this phase of training, are often tempted to cling to statements made by training therapists as truths or to derive simplified rules without considering the overall context, thus falling back behind a critical-realist approach with negative consequences for the therapist-client relationship.

7. Especially for inexperienced students at the beginning of their training, a supportive intervention by the instructor directly into the therapeutic work taking place on-site is possible – for example, to steer stuck or blocked situations back in a productive direction. But also, to prevent serious mistakes in the situation for the client's benefit. This option gives students additional confidence. Of course, it can also make them feel very insecure in tense moments. Therefore, it is important to agree with the group on when help is needed and to discuss how this intervention was experienced.

3.1 OBSTACLES

The challenges of this model arise primarily from the group setting. The group is a resource but can also be or become a hindrance.

It is then a resource

- when it empowers and encourages its members,
- if it allows for open and honest exchange and feedback,
- if it promotes differentiated relationships and differentiated perspectives and feedback, and
- sufficient cohesion has developed and what is common and unifying outweighs competitive feelings and behavior.

It becomes an obstacle especially when

- strong and/or unresolved conflicts exist in the group,
- strong (negative) competition develops,
- fear of criticism leads to mutual sparing.

For live supervision in a group to reach its full potential, supervising therapists must pay particular attention to the group's dynamics and development and reflect on their feedback and actions not only in terms of whether they are helpful to the supervisee, but also in terms of how they affect the group's dynamics [18].

Now that we have contrasted the group as both a resource and an obstacle, we would like to highlight something that we regularly find particularly helpful in our students' development into competent psychotherapists: overcoming the hurdle of working therapeutically in front of so many pairs of eyes and beyond their own expertise! This barrier – or rather, repeatedly overcoming it – ultimately contributes to greater self-confidence and ensures that students feel better prepared to work with their own clients in practice. Nevertheless, this approach requires the utmost sensitivity on the part of both the training therapists and the group participants, who, based on their own experiences, are generally quite capable of empathizing.

4. SURVEY OF FORMER TRAINING PARTICIPANTS

This aspect was also clearly expressed in semi-structured interviews with graduate psychotherapists who completed their training several years ago. They were asked how the former students experienced live-supervised learning and to what extent they considered this training component helpful or hindering. The survey marks the beginning of a more extensive study in which the three authors each interviewed two therapists who have already completed their therapy training under the current curriculum. They also specifically interviewed former students whom they knew had struggled, particularly when conducting therapeutic work in front of the group. In retrospect, all of them said they were glad to have experienced this hands-on form of learning and emphasized that they valued this form of live supervision as excellent preparation for independent work.

The therapists interviewed unanimously reported that leading the group was often challenging and associated with tension and nervousness. Ultimately, however, it was primarily associated with positive learning experiences, and the considerations and experiences outlined above were confirmed by the authors' own experiences:

- The respondents recalled that a strong sense of trust in the group and in the training therapists, was the most helpful factor in overcoming their own fears. An appreciative working atmosphere and the awareness that we are all learners enabled the students to venture into leadership, risk making mistakes, and learn from them through concrete feedback.
- At the same time as the concern about being judged by the teaching therapists and fellow students, it was perceived as a relief to have the protection and reassurance of the teaching therapists present: I can practice, but there is someone there to intervene if necessary.
- Self-reflection after the session was considered very important for learning to reflect on the therapeutic work and put it into words, as this leads to greater clarity about one's own motivations and assumptions. Furthermore, it forces one to be honest with oneself (working on the ego/reducing self-centeredness and fostering a more objective attitude) and develops a greater awareness of whether and what the work has achieved. It helps in assessing one's own level of development.
- They confirm an early development of an "awareness of one's own role" that helps therapists learn to fulfill their responsibilities toward clients, even when they themselves are under stress. The presence of others challenges them to learn to focus on the client.
- Unlike individual teaching supervision, this form of supervision also makes it possible to receive very concrete feedback on the linguistic and technical aspects of the interventions implemented.
- Switching roles – being a therapist one moment and a client the next – enhances the learning experience for both parties.
- The need to constantly reflect on one's own actions is encouraged and practiced.
- Feedback from others help to become more critical and self-critical; discrepancies between how others see us and how we see ourselves help us assess our own perceptions.
- The realization that mistakes are a natural part of learning, that they can be made in a safe environment (learning group), and that feedback is constructive and

critical – rather than disparaging the person as a whole – gradually builds confidence in one’s own actions and experiences.

- It is directly possible to observe technical, linguistic, and nonverbal aspects of interventions and their potential effects on-site.
- Receiving feedback on how one comes across – both from the client and from observers in the group – gives a broader perspective on their actions.
- The fact that a multitude of people provide feedback makes it possible to experience the multiple perspectives on each individual issue and broadens one's own horizons regarding possibilities and ways of looking at things.

5. CONCLUSIONS

Live supervision is used in various ways across different psychotherapy training programs. Its effectiveness has been demonstrated in numerous studies. In Gestalt Theoretical Psychotherapy training, a specific form of live supervision is employed from the very beginning of the program. Although it presents unique challenges and places particular demands on students, graduates report that it has had a very positive impact on their development as therapists.

This article outlines the unique features, advantages, and challenges of live supervision. It marks the beginning of a more in-depth investigation, which is absolutely essential. To sum up, it can be said that while this form of live instruction poses a major challenge for the students, it ultimately prepares them well for independent practical work. With that in mind, we conclude with a quote from the interviews: “I couldn’t imagine a training program where I would have received only theoretical instruction; I don’t think I would have had the confidence to put what I learned into practice otherwise.”

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