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COUNTERTRANSFERENCE AND SUPERVISION IN COGNITIVE BEHAVIORAL THERAPY

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Introduction: Many experts claim that transference and countertransference analysis has no place in cognitive behavioural therapy (CBT) and should be used solely in psychodynamic psychotherapy. However, attention paid to emotional and cognitive reactions to the patient or supervisee is the basic component of cognitive behavioural therapy and its supervision, especially if work with difficult patients is supervised.
Objective: PubMed, Web of Science and Scopus databases were searched for articles containing the following keywords: “countertransference“, "cognitive behavioral therapy" and “supervision”. No language or time constraints were applied. The resources were confronted with our own experiences with psychoeducation in bipolar patients and only most relevant information was included in the text.
Results: Countertransference reaction may be observed especially in our behaviour, but also in our thoughts, emotional experiences and physical symptoms. The essence of countertransference is usually previous experiences of the supervisor which were not adequately processed and thus tend to be projected into current relationships. They may be recognized in work with core schemata and derived rules themselves. They lead to behaviour which may be avoidance (e.g. lack of openness or congruence) or compensatory (e.g. excessive help, competition, showing off). Self-reflection or realizing countertransference during supervision aids in overcoming countertransference reactions and may be crucial for establishing a more real relationship and more objective work in both therapy and supervision. Adequate self-reflection and supervision of one's own work is one of prerequisites for adequate development of the supervisor's competences.
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