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Schema therapy supervision: Information and guidelines for supervisees 2023

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1. ISST accredited supervision in schema therapy

The International Society of Schema Therapy (ISST) accredits schema therapy supervisors and trainers and sets out the principles and standards for supervision (see Appendix below: *ISST principles of supervision in Schema Therapy*). Accredited supervisors may be evaluated by the ISST in terms of these standards and this process may include obtaining feedback from supervisees about their experience of supervision with the supervisor. I am accredited by the ISST as a trainer and supervisor and offer supervision in schema therapy individually or in groups for those learning schema therapy, as well as for certified practitioners who want to develop their practice further. I am also certified as a supervisor and trainer in schema therapy for couples.

You do not need to be intending to apply to the ISST for certification as a schema therapist in order to attend STISA supervision groups, You can use the supervision to enrich your practice. However, for those working towards ISST certification, the supervision sessions will help you prepare for this. You are likely to need less hours to reach the level at which you are ready to apply for certification if you are already an experienced therapist with some years of supervised practice. Your progress will also depend on how intensively and strategically you engage with the supervision process.

2. Supervision times, structure and CEUs

STISA supervision groups currently all meet online. You should read the document *Online consultations: Practical and Professional Aspects* for further information and conditions that apply. Group members may request supplementary individual supervision sessions but the supervisor has limited capacity for offering regular individual supervision. Groups currently meet at the times below (though there may not be space in all these groups at any one time). Depending on demand it may be possible to add another time at a later stage.

Group 1: Thursdays at 18h00 every second week (90 minutes).

Group 2: Wednesdays at 18h30 every week (60 minutes).

Group 3: Tuesdays at 10h00 every second week (60 minutes).

Group 4: Mondays at 14h30 every week (60 minutes).

Usually one member presents a case for each half hour. All members will get an equal share of the time over a series of sessions. You will learn a great deal from listening to cases presented by other supervisees and the discussion of clinical issues that takes place as part of the process.

Observers: On request, you may attend a supervision group *as an observer* who does not present cases, but can participate in discussions and ask questions. Observers pay a reduced rate, but the hours do not qualify towards supervision hours for ISST accreditation.

CE credits: In South Africa, all supervision is accredited for Continuing Education credits with the HPCSA for clinical and counselling psychologists. Supervisees will be issued with an annual certificate reflecting this. Supervision also contributes towards the supervision requirements of those seeking accreditation with the ISST, though this does not apply to members with observer status (see above).

3. Peer supervision and study groups

Peer supervision is widely used in schema therapy and training centres in the USA, UK, and Holland have reported that it is very valuable. We can help you form a peer supervision group by networking with colleagues who are doing schema therapy training. If there are not enough people in your area, you could organize peer supervision online. You might also consider forming a study group in which discuss readings on schema therapy or view videos of training materials. If you do this you may be able to apply to an accreditor for HPCSA CPD points.

4. Promoting your development as a schema therapist

You can learn a lot about schema therapy by reading and attending training workshops, but you are likely to need some regular supervision with an experienced supervisor if you are to learn the true potential of the schema therapy approach to working with your clients. Learning to be a schema therapist is a complex process that will unfold over time and supervision is likely to be an essential support for finding and developing your own therapeutic abilities and professional identity.

This guide provides the information you need to get started with the schema therapy supervision offered by STISA. Through supervision you will learn how to:

- Conduct an assessment which provides comprehensive information about the client to inform your case conceptualization.
- Develop a comprehensive case conceptualization based on an understanding of the clients early maladaptive schemas (EMSs) and modes.
- Develop a vision of the future for clients in which they are freed from their self-defeating mode cycles and can function authentically, autonomously, and in meaningful relationships, and using this vision as a guide to planning treatment.
- Translate the case conceptualization into a treatment plan that will impact on the client's problems and open up a new, less conflictual, and more meaningful future.
- Communicate the conceptualization to clients so they learn to identify their own EMSs and modes, what happens when schemas are triggered, the sequences of coping modes that follow and lead to self-defeating behaviours, how these are related to core unmet needs.
- Cultivate a relaxed, attuned, open presence with clients, and establish and maintain a sound therapeutic relationship, in which you offer reparenting in the relationship and in imagery and chairwork, use empathic confrontation, and identify ruptures in the working relationship and address them timeously.
- Develop the specific skills needed for implementing particular interventions.
- Direct clients in how to experiment with breaking old patterns, and learning to get their needs met in their current life contexts.
- Recognize when your own EMSs are triggered and interfere with your judgment, and address this.

It is recommended that you routinely record your therapy sessions, with video if possible, as this will allow you to

1. review your own sessions as a form of self-supervision,
2. invite the client to listen to all or part of a session again during the week,
3. share segments of recordings in supervision,

4. select a recording for submission for evaluation as part of the procedure for applying for ISST certification.

The guidelines in **Section 6** below will help you plan how to use each supervision session effectively.

5. Supervision contract

Supervision is offered on the understanding that you are a qualified professional, licenced to practice and treat the kinds of clients you bring to supervision. The perspectives and recommendations that the supervisor offers are based on his understanding of best practice within the framework of the principles of clinical management, psychotherapy and ethical practice nationally and internationally, as well as within the schema therapy framework. This is regularly informed by reading current literature, attendance at international conferences and contact with colleagues internationally.

Supervision is offered on a consultancy basis and the supervisor does not take clinical responsibility for the treatment and management decisions you subsequently take with respect to particular cases. It is your responsibility to make these decisions based on your knowledge of the case, your own clinical experience and your level of skill and knowledge of codes of conduct and ethical principles that apply in the clinical setting or country in which you work. Often the appropriateness of particular interventions depends on timing and only the clinician can be the judge of that in the context of how individual clients present week by week. The supervisor takes responsibility for alerting supervisees to some of the factors relevant to making specific management decisions and the selection and timing of interventions. Supervision may include helping you to evaluate the pros and cons of particular interventions in the context of particular clients.

Supervisees can also use the sessions to reflect on issues related to their own clinical responsibility so that they can make informed decisions in the challenging situations that they will inevitably encounter from time to time. You can discuss any aspect of this during supervision.

To apply for supervision, read this document and the *ISST principles of supervision in Schema Therapy* (attached as an appendix). Then complete and return the **Schema Therapy Supervision Application and Contract** form.

In accepting supervision, you are entering into a contract with the supervisor that carries responsibilities on both sides. These are summarized in the 9 points below:

1. Supervision: Roles, responsibilities and ethical and professional guidelines. Supervision is offered within the framework of the professional and ethical guidelines that govern Clinical and Counselling Psychology internationally and locally, and of what the supervisor understands to be current best practice within Clinical and Counselling Psychology both generally and within the Schema Therapy community. These provide the basis for the process of supervision, for the nature of the relationship between you and the supervisor, and for the guidance and suggestions made by the supervisor. Regulations and codes of conduct within which psychologists (and other health practitioners) work vary from country to country and across institutional settings. It is your responsibility to be familiar with the professional and ethical guidelines that apply to you. Clinical responsibility for management and treatment decisions taken by you rests with you, as explained above. You should therefore have your own practice insurance that covers you in the event that there is any ethical or legal complaint against you.

2. Format and content of supervision sessions. Supervision sessions will normally begin with a discussion of the goals of the session, what issues will be discussed and who will present cases. This will provide an agenda for each session. Please take responsibility for prioritizing what we look at in terms of your current needs, and use the guidelines in **Section 6** to plan what you bring.

3. Supervisees' responsibility for ongoing learning. You are encouraged to reflect on your own objectives for learning within the schema therapy model. To identify your personal objectives, you might find it helpful to review the list of aspects of development as a schema therapist listed above in section 4, above. You are encouraged to pursue these objectives systematically by selecting the case material or clinical issues that you put on the agenda for supervision at each session

4. Approach to problems and difficulties. You undertake to be honest in reporting about your work and about any problems and difficulties encountered. The supervisor will help you with problems in a practical and compassionate manner, while being honest and direct in situations where he believes you may have taken on cases you are not yet ready to deal with or made inappropriate interventions.

5. Working with supervisees' own schemas and modes. A therapists' EMSs are likely to be triggered by work with particular clients, resulting in therapists switching into coping modes in which they respond to clients in ways that are counter-therapeutic. Raising awareness of your own maladaptive schemas and coping modes is a part of the supervision process. You must be open to this kind of self-examination during supervision. Supervision does not replace personal therapy and you may be advised to work with a therapist on issues thus identified. However a degree of personal disclosure is also called for as part of the supervision process.

6. Supervision recordings: The supervisor will normally make a recording of the supervision session which will be made available to supervisees soon afterwards. You will be sent a link and will be to download it. Please ensure that you store the recording securely and it is recommended that you delete it once you have finished with it or store it securely in an offline location.

7. Confidentiality. Case material, as well as your own experiences, that are shared in supervision are confidential and the supervisor will not disclose it to third parties except in appropriate professional settings. You also undertake to maintain the confidentiality of such material. Any case material disclosed to you by the supervisor is also confidential and may not to be disclosed to third parties. The supervisor will make brief notes on the material discussed in supervision which will be stored with other clinical material in a locked folder on his computer and in hard copy in a filing cabinet in his office. These records will not be made available to third parties. See **Section 7**, below.

8. Availability between sessions. The supervisor can offer limited supervision between sessions, for example, by email, or by phone or internet in case of emergency. There will normally be no charge for a brief exchange, but should more extensive supervision be required, a charge will be made.

9. Supervisees' commitment. You are expected to commit yourself to regular supervision and only to be absent for medical reasons or domestic emergencies. Those who sign up for group supervision as a presenter should give at least one month's notice if they wish to drop out. Observers in group supervision are encouraged to come regularly but may plan to come less than weekly by arrangement. Please give notice in advance if you are unable to attend a supervision session.

10. Evaluation, quality control and feedback. No formal system of evaluation is used, but you are invited to give feedback on a regular basis. Should you feel that the supervision is not meeting your needs, is not covering what is supposed to be offered, you are invited to let the supervisor know either during the supervision itself or in writing afterwards (e.g. by email).

11. Annual Review. At the beginning of each year, in line with the above principles, you will be invited to review your progress in developing as a schema therapist in order to help you acknowledge and recognize the strengths and skills you already have, and also to identify areas which need attention and points of growth that you can focus on in the year ahead. Your supervisor will engage you in a discussion of this and you are encouraged to reflect as deeply as you can in order to orient yourself for the year ahead. If you are working towards certification, you should identify steps that will lead you towards that goal. This might include:

1. Working systematically with the Case Conceptualization form on one or two cases.
2. Submitting one or more session recordings to the supervisor for feedback.

If you are in group supervision, you should consider having one or more individual sessions to focus on the above.

6. How to use supervision effectively

As a busy clinician it can be easy to slip into using supervision as a way to address immediate concerns and crises. While there is a place for this, it is not the way to master schema therapy because effective schema therapy depends on thoughtful case conceptualization. It is best to use

supervision strategically to work towards particular goals with respect to your development. Review your progress regularly and reconsider what these goals are. The supervisor will usually ask you to reflect on this at the beginning of each new year, but it can help to do this more often.

Supervision is intended to help you with all phases of your interaction with a client: assessment, case conceptualization, therapy contract, and the therapy itself. It can therefore also be useful to bring to supervision questions about the therapy process but also about the assessment process. In the basic schema therapy course you learn how to conduct an assessment for schema therapy, building on what you would have learned in your professional training. You can get a refresher on this from Edwards and Young (2013), available at <http://oopen.org/search?identifier=1004362> (open access) and also from the powerpoint on assessment from part 1 of the training course.

Here are several ways you can focus the supervision process to help you develop your clinical skills for any phase of the process.

1: Present a typed case summary. Type out a summary of information about a case. Include details of the history, diagnosis, presenting problems, analysis of schemas and modes, goals for therapy, challenges and questions. We can then use this as a starting point for the supervision. This is more efficient than a verbal presentation because, in preparing it, you will start to organize the material coherently and you will need to spend less time summarizing the information for the supervisor and group.

2: Ask focused questions. Prepare one or more focused questions on how to work with a particular problem you are experiencing with a client or a technique. For example you might have a question about how to proceed with an imagery rescripting or chairwork process where you felt you got stuck. You could also present the problem in a short typed summary with a bit of background to the case and what you were trying to achieve with whatever intervention you need help with.

3: Present segments of audio or video recordings. Select a short extract from a session and play it during the supervision session. This should illustrate difficulties or challenges you are facing or questions you want help with. It is easy to share a recording whether working online or in face to face supervision.

4: Review a recording of a whole session. Submit a whole session to the supervisor for review and evaluation. The supervisor will listen to it outside of the supervision session (a charge is made for this) and report back during the next session or in the form of written feedback. This enables the supervisor to monitor closely how supervisees are conceptualizing in practice, how they are relating to the client, and how effectively they are using specific interventions.

5: Work with the case conceptualization form. You can focus on one or two cases and present them repeatedly in an ongoing process during which you build up a systematic summary of information gathered during the assessment phase and update it with new information as it emerges during the therapy. Enter the information into the *Schema Therapy Case Conceptualization Form*. This, together with a filled-in example, and an Instruction Guide are available from the supervisor. The material in the Case Conceptualization form should be supplemented by a **life history** written as a timeline indicating important events in the client's life year by year, and by the use of specific **self-report scales** such as the Beck Depression Inventory, Beck Anxiety Inventory, Young Schema Questionnaire, Young Parenting Inventory, Schema Mode Inventory, and other scales directly relevant to the client's presenting problems (e.g. eating disorder scales).

You can build up the material in the case conceptualization form as you go along and update and modify it as new information about the case comes to light. The process of completing the conceptualization form will help you think more clearly about the process of case conceptualization within the schema therapy model. It will also allow the supervisor to see how you are progressing and where you need guidance in the process. In group supervision, sharing a case conceptualization form or part of it helps other group members follow the details of the case and, in that way, learn about the case conceptualization process.

6: Listen to all or part of the recording of the supervision session: I will normally record the

supervision session. Many supervisees find it helpful to review all or part of this recording afterwards. I normally send the audio recording to all group members but if you would particularly like the video recording you can request this. Please ensure that you store the recording securely and it is recommended that you delete it once you have finished with it or store it securely in an offline location.

7. Preparing to apply for ISST certification

For ISST certification you must be licenced to practice psychotherapy in the country in which you live and work. If you are registered with the HPCSA as a psychologist you automatically qualify for this. For standard certification, you must prepare a video recorded therapy session and an ISST case conceptualization form plus other documentation. You must get these evaluated by an ISST certified trainer (who has not been involved in your training). We can make suggestions as to who you can approach for this. You must achieve a set level of grading on both the recording and the case conceptualization. For advanced level you must submit two recordings of different clients and the required grading is higher.

You can use supervision sessions to get guidance on whether your recording and case conceptualization form are likely to be of the required standard. You can also ask the supervisor to review a recording of a session and/or a completed case conceptualization outside of the supervision session and give you feedback. A charge will be made for this.

The ISST specifies a minimum of 20 hours of supervision for Standard level certification and 40 hours for Advanced level. However, most trainees need more hours before they are ready to apply for certification. For ISST purposes, one hour of group supervision counts for about 20-30 minutes of individual supervision (calculated by a formula that takes the number of group members into account). The ISST specifies that trainees should apply for standard level certification within three years of completing the workshop training. However, this can be extended provided you remain active in schema therapy training by having, in each subsequent year, at least 6 hours of supervision or attendance at advanced workshops given by Schema Therapy trainers.

8. Security of communication and data protection

The Protection of Personal Information Act requires that STISA takes reasonable steps to protect personal information about you as a supervisee and about any clients you may bring to supervision. Your personal information is stored and secured in the database of Professor Edwards' practice which is stored in a file area of a laptop that is password protected and is also encrypted. This includes recordings of supervision sessions and data about your clients. Backups are stored on password protected portable drives kept in secure locations. Typed records of supervision sessions are kept in a filing cabinet which is locked when the office is not being used, for example, when I am travelling for any reason. The practice will ensure that your information remains secure and that it is dealt with in line with the POPI legislation. In turn, acceptance of the supervision contract entails that you authorize the practice to collect, store and have access to your personal information and to process it for the purpose of communicating with and rendering supervisory and administrative services to you.

It is important to be aware that although email provides a very useful form of communication, it is not a secure form of communication and can in principle be intercepted by third parties. Despite the risk, many people are comfortable with email for many sorts of confidential communications. I use it regularly for setting up appointment times, for sending accounts, for sending and receiving documents that are part of the supervision process. If you are concerned about the security of personal information contained in emails, please request an alternative arrangement for example using a shared folder in Dropbox, iCloud, Hightail, or a similar cloud platform.

Whatever you feel about the security of your own personal information, it is important to remember that you are also responsible for protecting confidential material relating to the clients you discuss in supervision. When sending information about them including self-report scales and case conceptualizations, it is recommended that you omit information that would enable the client to be

identified. If you do choose to send confidential material via regular email, the clinical responsibility, in the case of a complaint by the client or other third party, will be yours.

9. Fees and accounts

Rates for supervision are set out in the table below. Your account will be sent out regularly direct to you, the supervisee, by email. Depending on the number of supervision sessions, accounts may be sent monthly or less often (e.g. quarterly).

If you have difficulty paying for supervision on a monthly basis, please discuss this with me. In some cases, after regular consultations over several months, I can offer a reduced fee (details available on request). I can also spread payments over a longer period on an interest-free basis. However, should I have to send an account to an attorney for collection, as the person responsible for the account, you will be liable for the legal costs involved.

Rates for supervision

South Africa: Individual supervision - R1140 per hour.

For **Group supervision**, the rate is based on the number of members in the group and status (full member or observer). See table below. Number of full members is on the vertical axis (on left).

Rates for supervisees in other countries are available separately.

Rates for group supervision 2023								
	Full	Full	Full	Obs	Full	Obs	Full	Obs
1 hour	1	R 1 140	R 980	R 230	R 850	R 220	R 760	R 200
	2	R 580	R 500	R 200	R 450	R 180	R 400	R 160
	3	R 390	R 350	R 180	R 310	R 160	R 270	R 140
	4	R 300	R 270	R 160	R 240	R 140	R 225	R 120
	5	R 250	R 230	R 140	R 225	R 110	R 205	R 100
N of observers	0	With 1 observer		With 2 observers		With 3 observers		
1.5 hours	1	R 1 710	R 1 470	R 345	R 1 274	R 330	R 1 140	R 300
	2	R 870	R 755	R 300	R 675	R 275	R 600	R 240
	3	R 590	R 525	R 270	R 468	R 240	R 405	R 210
	4	R 455	R 405	R 240	R 365	R 210	R 335	R 180
	5	R 380	R 345	R 210	R 340	R 160	R 305	R 150
	6	R 310	R 315	R 180	R 300	R 150	R 265	R 130
N of observers	0	With 1 observer		With 2 observers		With 3 observers		

Training approved
by the ISST



Appendix: ISST principles of supervision in Schema Therapy

Updated April 2013

Framework and basic concepts

Supervisor - supervisee relationship

One aim of supervision is the transformative personal development of the supervisees. To some extent, therefore, the supervisor-supervisee relationship should parallel the therapist-patient relationship and supervisors can expect to engage in limited reparenting, empathic confrontation and attuning to the supervisee's core needs. They also need to take care to protect supervisees from subjugation or surrendering to their own or the supervisor's unrelenting standards.

Personal and professional issues are more intermingled in psychotherapy than they are in other professions. Limited reparenting therefore has the two-fold aim of fostering the personal and professional development of the supervisee. A supervisor should not therefore hide behind a purely professional role but should engage supervisees as a real person. This is essential if the supervisor is to combine offering professional training with acting as a good parent and offering mentoring and reparenting at a personal level.

Thus supervisors take on different roles in relation to supervisees, in response to what supervisees present at any time. Supervisors should be clear about what role they are in at any given moment since each has a specific emotional and interpersonal tone. Supervisors may need to meta-communicate about this to supervisees and agree on role-switches. The main roles are:

Supervisor as Coach/Teacher where the focus is on training in the model and in schema therapy conceptualization and intervention strategies.

1. **Supervisor as Mentor and Role-model** where the focus is on identifying/dealing with schema(s) and mode activation in the supervisor-supervisee relationship, which may involve using self-disclosure, empathic confrontation, limit-setting, etc.
2. **Supervisor as Therapist/Limited Re-Parenting Agent** where the focus is on offering limited "self therapy" to supervisees around schema triggers and mode activation that occurs in their work with patients, which may involve using self-disclosure, empathic confrontation, limit-setting, etc., and encouraging supervisees to engage in personal therapy outside of supervision.

Goals of supervision

In accordance with the above goals for supervision can be separated into those related to the personal development of supervisees and those related to their professional development.

1. **Personal development of supervisee.** Here the goal is to train supervisees to
 - a. ... identify their early maladaptive schemas/modes
 - b. ... identify conditions under which their schemas and modes are triggered
 - c. ... link schemas and modes to origins in their early experiences and unmet needs
 - d. ... voluntarily shift from a dysfunctional mode into healthy adult mode.
2. **Professional development of supervisee.** Here the goal is to train supervisees to
 - a. ... thoughtfully implement therapy staging: initial bonding, assessment of schemas and modes (via observation, inventories, reported life events etc.), schema education and conceptualization, cognitive mode mapping for schema linking, key experiential interventions for assessment and change, behavioral pattern breaking, self-regulation via the healthy adult mode, autonomy, and treatment termination;
 - b. ... develop an effective and well worked out (developmental) schema-/mode-based case conceptualization and use this skillfully to inform strategies for assessment and schema/mode healing/change;
 - c. ... develop competence in identifying, naming and making specific links between the patient's underlying modes, schemas, and core unmet needs in a manner that is genuine and validating of the patient's experience;
 - d. ... be able to evoke patient's emotions and validate them;

- e. ... develop competence in the application of specific schema therapy strategies: mode/chair work, imagery re-scripting, emotion-focused work (imagery, empty chair, therapy relationship), cognitive strategies for confronting the detached protector mode, and behavioral pattern breaking (in-session role plays);
- f. ... prevent harmful consequences to patients by skilfully regulating emotional intensity and, where appropriate, assessing for suicidal and/or self-harm tendencies, offering and executing a crisis intervention and safety plan, and using grounding techniques to promote patient safety and emotional preservation including "safe place" imagery, transitional objects and consistency in the quality of the therapy relationship;
- g. ... offer limited reparenting to patients who are in emotional distress, in which they act as a "real person" not a technician, asking themselves "What would a healthy parent do in this situation?" and responding accordingly;
- h. ... use empathic attunement, relevant and limited self-disclosure, and resonantly expressed gestures to create an interpersonal, emotional "healing enactment" with patients (not just rational/discursive talking);
- i. ... set limits and empathically confront the patient;
- j. ... identify schema/mode clashes within the therapeutic relationship and work effectively towards their resolution.

Supervision contract

Supervisors should offer supervisees a written supervision contract covering the following areas:

1	Goals,	7	Availability between sessions,
2	Specific schema therapy skills to develop	8	Approach to possible problems and difficulties,
3	Supervision methods,	9	Evaluation of supervision,
4	Format and content of sessions,	10	Confidentiality,
5	Frequency and duration of supervision,	11	Nature of supervision record and how used,
6	Roles, responsibilities and boundaries,	12	Professional and ethical guidelines for supervision.

Source: Kavanagh, D. J., Spence, S., Sturk, H., Strong, J., Wilson, J., Worrall, L., & ... Skerrett, R. (2008). Outcomes of training in supervision: Randomised controlled trial. *Australian Psychologist*, 43(2), 96-104. doi:10.1080/00050060802056534