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## **Schema therapy supervision: Information and guidelines for supervisees 2021**

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### **1. The central place of supervision in schema therapy training**

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 trainer if you are to learn the true potential of the schema therapy approach to working with your clients. This guide provides the information you need to get started with the schema therapy supervision offered by STISA.

The International Society of Schema Therapy (ISST) accredits schema therapy supervisors and trainers and sets out the principles and standards for supervision (see Appendix: *ISST principles of supervision in Schema Therapy*). Accredited supervisors may be evaluated by the ISST in terms of these standards and this process includes 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.

### **2. Promoting your development as a schema therapist**

Learning to be a schema therapist is a complex process that will unfold over time and supervision is likely to be an essential support in the process of finding and developing your own therapeutic abilities and professional identity. Schema therapy supervision will guide you in:

- Conducting an assessment which provides comprehensive information about the client to inform your case conceptualization.
- Developing a comprehensive case conceptualization based on an understanding of the clients early maladaptive schemas (EMSs) and modes.
- Developing 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.
- Translating 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.

- ❑ Communicating 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.
- ❑ Cultivating a relaxed, attuned, open presence with clients, establishing and maintaining a sound therapeutic relationship, reparenting in the relationship and in imagery and chairwork, using empathic confrontation, identifying ruptures in the working relationship and addressing them timeously.
- ❑ Developing the specific skills needed for implementing particular interventions;
- ❑ Directing clients in how to experiment with breaking old patterns, and learning to get their needs met in their current life contexts.
- ❑ Recognizing when your own EMSs are triggered and interfere with your judgment, and learning how to address this.

### 3. Supervision leading towards ISST accreditation

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 than this. 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).

To apply for ISST certification, you will need to prepare a recorded therapy session together with an ISST case conceptualization form plus some other documentation. These both need to be evaluated by an ISST certified trainer who has not been involved in your training. You need to achieve a certain level of grading on both the recording and the case conceptualization for them to qualify you for certification. For certification at standard level you need to submit evaluations of one session. For certification at advanced level you have to submit two and achieve a higher grading in both.

Not all those seeking supervision with STISA intend to apply to the ISST for certification as a schema therapist. For those who are working towards ISST certification, the supervision sessions can 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 before starting schema therapy supervision. Your progress may also depend on how intensively you engage with the supervision process: see section 4 below for a review of the different ways you can use supervision to support you in the process of preparing to apply to the ISST.

The ISST specifies that trainees should apply for standard level certification within three years of completing the workshop training. However, this time 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.

### 4. How to use supervision effectively

You can approach supervision in a more or less formal and structured manner. Below are seven suggestions for how you can use supervision, together with the advantages of taking a more structured approach.

**1: Informal case presentation.** You report verbally at the session about the client, the client's history, life, problems, experiences etc., or describe the kinds of concerns they have about formulating the case, planning treatment or implementing particular interventions. As supervisor, I offer guidance on how to sharpen up the conceptualization, select appropriate interventions, or implement the details of interventions.

*This is the form of supervision that busy practitioners often resort to and it can be practically useful. However, it is the least effective use of supervision and it is recommended that you plan to use the more structured approaches below.*

**2: Present a typed case summary.** You type out a summary of information about a case. This can 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.

**3: Present 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.

**4: Present segments of audio or video recordings.** *It is strongly recommended that you routinely record your sessions with clients.* 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.

**5: Recording of 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. This is particularly useful when you are preparing to choose a recording to submit for ISST certification.

**6: 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. This information is entered 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).

*This recommended form of supervision has the following advantages:*

- the process of completing the conceptualization form will help you think more clearly about the process of case conceptualization within the schema therapy model;
- organizing the information in these ways allows the supervisor to grasp important details of the case more quickly and so saves a lot of time during the face to face supervision;
- in group supervision, it helps other group members follow the details of the case and learn from it about the case conceptualization process.
- You will gain experience with the case conceptualization form which you will need to complete when you submit a session recording when applying for ISST certification.

**7: Listen to all or part of the recording of the supervision session:** I will normally record the supervision session. If it is online, this will be done using the recording facility on Zoom. Many supervisees find it helpful to review all or part of this recording afterwards. If you would like to do this, ask me to send it to you. Zoom makes a recording in m4a format but you can easily convert this to mp3 or another format using, for example, VLC media player. Zoom also makes a video recording in mp4 format which you can also request.

## 5. Peer supervision

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 helping you network with colleagues who are doing schema therapy training. If there are not enough people in your area, you could organize peer supervision online.

## 6. CPD and ISST training credits

In South Africa, all supervision is accredited for psychology CEUs with the HPCSA. Supervisees will be issued with an annual certificate reflecting this. With the exception of those with observer status (see section 8 below), supervision also contributes towards the supervision requirements of those seeking accreditation with the ISST.

## 7. Clinical and professional responsibility

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 broader framework of principles of clinical management, psychotherapy and ethical practice nationally and internationally, as well as within the schema therapy framework. The supervisor's understanding is informed on an ongoing basis 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 they work. Very 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.

Supervision is also a place where supervisees can and should reflect on issues related to their own clinical responsibility so that they can make informed and grounded decisions in the challenging situations that they are inevitably presented with from time to time. You are invited to discuss any aspect of this with the supervisor during supervision.

## 8. Options for schema therapy supervision

Supervision should benefit you whether you are planning to become certified or not. It should also be of value for ISST certified practitioners who want to enhance their practice. Most supervision is offered in groups. However, in preparing for ISST certification, at least some individual supervision sessions may be of value and you can request them. During the COVID-19 pandemic, all supervision is being offered online. You should read the document *Online consultations: Practical and Professional Aspects* for further information and conditions that apply.

Supervision groups mostly meet for an hour, and usually two members present a case during that time. This means that if your group has four members you will get to present your own cases at every second meeting. The aim will be for all members to have an equal share of the time over a series of sessions. You will, of course, also 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.

On request, you may attend a supervision group **as an observer** who will not present cases, but can

participate in discussions and ask questions. Observers pay a markedly reduced rate, but the hours do not qualify towards supervision hours for ISST accreditation.

## 9. Supervision contract

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 responsibilities and limitations 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, in particular. 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 with respect to cases. 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 in section 7 above.

**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.

**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 2, entitled "Promoting your development as a schema therapist." 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 in particular about any problems and difficulties encountered. The supervisor undertakes to 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.** Within schema therapy it is understood that therapists' EMSs are likely to be triggered by our work with particular clients leading to switching into coping modes in which they respond to clients in ways that are counter-therapeutic. This means that raising awareness of your own maladaptive schemas and coping modes is a part of supervision in schema therapy. You must be open to this kind of self-examination during supervision. Supervision does not replace personal therapy and it may be that you will be advised to work with a therapist on issues thus identified. However a degree of personal disclosure is called for as part of the supervision process.

**6. 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 any 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.

**7. 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.

**8. 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 if they give notice of this. It is important for the supervisor to know in advance who will be attending each group supervision session. Those having individual supervision can decide whether to have sessions weekly, fortnightly or monthly.

**9. Evaluation, quality control and feedback.** It is the supervisor's intention to offer supervision in schema therapy that conforms to the principles and standards of the ISST (as set out below in the Appendix: *ISST principles of supervision in Schema Therapy*). No formal system of evaluation will be used, but you are invited to give feedback on a regular basis. Should you feel that the supervision they are receiving is not meeting your needs, is not covering what is supposed to be offered, or is falling short of these standards, you are invited to let the supervisor know either during the supervision itself or in writing afterwards (e.g. by email).

**10. Annual Review.** At the beginning of each year, in line with the principles set out above, 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 applying for certification, you are encouraged to identify steps that will lead you towards that goal. This might include:

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

If you are in group supervision, you could consider taking these steps as an adjunct to the regular supervision.

## 10. Security of communication and data protection

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 that email for many sorts of confidential communications. I still use it regularly for setting up appointment times, for sending accounts, for sending and receiving documents that are part of the assessment process and for sending and receiving communications that are part of the process of therapy itself. However, if you are concerned about the security of personal information, please request that I do not use unencrypted email to communicate with you. We can discuss alternative arrangements for example using a shared folder in Dropbox, iCloud, Hightail, or a similar internet platform. I also have access to an end to end encrypted email system via Tutanota (see [www.tutanota.com](http://www.tutanota.com)). At your request I can communicate to you from my Tutanota address but if you want the message to be end to end encrypted you will need your own Tutanota email address (which is available free).

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 do **not** use an unencrypted email service. Instead you should consider some of the options mentioned above. 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.

## 11. 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. usually at the end of each month (though less often where there have been significant holidays or breaks).

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 2021

**South Africa: Individual supervision** - R1030 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 2021								
	Full	Full	Full	Obs	Full	Obs	Full	Obs
<b>1 hour</b>	<b>1</b>	R 1 030	R 875	R 220	R 750	R 200	R 670	R 180
	<b>2</b>	R 525	R 500	R 175	R 460	R 160	R 420	R 140
	<b>3</b>	R 355	R 340	R 160	R 330	R 145	R 300	R 130
	<b>4</b>	R 280	R 260	R 130	R 250	R 125	R 230	R 120
	<b>5</b>	R 230	R 215	R 125	R 205	R 120	R 200	R 110
<b>N of observers</b>	<b>0</b>	<b>With 1 observer</b>		<b>With 2 observers</b>		<b>With 3 observers</b>		
<b>1.5 hours</b>	<b>1</b>	R 1 545	R 1 315	R 330	R 1 124	R 300	R 1 005	R 270
	<b>2</b>	R 785	R 750	R 265	R 690	R 235	R 630	R 210
	<b>3</b>	R 535	R 530	R 240	R 495	R 220	R 450	R 195
	<b>4</b>	R 425	R 390	R 195	R 375	R 183	R 345	R 175
	<b>5</b>	R 345	R 330	R 188	R 305	R 175	R 300	R 165
	<b>6</b>	R 300	R 285	R 180	R 275	R 170	R 230	R 160
<b>N of observers</b>	<b>0</b>	<b>With 1 observer</b>		<b>With 2 observers</b>		<b>With 3 observers</b>		

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 supervised and agree on role-switches. The main roles are:

- ❑ **Supervisor as Coach/Teacher** where the focusing is on training in the model and in schema therapy conceptualization and intervention strategies.
- ❑ **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.
- ❑ **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