What the Room Leaves in You

A self-supervision worksheet on countertransference

Companion to the LinkedIn post of 18 September 2026 on what the evidence actually supports in supervision.

Two things done inside supervision show up in client outcomes. One is collecting structured feedback from clients. The other is working properly with countertransference (Hayes, Gelso and Hummel, 2011).

This worksheet is about the second. It takes a different starting point from the usual one. Countertransference here is not a reaction to be noticed and set aside. Much of what our clients carry was laid down before language and does not arrive as a story. It arrives in the room, in our bodies, before either person has words for it. On that reading the feeling that shows up in us is not noise. It is often the first channel the material has.

Which makes this a question of capacity rather than management. Work through it soon after a session, while the body still remembers. Twenty minutes.

Before you start: choose one session

Not the hardest one. Choose a session that left something in you that you have not fully put down.

Client (initials or code only), and the date:

1. Register the signal

8.2 Somatic Attunement · listening to and responding to bodily cues

Before interpreting anything, locate it. Where in your body did it sit, and what did it actually feel like? Temperature, weight, movement, tightness, space. Resist naming the emotion yet.

What my body was doing during, and just after, that session:

When did it start? Track backwards. Was it there when they arrived, or did it appear at a particular moment?

2. Name what arrived

1.2 Adaptive Emotional Processing · feeling, naming and integrating emotional states

Now put words to it. Putting plain language on a felt state is one of the better-evidenced moves in the field, and it changes the state rather than merely describing it.

If I had to name the feeling honestly, without softening it for the page:

Two things can be true at once here, and often are. Some of what arrived is yours. Some of it is theirs, registering in you. You do not need to separate them cleanly to work with them.

What in this feels familiar from my own history, and what feels foreign to me:

3. Notice what it touched

3.4 Healthy Self-Worth · valuing yourself from the inside out

This is the step most of us skip, and the one that does the work. What client material most often finds in a practitioner is shame. Not guilt about something done, but the older, bodily kind: the sense of being insufficient, exposed, or about to be found out.

Shame is a body state rather than a reasoned judgement about yourself, which is why it is hard to think your way out of and easy to act your way around.

Did anything in that session touch a sense of not being good enough? Be specific:

Now the honest question. A practitioner whose sense of worth depends on the session going well will act to relieve that feeling rather than stay with what it is telling them. Reassuring too quickly. Working harder. Going quiet. Getting subtly competent at them.

What did I do to make the feeling go away, and what might it have cost the work?

4. Stay separate without going cold

4.4 Secure Relational Boundaries · balancing closeness and autonomy

The aim is not detachment. It is being close enough to register what is there while remaining recognisably yourself. Both failure modes are common: merging until you carry their state home, or withdrawing until nothing reaches you.

Which way do I tend to go with this person, and what would the middle look like?

5. Put it down

8.4 Recovery and Decompression Practices · integrating rest to renew energy

Something registered in your body. It does not discharge itself because you understood it. Give it two minutes now rather than carrying it into the next hour.

Two short inhales through the nose, one long exhale out of the mouth. Five rounds. Then one small deliberate action that marks the end of the session: standing up, washing your hands, opening a window, stepping outside.

What I will actually do, today, to mark the end of this one:

The limit of doing this alone

You can do all of the above by yourself, and it is worth doing. But there is a ceiling, and it is structural rather than a matter of effort.

The material that most needs seeing is the material your own procedures are organised to keep out of view. That is what makes it procedural. You cannot reliably be your own second body in the room, and the parts you most consistently miss are, by definition, the parts you will not notice missing.

This is what supervision is for, on the reading above. Not oversight. Not a requirement met. Somewhere your own capacity to receive a client gets built, in the company of someone whose development is ahead of yours in the areas you are working on.

One question to carry into your next supervision:

A note on what this is and is not

The finding that countertransference management predicts client outcome is real and cited above. The framing of it as implicit relational knowing arriving in the practitioner, and as a problem of three specific capacities, is how I have come to hold it after more than twenty years of practice. It is a working account, not a tested one, and I would rather say so.

References: Hayes, J A, Gelso, C J and Hummel, A M (2011). Managing countertransference. In J C Norcross, Psychotherapy relationships that work, 2nd edn. Oxford University Press. Watkins, C E (2011). Does psychotherapy supervision contribute to patient outcomes? Considering 30 years of research. The Clinical Supervisor 30 (2) 235-256.

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