HABILITATION THESIS SUMMARY

PSYCHOTHERAPY TRAINING AND SUPERVISION OF SOCIAL WORKERS
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Introduction

The habilitation thesis *Training in psychotherapy and supervision of social workers* reflects the academic and personal career path of more than 20 years of academic career and private practice as a psychologist and psychotherapist. The beginning of my work in higher education as a teacher was on the direction of educational sciences and social work , in parallel and continuing with my work as a practicing psychologist in the individual psychology practice and in the Institute of Psychotherapy, Psychological Counseling and Clinical Supervision (IPCS). The professional path is stepped in the field of: educational sciences and social work; training in psychotherapy, clinical supervision and social work supervision.

For the last 15 years, besides my academic career, I have been working as a trainer for graduates of psychology, social work, medicine, theology, special psychology and special psychology who wanted to train as psychotherapists. So, the research directions are aimed at training and supervision in psychotherapy and in particular, supervision of social workers who become psychotherapists in private practice or in organizations where they are practicing as social workers, without circumventing the supervision in extenso of social workers.

Training as a psychologist and obtaining my doctorate in educational sciences has helped me to hone my teaching skills and to understand the specifics of adult education, both in my interaction with students and in my interaction with trainees in psychotherapy training and supervision programs.

Supervision as a profession in Romania is not yet well defined, nor is the place and role of the supervisor in placements, organizations, let alone the supervision of social workers. Supervision in social work has been dominated by the framework provided by Kadushin, with the three directions specified: organizational, educational/clinical and professional development. Through this tripartite perspective, supervision in social work has differed from supervision in psychotherapy, which focuses much more in depth on the therapist-client relationship and personal/professional development and with less emphasis on the organizational component.

The social worker works in a space of exchange, of transactions where conflicts inevitably arise. Transactions can be: economic (the living conditions of the poor are targeted), legal (the excluded are identified by categories defined by laws), sociological (at micro level relations identified in the micro-group integration, and at macro level - social integration) and psychological (characterizing the ways of constructing the identity of the subjects). The inconsistencies between the values and

the behavior of social workers are due to the fact that, although the values are at a higher level of generality, the behaviors are specific to a situation. Value conflicts are frequently triggers for social workers to break contact with themselves and with others: with themselves - it disrupts the practice of desirable behaviours and, implicitly, the assumption of responsibility for those behaviours; and with others - it disrupts contact with colleagues, the organization where they work and with the beneficiaries. It is difficult to say whether there is a list of activities by which social workers could prevent value conflicts, often personal ethics may be opposed to professional ethics. Acculturation is the expression of the clash between the two ethics, personal and professional. In a narrow sense, at the individual level, the conflict caused by acculturation can lead to leaving the social work profession, and in a broader sense, the conflict caused by acculturation generates behaviours with negative impact on the collective work, the organization as a whole and, the consequences are aimed at the services provided to the beneficiaries, the values promoted by social work are blued

2. Research directions

2.1. Research direction 1- Research and contributions to the training of psychotherapists (psychologists, social workers, physicians, psycho-pedagogues, theologians, philosophers)

2. 1. 1. Design, validation and application of the Strategic Integrative Model of the Self

Integrative case formulation models of the 21st century take into account a multitude of variables, from biological to transpersonal, generally including biology and medical influences, behavioral and learning models, cognitive models, psychodynamic models, existential and spiritual models, as well as social, cultural and environmental factors, including crises, stressful situations and life transitions.

In 1999 Damasio formulated a theory of the self which postulates the existence of a proto-self and a core self. From a personal perspective, the self is made up of four main domains: the basal self, the "core set" (the neural maps that govern the person's thinking, emotions and psychodynamic mechanisms), the content of the core self, the internal causality or containment mechanisms of the plastic self and the external /outer self.

The basal self consists of those brain structures that form in early childhood at the non-verbal/pre-verbal level.

The basal self has two levels: biological and psychological. Biologically we are born with:

- a genetic make-up (genome and epigenome) that confers certain vulnerabilities or genetic resilience;

- neural circuits that encode body schema, chronotype, physiological needs, associated physiological needs, their associated affects and derived behaviors; and

- a neural network that encodes what we call the 'center' - that is, the psychological nucleus that encompasses temperamental traits and has the ability to learn from the environment.

Neurobiologically, before birth and in the first three years of life there is a genetically determined overproduction of neurons (Siegel, 2001). This early form of development, called the process of experience expectation (Greenough and Black, 1992), means that the formation of neuronal synapses needs stimulation from the environment. We are born with more neurons than we use in the first few years of life, and these neurons are initially linked to each other by quite a few synapses. To form synapses and the neuronal circuits that encode how the mind works, a child needs stimulation from the environment and diverse experiences. In other words, we cannot learn to become attached to others if we do not have experiences of attachment, just as we cannot learn to distinguish surrounding objects, their shapes and colors, if the eye is not exposed to light. If a child grows up in the dark, its eye does not develop in such a way that it can see normally. Similarly, a child does not develop psychologically in the absence of interaction with people in its environment. Experience induces new neuronal connections, changing the structure of the brain by maintaining and strengthening existing synapses or creating new synaptic connections. These patterns of neuronal connections determine how the mind is formed (Siegel, 2012).

In short, whereas the basal self is shaped only by direct non-verbal experiences, the central self is shaped by both verbal and non-verbal experiences. The plastic self is the seat of problem maintenance mechanisms, and the external self is the interface with the surrounding world.

Self levels and psychological axes

For didactic reasons and in order to structure the complex patterns of neuronal networks that are activated in the human brain, we consider that the self has a biological and a psychological level, being influenced by factors in the socio-familial and cultural environment.

 The biological level includes:

- the genome and epigenome we are born with, with certain genetic sequences being epigenetically activated based on external environmental influences and manifesting at the phenotype level. The activation or lack of activation of certain genetic sequences leads to genetic vulnerability or resilience;

- body schema, genetically determined; and

- the chronotype, which is genetically determined.

The psychological level comprises 5 axes:

- the cognitive axis, consisting of cognitive maps, in turn made up of proto-cognitions, central and intermediate beliefs, automatic thoughts and meta-cognitive/ mentalizing capacity;

- the emotional axis, which encompasses attachment patterns, affective mood, emotional regulation, and emotional repression or suppression; and

- complex psychodynamic patterns, including:

- the psychodynamic axis, containing body image, mental schemes related to illness and health, psychosomatic mechanisms, perfectionism, self-esteem, subpersonalities, ego parts and ego states, life scenario, archetypal complexes, relational patterns,

- the existential axis, i.e. anguish of death, fear of existential isolation, search for meaning in life, confrontation with responsibility; and

- Family axis: individuation, differentiation, intergenerational and transgenerational family patterns.

In addition, the external socio-cultural and family environment influences human development and the way an individual thinks, feels or behaves. We do not exist in isolation, but within human communities and our environment as a whole. In fact, we are talking about 'slices' of the self, or parts of the global hologram of the self. The human self is a complex system in the formation of which multiple mechanisms are involved: humans interact with their internal and external environment in a myriad of ways - an aspect captured, separately, by the various psychotherapeutic orientations (Drobot and Popescu, 2013).

For this reason, the psychotherapeutic treatment is necessary to include a conceptualization of the mental schemas we operate on, at all levels and "psychological axes", so that we can select the appropriate interventions for our client. No problem that our clients present with in psychotherapy is the result of impairment at a single level. The interaction of the patterns activated in the human mind leads to the complexity and uniqueness of each individual case.

Graphically, the self can be conceptualized as a sphere in which all the mental processes interact with each other and we will work with each of these dimensions to achieve the most complete picture of the client's difficulties.

2.1.2. Model of psychotherapeutic intervention published in the UK *An Integrative Model of Psychotherapy* Publisher Dolman SCOTT, Pubication date October 18, 2011.

Theoretical and methodological sources of the model

The proposed model is a relational one in which the therapist-client relationship is fundamental. The theoretical sources of the model are:

a. integrative psychotherapy*,   the model proposed by Ken Evans, Maria Gilbert, (2000, 2005)* from which we have taken the co-creation of the therapeutic relationship and the importance of breaking the client's contact with himself and with the world. The two authors, Ken Evans, Maria Gilbert have conceived a relational model of psychotherapy with theoretical sources in relational behavioral psychotherapy, gestalt therapy, relational psychoanalysis, existentialist phenomenology;

b. the psychosynthesis *elaborated by Assagioli* (1965) which we considered as an integrative approach realized within the client's personality. The therapist supports this internal process carried out within the client's personality, being attentive to the way in which he guides the session in order

to develop the energy of the Self. The therapist supports the client in his effort to get in direct contact with his feelings and emotions , from this perspective the client can be both "immersed" inside himself and "observer" of his own feelings.

c. Ericksonian psychotherapy from which we have taken over the use of dominant patterns in therapist-client communication as well as the dimensions of trance state induction: the establishment of the empathic resonance relationship and the development of the dominant (linguistic) hemisphere; linguistic processing produced beyond the conscious level and accessing the non-dominant hemisphere (Bandler R., Grinder J., 1975, 2007).

d. short-term psychotherapy based on De Shazer (1985) from which we have taken the relational elements of the therapeutic relationship, namely, the therapist develops in the client: expectations and changes, builds a new vision for a better future for the client (therapist-client cooperation can be promoted naturally and effectively) and develops a cooperative relationship with the client as part of finding solutions to problems. The focus is on what clients do, what is good for them and less, what they think and emphasize as wrong.

e. the integrative counseling model proposed by S. Culley and T. Bond (2007) which provides an excellent guide for intervention and for the manifestation of the specialist's competencies and skills in the relationship with the client.

I believe that basing the intervention model on the sources mentioned, gives the therapist flexibility in the selection of therapeutic intervention techniques and a better understanding of the empathic resonance relationship. The selection and application of techniques cannot be done haphazardly without a knowledge of the underlying theories. I promote a technical eclecticism in the field of psychotherapies based on the therapist-client relationship, techniques that "access" the client's resources and bring him "here and now". Utilizing techniques from multiple models of psychotherapy allows the therapist to work with a variety of clients and to respect the uniqueness of the client.

2.1.3. Other relevant works used in the training of psychotherapists and underpinning the training curriculum for the integrative psychotherapy training program

The mentioned works are also included as bibliographic material for the training and supervision program in integrative psychotherapy at the Institute of Psychotherapy, Psychological Counseling and Clinical Supervision (IPCS), being reference works for training in integrative psychotherapy:

- Edward Watkins Jr, C., Vîșcu, L. I., Cădariu, I. E., & Žvelc, M. (2022). Problematic self-efficacy inferences in beginning psychotherapy supervisees: Identification and management. *Journal of Contemporary Psychotherapy, 52*(2), 109-116.WOS:000705797400001
  DOI: 10.1007/s10879-021-09525-4

- Vîșcu Loredana-Ileana, (2018) Professional standard proposed for the psychotherapist and for the clinical supervisor, International Conference "Supervision in psychotherapy", 1st edition, June 22, 2018, Timișoara, *1ˢᵗ International Conference "Supervision in psychotherapy" Proceedings,* Filodiritto Editore, ISBN: 978-88-8585813-26-7, pag. 214-222, WOS:000462188000033;

- Vîșcu Loredana-Ileana, (2018) Constructivist theories of learning in psychotherapy and clinical supervision training programs, International Conference "Supervision in psychotherapy", 1st edition, June 22, 2018, Timisoara, *1ˢᵗ International Conference "Supervision in psychotherapy" Proceedings,* Filodiritto Editore, ISBN: 978-88-8585813-26-7, pp. 223-233, WOS:

- Vîșcu Loredana - Ileana, Popescu Oana - Maria (2017) Interpretation in strategic integrative psychotherapy, Vol. 8/2017 Vol. 8, Special Nr. 1 - 2017 (*Psiworld 2016 Proceedings*) DOI: 10.15303/rjeap.2017.si1.a6, ISSN-L: 2286-1831, (printed) p-ISSN: 2069-1971, (online) e-ISSN: 2286-1831, pag. 43-46 http://www.rjeap.ro/search?searchword=therapy, indexed in INDEX COPERNICUS, Journals Master List 2013 , EBSCO, SCIPIO, ProQuest

- Popescu Oana Maria & Vîșcu Loredana-Ileana (2017) *Factorii comuni în psihoterapie. O abordare integrativ-strategică,* București: Editura Pro Universitaria, ISBN 978-606-26-26-0668-8, 244 pp

- Drobot Loredana, Oana-Maria Popescu, (2013), *Manual de Psihoterapie Integrativă,* Editura Didactică și Pedagogică București, nr. pg. 177, ISBN 978-973-30-3359-2

- Vîșcu Loredana-Ileana, Popescu Oana-Maria, (2017). An existential approach of the future psychotherapist's concerns.Lecture: International Symposium on Research and Applications in Psychology, SICAP 24th edition, with the theme "The cognitive valences of transdisciplinarity. Applications in psychology and psychotherapy", March 24-26, 2017, Timisoara, *Proceedings 24ᵗʰ International symposium of research and applications in psychology, SICAP: Cognitive characteristics of transdisciplinary applications in psychology and psychotherapy.* Vol. ISBN: 978-88-9595922-85-0, p. 294-299, Access code Web of science: WOS:

- Drobot Loredana (2012) Qualitative research in social science and education. basic paradigms and research methods, *Research in pedagogy*, Vol. 2, Nr. 2, pp. 11-20, http://research.rs/wp-content/uploads/2015/01/Drobot-engl-2.pdf, http://research.rs/ , indexed in Education Resources Information Center, CEEOL, Informit, Serbian Citation Index, AcademicKeys x50, AcademicKeys - Journals, AcReIndexlogox50, Academic Resource Index (ResearchBib), Comprehensive database of MDPI (Multidisciplinary Digital

Publishing Institute), OCLC WorldCat, KoBSON (EBSCO Discovery Service), Google Scholar etc.

2.2. Research direction 2- Supervision - Clinical supervision, social work supervision

2.2.1. The supervision pyramid in psychotherapy and the constructivist learning paradigm

The supervision pyramid and the social constructivist approach to supervision have been addressed in several papers, of which the following are of reference:

- Watkins, CE ; Callahan, JL ; **Viscu, LI** The Common Process of Supervision Process: The Supervision Session Pyramid as a Teaching Tool in the Beginning Supervision Seminar, *Journal of Contemporary Psychotherapy*,2020, Volume 50, Issue 1,Page,15-20 DOI,10.1007/s10879-019-09436-5,SPRINGER, WEB, SCOPUS ,WOS:000511530800002- paper in which I described the Supervision Pyramid;

- **Vîșcu Loredana-Ileana** & Watkins Clifton Edward Edward Watkins Jr (2021). *A Guide to Clinical Supervision: The Supervision Pyramid*, Elsevier, Academic Press, ISBN-10: 0128217170, ISBN-13: 978-0128217177, 110 pag https://doi.org/10.1016/C2019-0-04076-9 . https://search.worldcat.org/title/1230218951 book where the Supervision Pyramid as a tool for supervision is described and developed and the Figure of Competencies for Therapist and Supervisor is presented as models of training standards in psychotherapy and supervision;

Supervision presents, regardless of the therapeutic orientation, an emphasis on clarifying the need for supervision, identifying the problem and ameliorating or solving it. Also, at the level of each individual supervision session, the component steps are repeated, and the aim becomes to make the supervised therapist aware of his/her role in his/her professional development and to cultivate his/her internal supervisor from the very first supervision session. The internal supervisor will become a permanent professional support for the therapist. If the supervised therapist understands how supervision is carried out, what it entails, what commitment he/she is making, then he/she understands his/her role and contribution to the personal and professional development of him/herself and other colleagues in the intervention and professional supervision sessions. The need to design a useful tool for the supervisor and the therapist arose from our practice as supervisors, from analyzing the needs of the supervised therapists. Is it possible to design a supervision tool that, used together with the supervisor, can add to the knowledge and learning?

In the practice of supervision, regardless of the therapeutic orientation, there are common steps that are taken until the supervision session is completed. That is to say, supervision as a process goes through several stages, regardless of the therapeutic orientation:

- Specifying supervision needs;
- Problem identification (in the supervised therapist in the client-therapist therapeutic relationship, in the client and in the supervising relationship);
- Solving/improving the problem.

Problem identification and clarification

The supervisee starts from the formulation of the therapist's needs for supervision, and most of the time, the formulation involves reformulation, so that, from close to close, the reformulation of the needs for supervision leads to a different problem than the one initially mentioned by the therapist. The therapist is surprised to find that he has started at one point and ended up at another. The 'new' problem identified may indeed be a new problem for the therapist or another facet of an older problem. From this uncovered perspective of the problem and the needs for supervision become something else or are also reformulated with an emphasis on another aspect. The problem has to do with the therapist, the therapeutic relationship or the client. One does not move to the next level of the Supervision Pyramid until the therapist understands and accepts the problem. The therapist is also supported by the supervisor in acquiring the competence to self-identify problems in the future and to delineate the problem from other problems. If the therapist succeeds in delimiting and separating his or her problems and realizing which problems have posed difficulties in working with clients, then a catharsis-like release occurs. In fact, the problem is clarified, the directions of working with the client become clearer. For some supervised therapists, this first level of PS is the most difficult. In practice I have found that the difficulty of the first level stems from the level of experience of the therapist.

So, for the first level of the pyramid, the questions asked are clarifying questions designed to put the supervisor and the supervisee on the same wavelength. The redefinition of the problem leads to a precise focus and identification to pave the way to the next level of the PS.

Exploring and elaborating the problem

Exploration and problem elaboration are possible through questions, discussion, wonder and qualitative collateral research.

Exploration/ elaboration questions are intended to stimulate shared examination of the event/ issue and to add to the supervisor and supervisee's shared understanding of the issue.
The second level of the pyramid is the most prone to turning supervision into therapy. The role of the supervisor is to be vigilant so that this does not happen. The supervisor warns the therapist and recommends goals for individual therapy

So, in the second stage, the problem is broken down, analyzed from the perspective of its influences on the therapist's interactions with the client, the family, other people; parallel processes

are pointed out; the therapist's objectives for personal therapy are specified; future therapeutic objectives with the client are reformulated, etc.

Experimentation and consolidation

The supervised therapist and the supervisor move to the next level of the Supervision Pyramid, a level characterized by brainstorming, discussion and further reflection. Here, at this level, the supervisor is in full consultant role. The supervised therapist sees and analyzes how the sessions with the client have been so far and projects future sessions with the client. The therapeutic goals, for the work with the client, from the previous level are detailed in this third level of the Supervision Pyramid. It is a projection of the work with the client from the goals set. The danger is to turn supervision into a "lesson project". This is why I mentioned that the supervisor predominantly assumes the role of consultant at this stage and not the role of teacher.

There is also the situation where the supervised therapist does not arrive at a definitive satisfactory answer to the identified problem and does not discover any concrete intervention, but does gain a sense and appreciation of the complexity of the problems and the need for patience.

Review and resolve

The last level of the Supervision Pyramid should answer the basic question "Have we addressed the problem sufficiently? Have I clarified the problem or is it clarified only for the moment?" If the supervised therapist's answer is yes, then the problem is moved on to another supervision problem, and if the answer is no the problem is resumed. Some problems are merely ameliorated and others are resolved.

Supervision is a constructivist learning environment because it has characteristics of constructivist learning environments:

- providing multiple representations of reality: supervision as a constructivist learning environment brings into question the representation of reality of the client, the supervised therapist and the supervisor;

- which, through multiple representations, avoids simplifications: supervision forces a consensus in the representation of the reality of the client, the supervised therapist and the supervisor;

- involving authentic tasks in meaningful contexts and abstract training outside the context: supervision takes place because of a need expressed by the supervised therapist (a need arising in a meaningful context, in the therapy session with the client) and which is also expressed in a meaningful context, the context of supervision. One does not supervise an abstract situation, something that did not take place.

- which offer learning environments such as real-life situations or case studies instead of pre-determined learning sequences: supervision is essentially defined by the case study, being a real-life situation, lived and brought to the present, in the context of supervision. From the present, however, directions for future learning sequences can be drawn, adapted to the personality of the supervisee;
- that encourages reflection on experience: supervision relies heavily on the reflection of the supervisee. Reflection stimulates learning, helps to make the supervisee aware of the past, present and future of the therapeutic situation with the client. Reflection also helps the supervisee in becoming aware of the needs for professional training and personal development;
- which ensures the construction of knowledge through and depending on the context: supervision is carried out in a therapeutic context, based on the relationship between the supervised therapist - client/patient and in a context with strong therapeutic valences - the context of supervision. Supervision resembles therapy, but is not therapy. Supervision contributes to increasing the knowledge of the supervised therapist in a context of supervision, created formally: with a supervision contract, letter of introduction of the supervisor, etc. and co-created through the alliance and the supervisory relationship;
- which supports the collaborative construction of knowledge through social mechanisms and competences: supervision, whether individual or group, is a construction between the supervisor and the supervised therapist, between the supervisor and the supervising group.

2.2.2. Figure of competences of the psychotherapist and clinical supervisor

The competencies required of a psychotherapist and a supervisor were the starting point for the design of a training program for supervisors and other topical issues in supervision **Vîșcu, LI**; Cădariu, IE.; Watkins,Ed,Jr (2023), *Competency Based Training for Clinical* Supervisors-1st Edition, Elsevier, Academic Press, ISBN 978-0-443-19254-8 https://shop.elsevier.com ' viscu
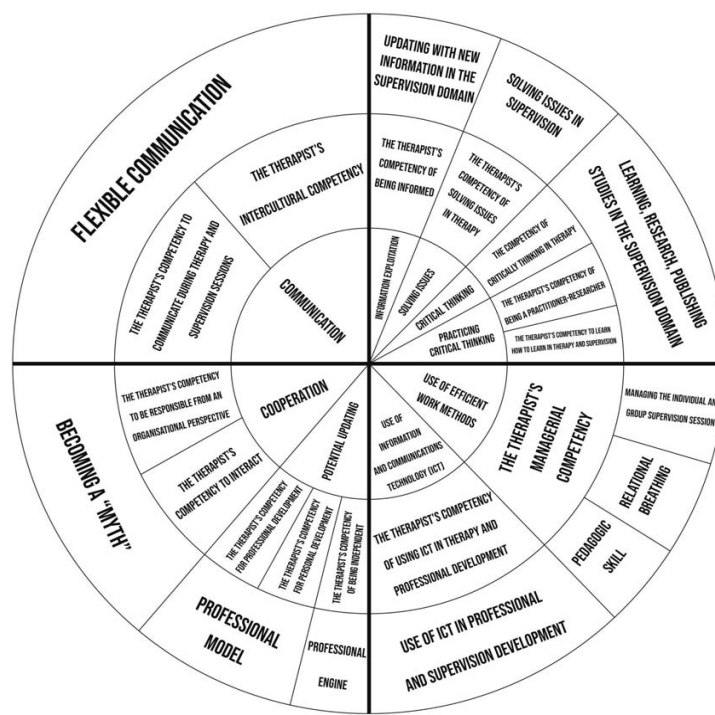
Fig.1 Skills Figure . *Source: Vîscu & Watkins, 2021, p. 11*

Each cross-cutting area of competencies will be developed during training programs in psychotherapy and supervision into competencies necessary for the profession of psychotherapist. Also, in the paper :

- a training program for supervisors in clinical psychology and psychotherapy was presented and developed;
- The Standard Evaluation Mixed Rating Scale (SESM) was designed to assess the behavior of supervisors;
- the educational strategies and types of assessment in training and supervision programs in psychotherapy were approached from the perspective of adult pedagogy

2.2.3. Supervisory functions from the perspective of the location of the supervisor

The analysis of the functions of supervision in social work according to the location of the supervisor inside and outside the organization where the social worker works was addressed in the paper **Vîșcu, L.-I.,** & Marici, M. (2024). Challenges in Supervising Social Workers. *International Journal of Social and Educational Innovation (IJSEIro)*, *11*(22), 81-94. Retrieved from https://journals.aseiacademic.org/index.php/ijsei/article/view/403

The functions of supervision identified by Kadushin and Harkness (2002) involve particularizations according to where the social worker works and the case selection (recipient of social services offered by an organization or client of psychotherapy/psychological counselling offered by the social worker in private practice). Social workers after a period of training in a therapeutic orientation acquire competences as psychotherapists, competences which are also practiced, depending on the social worker's place, within an organization or in private practice. The profession of social worker is becoming a liberal profession, like the profession of psychologist, doctor, psycho-pedagogue. Due to the liberalization of the social work profession and the supervision of social work services acquires particularities determined by: professional training, characteristics of the organization, organizational culture, private practice, competences of the supervisor and the place where the supervisor works (in the same organization as the supervisee or is external to the organization ,chosen by the supervisee on the basis of a supervision contract). The aim of the paper was to present guidelines for a general framework for the work of the supervisor located inside or outside an organization, under the conditions of the liberalization of the social work profession.

2.2.4. Reflective supervision in social work. Strategic integrative model of supervision in social work.

Reflective supervision and the role of reflection in clinical supervision and social work supervision were discussed in **Vîşcu, L.,** & Rad, D. (2024) Reflective supervision and the strategic integrative model in social work supervision. *Technium Social Sciences Journal*, *66*(1), 365-380. ISSN: 2668-7798

Crossref, Ebsco, Index Copernicus, RePEc, Scipio. The focus was on the role of learning, reflection and the presentation of the supervision model which has at its center the learning of the supervisee. The supervision model has also been presented in previous works (Vîşcu, Popescu, 2017, Vîşcu ,2018, Vîşcu, Cădariu, Watkins, 2023), but in the present work the model was adapted for social work supervision and named the Strategic integrative model of supervision in social work.

Supervision in itself has a reflexive component and cannot be delineated from reflexive practice, at least in psychology. The explanation of the attachment of the word "reflexive" in social work supervision possibly emphasizes drawing attention to the social worker's crowding, a silent cry for help of searching for resources within the social worker and in the supervision relationship, when it seems that at work there are no resources to move forward. Supervision is a "helping" relationship assumed on the basis of a supervision contract with a "senior professional" who will, after a period of time, give the go-ahead to the supervisee to enter the gate of professional autonomy. Supervision bears the imprint of pedagogy (Bernard, Goodyear, 2017), it is also a learning activity, including reflective learning from a practice that cannot be anything other than reflective. We are talking about learning based on adult learning principles (Knowles, 1984). Supervision in social work, like supervision in clinical psychology, psychotherapy and medicine, has the characteristic of permanence; those who work with people need supervision all the time. Supervision is a tool for maintaining "professional lucidity".

It was mentioned earlier that supervision is adult learning, reflective learning based on adult learning principles. Since supervision (as training or personal development from a therapeutic orientation) is based on a relationship between two adults (supervisor and supervised therapist) and involves learning (of attitudes, goals, dialectical and argumentative skills in communication supervisor-supervised therapist and supervised therapist-client, problem solving, etc.) between two adults, we can consider supervision as an andragogical model of instruction (Vîşcu,2018).

Andragogy has been defined as "the art and science of helping adults learn" (Knowles, 1984).

Adult learning is not the same as learning in children or pupils, therefore adult learning will take into account particularities (individual and age), forms of adult learning, learning theories, teaching/assessment strategies. Adult learning is an experiential learning which refers to reflexivity.

The differences between the pedagogical model and the andragogical model (specific for adult teaching and learning) are highlighted on six levels (Paloş, Sava, Ungureanu, 2007, pp. 107-110): learning needs, learner's self-image, previous learning experience, readiness for learning, learning orientation and learning motivation.

The learning needs of the supervised social workers are in fact found in the supervision needs expressed at the beginning of the individual or group supervision session. Supervision needs are problems to which the social worker needs solutions. The supervisor provides solutions if the supervision is centered on the administrative function of supervision (Kadushin,2002), but when supervision needs cover the educational (clinical) and supportive function, then supervision refers to reflexivity as competence and the directive role of the supervisor is diminished. In 2018 in the paper " The strategic integrative model of supervision" we presented supervision from the perspective of the supervisor's learning. The model proposed and applied in the supervision sessions not only with psychologists but also with physicians, social workers, psycho-pedagogues has the concept of learning at its core (Fig.no.2).
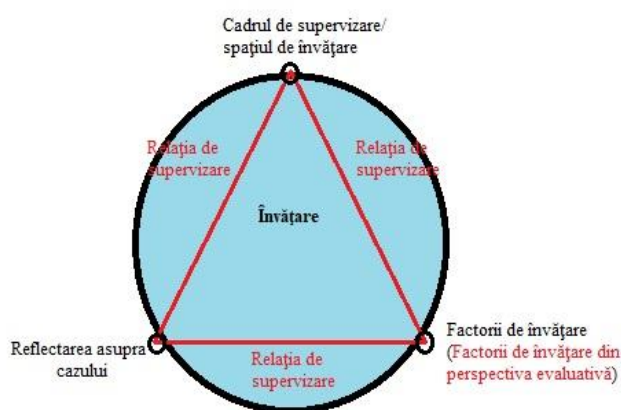

Fig.2. Strategic integrative model of supervision (Vîşcu, 2018)

Supervision space

The application of the strategic integrative model of supervision to the supervision of social workers, from the perspective of the supervision setting/supervision space, involves determining where the supervision will take place: inside or outside the organization where the social worker works. If the supervision takes place in the same organization, the supervisor is from inside.

Supervision within an organization in which the social worker works, bears the imprint :

-    organizational climate,

- how social care values are practiced,
- the distribution of power in the organization,
- the power relationship between the social worker and the supervisor, the
- how confidentiality is ensured,
- how the needs of the supervised social worker are perceived
- and how the functions of supervision are perceived and practiced in the organization, what importance is attached to the well-being of the social worker,
- perception and appreciation of the workload of the social worker, etc.

Supervision outside of an organization in which the social worker works refers to the liberalization of supervision, and possibly a solution for the social worker. An external supervisor has the task to inform himself in the dialogue with the social worker about the characteristics of the organization , about the "fingerprints" presented above, in order to get an overview of the workplace of the supervisor, the pressures constantly exerted at the workplace. The supervision group in this situation is a support group, the confidentiality of the supervisor is not tested, the supervisor feels more free from organizational constraints. The social worker also has the possibility to work in private practice and the supervisor is only from outside, chosen on the basis of a supervision contract.

  Supervision space does not only refer to the choice of the place of supervision, internal or external to the workplace, but also to the management of supervision, ensuring the planning, organization, coordination, conduct and evaluation of supervisory activity:

- scheduling - the supervision will be carried out, regardless of its individual or group form, on the basis of a schedule, with the date, day, time, location known in advance by the supervised social worker. The supervised social worker is informed of the number of hours to be accumulated by the end of the supervision period, what conditions he/she has to fulfill in order to become autonomous.

- organization - each supervision meeting implies that the supervisor is interested in: the needs of the supervisees at the beginning of the meeting, the topics to be addressed, providing at the end of the meeting some support materials or bibliographical recommendations, presentation and description of the content of the client's file from the supervision perspective. The Client File is the collection of the documentation of the supervised case. For the supervised social worker with competences in psychotherapy, psychological counseling, the client file includes: the psychological services contract, the status of the supervised session, the presentation of the recording of the session or of the work sequence brought under supervision, the relational diagnosis sheet, and at the end of the supervision, the supervised social worker will fill in the supervision sheets. In

the work Tools of the supervised therapist (2018) all the documents necessary for the supervision of a case from a psychotherapeutic perspective are presented.

Coordination, management and evaluation of supervision. The three concepts emphasize their impact on the supervisory relationship and the implications of the power of the supervisor, the implications of ethics in supervision. The supervisory relationship tends to become a mutual supervisee-supervisee relationship , but it is precisely the supervisor's evaluation activity that draws attention to the power gap between supervisor and supervisee. The reduction of this power gap is achieved by clearly specifying the criteria to be met by the supervisee at the end of the supervision period. The supervisor's power is an ethical requirement for the supervisor to be permanently self-monitored in order to avoid abuses of power, parallel relationships (engaging the supervisor in multiple relationships with the supervisee

Learning Factors/Learning Factors from an assessment perspective

The learning factors that influence the success of supervision are internal and external.

Internal factors include biological factors (age, gender, sleep, intellectual biorhythm, neurodynamic mechanisms of learning); psychological factors (mental processes involved in learning, motivation, aptitudes, learning style, level of culture).

External factors of learning include: socio-organizational factors, social factors, cultural factors.

The main factors influencing learning in supervision are also common factors in supervision (Vîșcu, 2018):

a) Supervisor's style - is formed and developed over time, as a consequence of the accumulation of information, practice of inclusive pedagogical skills. Supervision has a pedagogical component, and the supervisor's style is a "tool" of supervision adapted to the learning conditions, the age of the supervisor, the values and particularities of the environment where the supervisor works.

b) the style of the supervising therapist/social worker - is formed as information is acquired, practice is accumulated. The style of the therapist/social worker is the consequence of formal, informal and self-education.

c) the immediate and broader context of the work of the supervisor, the supervisee, the client - the supervisor and the supervisee engage in a process of deciphering the meanings of the experience of the actors engaged in supervision: the supervised social worker, the client of the supervisee and the content of the supervisory relationship. Supervision is a reflexive space of constructing new meanings due to the awareness of contextual factors in the social worker's work and in the client's environment, knowledge of social work theory, the theory of therapeutic orientation (when supervising the social worker therapist, and many other variables.

d) supervisory, relational and learning needs of the supervisee. The supervision needs mentioned by the supervisee are an expression of what he/she considers to be a problem in the supervisee's work

in the "here and now", but also an expression of personal problems. Supervision needs are also learning needs of the supervisee (requests for study materials, techniques and methods of case intervention);

e) the learning styles of the supervisor. Kolb (1971) suggested a learning cycle necessary for effective learning. Applying Kolb's learning cycle to supervision we delineate :

- concrete experience - case conceptualization at the beginning of the supervision session;

- the reflection and observation stage of this process - reflecting on the impasse and reflective observation, supported by feedback from the supervisor;

- building relevant abstract concepts from which hypotheses are derived - the observations obtained are discussed and linked to psychotherapeutic theory, diagnosis and developmental theory in order to outline a new hypothesis or several working hypotheses;

- applying the hypotheses in practice - testing the hypothesis or hypotheses obtained in the next or future sessions with the client, in effective case management;

- educating the supervising therapist, assessment and monitoring in supervision.

   Reflection in social work supervision

   Reflection in supervision involves thinking about something and thinking about how to think about something. In other words, through reflection we have access to metaganning, we detach from the "here and now" and we look, think, analyze on the "here and now", through "there and now" and "there and then" (Vîșcu, 2018a.)

   The development and use of reflection assists the therapist and supervisor in making new meanings in therapist-client, therapist-supervisor and supervisor-client interactions.

   Reflection is a competence that is formed and practiced in practice, and the basic idea is that supervision is aimed at the acquisition of competence in the social service specialist. In the scheme of competences presented earlier in a paper (Vîșcu, Cădariu, Watkins, 2023), reflection is a competence at the interaction of the four areas of transversal competences: intellectual, methodological, personal and social and communication

  - reflection is an intellectual component as it involves analytical and critical thinking;
  – Reflection is a methodological component because through it we access the "evidence of the case", through the analysis of the lived experience we access the unseen and unspoken aspects of the therapist-client, therapist-supervisor and supervisor-client relationship;
  – Reflection is a personal and social competence because it brings the experiences of living 'something' into the awareness of the therapist, client and supervisor. Experiences are characterized by an "awareness of something" and have a character called intentionality (Husserl).

Difficulties for achieving reflective supervision in social work would be:

- Frequent legislative changes and often with no procedures, although the legislative framework exists, there are no enforcement procedures;
- Emphasis on administrative tasks and a task-oriented organizational culture (Pitt et al., 2021);
- Supervision sessions that predominantly emphasize the social worker's responsibility to the detriment of self-reflection on his or her own well-being, self-care;
- Lack of supervisory training for social care managers;
- Absence of supervisor training courses, curriculum, trainers of supervisors;
- Poor conceptualization of what constitutes individual and group supervision session management in social work (Wilkins, 2017);
- Challenges of online supervision (Vîșcu, Cădariu, Watkins, 2023) etc.

The supervisory relationship is the invisible glue that binds the model presented and is permanently subject to the danger of breaking, if the supervisor will not adequately manage the supervision. The authors' attention has been directed to presenting the model as a benchmark for supervision in social work, and the supervisory relationship is another topic of interest in both counseling/psychotherapy and social work.

2.2.5. Abusive supervision in social work

Abusive supervision in social work organizations was discussed in Vîșcu, L., & Rad, D. (2024). The impact of abusive supervision on the functions of supervision in social work. *Technium Social Sciences Journal*, *66*(1), 354-364.

https://doi.org/10.47577/tssj.v66i1.12100 Crossref, Ebsco,Index Copernicus, RePEc, Scipio.

The Integrated Model of Clinical Supervision (Philip Rich, 1993) states that supervision has four functions: facilitation, professional development, staff socialization and service delivery.

In the literature on supervision in social work, the concept of abusive supervision is increasingly addressed. While clinical supervision in psychotherapy has increasingly gained ground in social work, abusive supervision in the organizational field has also increasingly penetrated social work. Abusive supervision is defined as "subordinates' perceptions of the extent to which supervisors exhibit sustained verbal and nonverbal hostile behaviors, excluding physical contact" (Tepper, 2000, p. 178), such as ridiculing employees and making negative comments about them. Abusive supervision leads to negative emotional and behavioral reactions from employees , including psychological distress (Tepper, 2007), increased deviance (Thau et al.,2009), poor job performance (Harris et al.,2007), minimization of emotional needs, and destroys self-image (Jian et al.,). 2012

1. *The facilitating function of supervision and the impact of abusive supervision on it.*

Abusive supervision is one of the most common context-related problems in the workplace that can jeopardize employees' health and well-being (Restubog et al.,2011). In particular, when it comes to workplace abuse, leadership researchers have argued that bullying from supervisors has a more substantial effect on employee well-being and behavior than bullying from other sources.

Abusive supervision diminishes the creativity of supervisees, which is precisely a goal of the facilitating function of supervision in social work.

As solutions to mitigate the effects of abusive supervision in organizations are proposed:

- Training programs for supervisors to improve their interpersonal or relationship skills and to manage anger and frustration;
- Increasing tolerance of the beneficiaries' spoken culture;
- Managing workforce diversification, the organization should take into account the culture of the workforce, hence understanding cultures;
- Managing conflicts in the supervisory relationship;
- Administer regular psychological tests to employees;
- Motivate supervisees by stimulating interest, satisfaction and challenge of the work itself and not by increasing external pressures Motivate supervisees primarily by interest, satisfaction and challenge of the work itself and not by external pressures. If supervisees are satisfied in their needs, then they can successfully meet the requirements of the organization

2. *The function of supervising the professional development of social workers*

Professional development in any profession starts with the initial training (undergraduate studies) and continues throughout life, being a professional ethical requirement expressed in the professional deontology. Professional development in social work is regulated by the coordinating professional association of each country, state. The central concept in professional development is lifelong learning. In social work services the professional development of social workers is influenced by the culture and climate of the respective organization, the value attributed to the social worker's work. Each position in an organization involves the assignment of roles, and the exercise of these roles is also an expression of the assumption and internalization of the values assigned to the roles. In the supervision relationship, psychological games also appear as communication transactions that are unfavorable for all the actors involved in supervision (supervisor, supervisee, beneficiary). At first glance, professional development refers to the individual, with all that it entails: motivation, personality style, self-directed learning, learning style, assumption of organizational climate values, participation in organizational culture, creation and development of the social worker's identity, etc., but also the consequences at the level of the social worker's beneficiary/ beneficiaries. If we look at the big picture, individual professional development emerges at the level of the organization through everyone's participation in

professional development as a whole, the organization learns. So, the function of supervision of professional development also refers to the actions of the supervisor and the supervisee to contribute to the organizational learning in which the two work. Organizational learning is thus also the expression of putting social work values into social practice. An abusive supervision contravenes social work values, organizational values, beneficiaries' rights. But abusive supervision can also be the consequence of a defense of the supervisor. It is assumed that a supervisor acquires the status of a supervisor on the basis of outstanding professional achievements, ethical behavior. However, a long practice is not enough to become a supervisor, in addition to professional competences, relational competences are also brought into question, hence the need for professionalization and the supervisor to follow training programs, to have a supervisor. We are talking about supervising supervision. The supervisor is not a person who has to solve the problems of the organization as a whole, in a situation where the members of the organization are overwhelmed with tasks , with a workload impossible to bring "up to date". A possible explanation for practicing abusive supervision would also be the high workload, overwhelming the enormous number of case management. Employees, including internal supervisors, who are centered on the administrative function of supervision (Kadushin) to resist internal and external pressures of the organization, are overwhelmed and provoked in coping mechanisms to stress, bournout. From here to practicing abusive supervision is a short distance and yet not an excuse. The emotional component of everyone, supervisor and supervisee, is brought to the foreground in order to avoid abusive supervision. Professional development is closely linked to personal development, but if the supervisor has no knowledge about the personal development of the supervisee and does not consider his/her own personal development important, then there are preconditions for abusive supervision. Support groups, interventions, individual supervision, group supervision are some forms of professional support for social workers, provided that those who run them are trained in this and that such meetings do not turn into mere meetings.

3.The function of socialization supervision of social workers

The function of socialization supervision of social workers is closely related to the above-mentioned function of professional and personal development. The focus is on the organization where the supervisor works, the behavior of the supervisor in the work team, the mentality of working in a team and establishing collegial, functional relationships with external partners, professional relationships with beneficiaries. Abusive supervision in the context of this socialization function of supervision we approached it from the perspective of task conflict within the work team.

Task conflict arises among employees due to real or perceived disagreement about work content, task habits, distribution of resources, or interpretation of facts (Bradley et al.,2012). Task conflict frequently coexists with negative emotions, which can lead to undesirable outcomes, including poor job performance. Task conflict usually escalates into personal problems, which then destroy interpersonal relationships (Yu & Zellmer-Bruhn,2018), expressing opposition rather than debate and leads to social undermining. The consequences of task conflict in an organization are: depletes employees' cognitive and emotional resources; consumes employees' attention; hinders cognitive processing, decreases psychological well-being, and induces a sense of incompetence and tension in employees. Employees, may resort to socially undermining behaviors in response to task conflict, bad-mouthing the adversary, putting him or her down when questioning work procedures, providing incorrect or misleading information, or even giving the adversary the silent treatment.

4.The supervisory function of service provision

The last function of service delivery supervision in Philip Rich's model aims to ensure the quality of services to professional standards and refers to service evaluation. In order to ensure the evaluation of services after supervision, whether individual or group supervision, provided by social workers to the beneficiaries we need evaluation tools (tests, rating scales, questionnaires). Services provided by supervised social workers must be constantly adapted to the social needs and needs of the beneficiaries. Monitoring the quality of services by supervisors aims to protect clients against the risk arising from inappropriate interventions of the social worker.

2.2.6. External and internal supervision in social work, framework outline for the implementation of supervision in social work

External and internal supervision in social work and presentation of a supervision framework outline was presented in the article Vîșcu, L. I., & Rad, D. (2024). Internal and external supervision in social work-outline framework for intervention in supervision. *Technium Education* and Humanities, 10, 90-98. https://doi.orgCrossref, Ebsco,Index Copernicus, RePEc, Scipio.

The reference work from which the framework outline for conducting supervision in social work was developed through an analogy approach was   Watkins Jr, C. E., Cădariu, I. E., & **Vîșcu, L. I.** (2024)."Let Us Begin Well Together": A Preparation-Positivity-Purpose Checklist for Helping Beginning Supervisors Optimize the Start of Supervision. Journal of Contemporary Psychotherapy, 1-10. DOI 10.1007/s10879-024-09631-z WOS:001242124500001

From the perspective of the supervisor's relationship with the organization we distinguish between internal and external supervision (Cojocaru, 2005), with advantages and disadvantages.

Both internal and external supervision emphasize the importance of professionalization of the supervisor and the acceptance that social work is subject to the demands of the labour market. To counter the disadvantages of external supervision they list:

- If the external supervisor is contracted by the organization, then the services of the external supervisor are limited and depending on the funding possibilities of the organization. The consequences are negative for the personal and professional development process of the supervisor and thus of the beneficiaries. The dynamics of the supervisory group may also be affected by premature discontinuation of the supervisory group. Social workers are at different stages of development of their professional identity and the termination of the work of the supervision group will affect the transfer process of each supervisee in the group. It is recommended that both the supervisor and the supervisee, irrespective of the selected form of supervision, should be aware of the duration of supervision from the beginning,

- The external supervisor is recommended to have psychotherapist skills in addition to administrative skills (administrative function of supervision, Kadushin, 2002) to manage and solve problems generated by conflicts arising in the supervision group. The supervisor is attentive to the formulation of the supervision needs of the social workers, he/she needs a reference model of supervision on the basis of which he/she will carry out supervision. Also, the supervised social worker will be guided by the supervisor to learn to formulate his/her supervision needs, to delineate between supervision needs. The contracted external supervisor will mention from the outset the competences and limits of the competences he/she has and how far he/she will engage in the supervision process;

- The external supervisor, in order to avoid providing template solutions to the supervisees, will learn about the specifics of the organization where the subordinate social worker comes from, about the organizational culture, about how social work values are perceived and implemented, about the distribution of power in the employing organization. Also, the role of the supervisor from a psychotherapeutic perspective is not to provide solutions, but to assist the supervisee in discovering what is right for him, the recipient and the relationship between supervisee and recipient (Vișcu, Cădariu, Watkins, 2023). From the perspective of the administrative function of supervision, the supervisor assists the supervisee through appropriate questions in effective case management.

Outline framework for conducting supervision (Watkins, Cădariu, Vișcu , 2024),

The earliest part of the supervisor's development has long been identified as the most difficult and potentially problematic, that is, the entry period when working as a new entrant to the profession (Hess, 1986; Watkins, 2014). Analogous to the difficulties faced by any new entrant to

related fields associated with the medical act, the social work supervisor, vulnerable at first, will also begin to be increasingly open to change.

As this process unfolds progressively, both the supervisor and the supervisee encounter a number of difficulties:

- (a) the novice supervisor starts from a position of vulnerability, where limited training and experience predominate; and

- (b) through the social worker supervisor's experience of supervision, self-reflection and struggle, peer support and discussion (where available), psychotherapy training (where available) and supervisor supervision (where available), the process of supervisor development unfolds favorably, positive changes accumulate more and more, social worker skills are developed and improved, the sense of identity as a social worker takes a more solid, crystallized form, and the novice supervisor eventually evolves to become a competent social worker

The novice supervisor tends to struggle with that **crucial triad of** learning **difficulties**:

- managing the anxiety that accompanies the development of the social worker mindset,

- developing an identity as a social worker

- developing the belief that what the supervising social worker is doing is good and that it works.

We will succinctly present the essential points required to be covered by a supervisor with the supervisee at the beginning of the supervision process in social work. The outline framework of the approach is that offered by Watkins, Cădariu, Vișcu (2024), regarding supervision in psychotherapy, now particularizing for supervision in social work. It is mentioned that the proposed stages refer both to the social worker coming from an organization and to the social worker with competences obtained in psychotherapy, who also practices as a psychotherapist in supervision. The analysis of the beginning of the supervision, of what will take place in the supervision, was carried out according to :

- Preparing the supervisor on what supervision is, what expectations are, what problems may arise;

- Promoting positive expectations for social work supervisors;

- Formulate with the supervisee the supervisory objectives

Preparing the supervisor for the supervision program

- It defines the supervision (what and why) and its framework (e.g. length, duration, frequency), the expectations of the supervisor, the roles of the supervisor and the supervisee;

- The supervisee is informed about his/her development process (understanding the stages of becoming a professional, the stages of development at which he/she will be situated during the supervision, being overwhelmed by anxiety, the occurrence of demoralization, questions about whether he/she is suitable or not as a social worker, etc

- It defines and discusses the difference in power in supervision, the organization to which it belongs or the form of practice;

- It takes into account the use of supervision as a space of differences, noting that supervision itself is multicultural, and the importance of appreciation, respect for the culture of the non-beneficiaries;

- Specify which assessment tools will be applied to monitor the progress of the supervisee throughout the supervision;

- Feedback is given to the supervisee at the end of each supervision session, either individual or group;

    a. A written supervision agreement is used as a facilitation tool to organize the discussion on preparation for the role of supervisor.

Promoting positive expectations for social work supervisors

- The supervisor provides an explanation of what supervision is, what the rationale is. Where there is anxiety and doubts about being and becoming a social work specialist, including as a psychotherapist, supervision aims to help the supervisee manage and reduce their anxiety and doubts as a specialist. Supervision provides that safe space in which, through incessant and unrestricted self-observation and self-examination, (Vîşcu & Watkins, 2021);

- The supervisor adopts and engages in behaviors to enhance the supervisory relationship (supervisory presence, empathy, encouragement, reassurance, respect, authenticity, humility, flexibility, and appropriate self-disclosure are all important for enhancing the supervisory relationship; supervisory techniques such as case conceptualization, giving feedback, discussion, teaching/instructing, modeling, and reflective, Socratic questioning are also important for enhancing the relationship; prompting the supervisor to conduct research);

- The supervisor creates and reinforces the supervisor's trust in the supervisory process because he/she believes in it;

- The supervisor expresses a strong commitment to the supervisory relationship and process by being within the supervisory relationship through the authenticity he or she demonstrates

- The supervisor provides encouragement to the supervisee, normalizes doubts, anxieties and developmental concerns, and is concerned with creating self-compassion in the supervisee.

Formulate with the supervisee the supervisory objectives

- The supervisor establishes the supervisory alliance which consists of three interdependent components: the relationship or bond between the supervisor and supervisee, the collaboratively established supervisory goals, and the collaboratively established tasks by which these goals will be pursued. The goals, provide direction and guidance for the supervisory process and open up opportunities for the supervisor and supervisee to work collaboratively and it is noted that goals are not static, they evolve (Gonsalvez, 2014). In this case, it is understandable that goals should be reviewed and discussed periodically;

- Identifies in collaboration with the supervisee the tasks by which the objectives of the supervision will be achieved.

- Develops in collaboration with the supervisee a supervisory course of action designed to stimulate supervisory learning. The supervisor is attentive to the learning style of the supervisee, to what needs to be learned in supervision. In other words, the supervisor also plans the supervision from the supervisor's learning perspective.

- Highlights constructive changes in the supervisor and identifies areas for further development. Where constructive changes occur in the supervisor, the supervisor validates them, mentions them, congratulates the supervisor. The particular identification of these changes, which may not initially be seen by the supervisors, validates that growth is occurring, that they are indeed on their way to becoming therapists. When the supervisor signals growth difficulties they will clearly, specifically mention them, offer supportive, supportive, bibliographical, utilize learning techniques appropriate to the problem and the supervisee.

- The supervisor reviews the supervision experience in collaboration with the supervisee, is interested in what is going on in the supervision space, asks for ongoing feedback and is concerned about the trials of the supervisory relationship, whether or not breaks in the supervisory relationship occur and how to resolve breaks in the supervisory relationship (if they can be repaired).

The presented framework is also useful for supervisors in counseling and psychotherapy, particularly for new supervisors, who are at the beginning of their career in supervision.

Another reference work is **Vîşcu, L. I.,** & Rad, D. (2024). Towards a process model of supervision in social work-a bibliometric analysis. *Technium Education and Humanities*, 10, 99-114.

https://doi.org/10.47577/teh.v10i.12122Crossref, Ebsco,Index Copernicus, RePEc, Scipio. The aim of the paper was to conduct a literature review in the field of social work supervision.

3. Future perspectives and academic career development plan

3.1. Scientific research objectives

Scientific research will be carried out on the development of clinical supervision, in particular social work supervision in Romania and internationally, within the university and the Institute of Psychotherapy, Psychological Counselling and Clinical Supervision (IPCS). Social work supervision in Romania still needs time to find its place in social work organizations, in academic plans and to acquire the status of an applied science. The research will also be directed towards social workers who choose to pursue a career in psychotherapy, psychological counseling and towards reconsidering the curricula of the university, bachelor and master programs. The need to reconsider the curricula of the social work specialization at the university level reflects the discrepancy between the academic environment and social work practice, a situation present not only in Romania but also internationally. So, the main research directions assumed, most of which have already been addressed in the research we have conducted so far but in the context of psychotherapy and clinical supervision are:

- social work supervision,

- creating the identity of a social worker,

- place and role of social work practice in social work specialization plans,

- training and supervision of social workers as psychotherapists, in particular research on transference, countertransference, parallel processes, professional burnout in social workers,

- interdisciplinary research and involvement in research teams with colleagues.

3.2. Objectives in the plan of teaching activity with students. Proposal for the compact practice in the first year of the bachelor program in social work

Students need courses, textbooks, tutors to keep them interested in their studies and train them for a practical and liberal profession. The student together with the teacher form a team, but not only declaratively, the relational breath is the binder between the two actors mentioned.

A proposed objective for the didactic activity with students will be to develop and implement a framework for the development of specialized practice in social work from the first year of university study by virtue of the need to bring the university closer to the social work profession, including to form and develop the student's identity as a social worker. The practical implementation of what is proposed is a project where it is necessary the collaboration between universities in Romania and, in particular, between the professors coordinating social work practice

(practice educators, name used in other countries) and the practice supervisors from the institutions, social work practice placements.

The recruitment pool for future PhD students in social work will be the graduates of social work specializations (including master's programs) in training within the Integrative Psychotherapy (IPCS) program with whom research studies can be conducted.

Conclusion. Training in psychotherapy and clinical supervision, supervision in social work are topics of interest for research in social work, psychology, sociology, psychotherapy, contributing to the consolidation of the status of social work and in particular, supervision in social work.

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