ORIGINAL RESEARCH

How to manage cognitive behavioral supervision session

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Abstract

Cognitive behavioural therapy stresses a clear structure of therapeutic sessions and supervision. One of the basic reasons for the structure in supervision is that it forms atmosphere of safety because the supervisee recognises the session schedule in advance. The key task of the supervisory session is mostly to discuss the case formulation, the strategies used, and the therapeutic relationship. A supervisor can use a number of strategies to help supervisee in understanding the client, find optimal strategies and form good relationship. The article discussed the typical agenda of supervision session and give several examples from the supervisory praxis.

Introduction

Cognitive behavioural therapy (CBT) emphasizes a clear structure of therapeutic sessions and supervision (Watkins 1997). One of the basic reasons for the structure in supervision is that it creates atmosphere of safety because the supervisee knows the session agenda and timetable in advance (Prasko *et al.* 2011). This does not mean that supervision must be stereotypical, but that similar components are present and bounded by a set of time. The structure also helps to create supervisory boundaries that teach the supervisee how to manage time, which they usually transfer to the therapy of their clients (Armstrong & Freeston 2003). It is desirable to agree on the basic framework of the session at the beginning of the supervisory session –the time available, the problems and objectives of the session, and how supervision would be conducted. The main task of the first supervisory session is generally to discuss the case conceptualization, the strategies used, and the therapeutic relationship. Typical structures for subsequent supervision of the same client include discussing measurements tools, homework, therapeutic events since the last session, then the agenda of the current supervisory session (what would be done in the session, which issue would be addressed), work on the selected problem or problems, homework assignment, summary of the session, and its evaluation by the supervisee.

The session may last from 30 minutes to 3 hours, depending on the type of problem and the agreement between the supervised individual and the supervisor

(for example, it may take longer if the need is to practice a strategy in that the supervisee does not know much). However, the sessions usually last for 50 - 60 minutes. The typical structure of an ordinary individual supervisory session is shown in the table (Table 1).

(1) Introduction (2 – 5 minutes)

The supervisor welcomes the supervisee and, if they see each other for the first time, introduces himself to the supervisee, indicates how much time they have available, and asks the supervisee for a brief statement about himself. With regard to ongoing supervision, the supervisor may initiate the session by providing the following:

Before we begin, I would like to talk about the agenda of today's meeting. We need to decide what to do today. We will do it anyway at the beginning of each meeting. The aim is to always focus on what we will find as most important. Does it suit you?
or
Welcome to today's supervision. Is there anything you would like to say briefly about the last supervision? (The supervisor may report something for about 5 minutes if he feels he needs it). And what are you coming up with today? What would you need from supervision today?

In addition to listing the main topics of the session, the program automatically includes discussing events that have occurred since the last session, evaluating the previous session, and discussing homework.

(1) Item discussed in each session (10 minutes)

Home exercise

Homework usually deals with problem mapping (complementing case conceptualization, evaluation, vicious circle of the problem with the client, etc.), monitoring certain behavior (mostly communication with the client), or implementing new behavior into therapy (usually using some therapeutic strategy). The basic questions relate to the results of the homework, discuss the obstacles to solving them, and what the supervisee learned in homework. It is always necessary to discuss the homework properly at the beginning because it brings information about the case management by the supervisee and can point to a matter that is important to discuss or practice, and teaches the supervisee to work on self-reflection outside the supervisory session.

Events in therapy since last meeting

The goal of supervision is primarily the client and their treatment. The above-mentioned homework usually concerns work with the supervisee case report of the client. However, therapy is a process that constantly changes; there are usually a number of events between supervisory meetings that were not the subject of homework or were only marginally addressed. These events, including evaluation of the overall course of therapy and evaluation of change, need to be discussed in the first part of the supervisory session.

Evaluation of previous meeting and its impact on therapy

It is important to reflect on whether the previous supervisory session had an effect on the subsequent development in treatment, as this gives feedback on the work in supervision.

Discussion about the program

At the end of the first part, it is necessary to discuss what will be the main topic of the current supervisory session and determine the contract (problems and objectives of the meeting).

(2) Main topic(s) of the session (20 to 30 minutes) - work on the selected problem

Problem analysis

As for the first supervision of the case, the supervisor usually asks the supervisee to describe both the client's

Tab. 1. Structure of a regular supervisory session

(1) Introduction (2 - 5 minutes)
(2) Points discussed in each session (10 minutes)
• Discussing homework: How did it turn out? Were there any obstacles? What did the therapist learn in them?
• Therapeutic events since last session.
• Evaluation of the previous session and its impact on therapy.
• Discussion of the program (which problem would be worked on, in which way)
(3) Main topic(s) of the session (20 to 30 minutes) - working on the selected problem
• Problem analysis (supervisee narration, questioning, and guided discovery)
• Use of strategies (education, cognitive restructuring, imagination, role-playing, training, etc.)
• Placing in the context of client's treatment or therapist's competences
(4) Assignment of homework (5 to 10 minutes) - resulting from the solved problem
• Assignment (in the written form)
• Meaning of homework
• Possible difficulties during completion and their solution
(5) Conclusion of the supervisory session (2 to 5 minutes)
• Summarization and feedback from the supervisee: What do the therapist get out of the session? How did they feel during the session? How did they feel with the supervisor?
• Agreement on the date of the next session, farewell

problems (story and conceptualization) and the therapy steps they have taken, including the description of the therapeutic relationship and the therapy problems. In this section, which lasts about 15 – 25 minutes, the supervisor needs only get a general picture of the therapeutic situation and problems. The supervisor uses inductive questions to describe whether and what problems arise in the conceptualization of the case, the strategies chosen or the therapeutic relationship (Kuyken *et al.* 2009). If the problem is associated with a lack of understanding of the therapeutic situation, then the supervisor focuses their questions on the individual manifestations that are associated with the problem - what does the supervisee did in relation to the problem in the therapy session or what they avoided, which emotions and thoughts they had in therapy sessions, what is the frequency and when the problems occur, what limitations they have in therapy, when they have discovered whether their intensity varies, and what affects the intensity (Vyskocilova & Prasko 2012). At this stage they only record it. At the end of this phase, it is useful to summarize the issues and get feedback. For example, a supervisor may say:

Supervisor: "As far as I could understand, the case you want to supervise today, or in more sessions, is a 22-year-old man who has been suffering from obsessions about hurting or be aggressive to someone. He has been suffering from them for about 7 years and came to your therapy a month ago. You have had 4 sessions.
Supervisee: Yes. He grew up without a father with a caring but at the same time critical and catastrophe haunting mother. Obsessions first appeared when he began to live in a boarding school, where he used to be mocked because of his weight. He has been working for 3 years now, but obsessions and compulsions are increasingly common, currently reaching 26 points at Y-BOCS and occupying him more than 4 hours a day, which limits him at work and in a partner relationship and limits his free time. Praying appears as a compulsion by which he "atones" his aggressive thoughts about co-workers, the girlfriend, but also random strangers. Furthermore, he compulsively makes sure that his girlfriend does not leave him. When he talks about the content of an obsession that strangles someone or suffocates a girlfriend's using pillow on her face, I experience horror. It reminds me of my childhood, when my brother sometimes put a pillow on my face for fun. I was in horror, I start to think, that I am alone in my office. It is difficult to work with him, because I am anxious. He also talks about how many hospitalizations and psychotherapists he already had and that no one could help him. At that moment I feel anger to him. On the other side I know that he is suffering very much and I want to help him.
Supervisor: I understand that the problem you want to focus on at the moment can be that his compulsive ideas of how he strangles people, scares you, because you are alone in the office. It can evoke your memory from your childhood when your older brother choked you on the pillow. And additionally, you were angry with him because he repeatedly tells you how many times he has been hospitalized and how many therapists have failed with him and now you're afraid you'll be next in line. On the other hand, you are convinced that this person is very troubled and needs help, you don´t think that further hospitalization would be helpful, and in your city, you have no one to send him to. In the first two sessions, you discussed his life story, performed a behavioral and functional analysis, and identified problems and goals. In the next two sessions, you worked on cognitive restructuring of his guilt feelings for the content of the obsession, and at the last session you tried to expose the imagination to a catastrophic scenario that the client ended at the start, afraid that if he imagined it all the more. Did I understand that well?"

In the case of continuous supervision of one case, the introduction discusses the development of therapy since the last supervisory meeting (see point 2), followed by the setting of the aims in the current supervision.

"So, you say Mr. A's therapy has stagnated since our last meeting. The client does not do homework and criticizes you. You've seen each other twice in that time, and the current problem is that when he might come, you're worried about how the session is going to go, and then, when you're talking, you don't know how to respond to his criticisms and remarks that therapy is no good. You hesitate, how to proceed and if at all. It is so? Have I forgotten something important?"

Using strategies
In this section, the supervisor appreciates the work done by the supervisee and, if necessary, helps the supervisee to discover a new view of the situation, supplement the case conceptualization, modify the applied strategies, plan others, practice strategies, discuss imagination etc. The supervisor leads supervisee to discover other solutions themselves, but in some cases, especially for novice therapists, also education, cognitive restructuring, skills training, imagination work, or role-playing (Vyskocilova & Prasko 2012).

Therapist: I feel that nothing is working out with this client. I feel so overwhelmed and helpless. So much has been done but nothing helps!
Supervisor: Do I understand right that you feel helpless and overwhelmed in your work with the client? (Therapist agrees). Can I ask you when you have felt like that before?
Therapist: Usually I don't feel like that with my clients, especially with panic disorder, usually I know what to do and feel hopeful.
Supervisor: Maybe we could look not only on your experience with clients, but also on your life experience? It could help us to understand what's happening in therapy sessions. Did you feel the same feelings sometime in your childhood?"
Therapist: Let me think. It's so strange, but one of my childhood memories pops up. I'm very surprised that it came up! I thought I was already done with these memories!
Supervisor: I'm glad that you remembered the situation from your childhood and I see that you are surprised what you found. Is it o.k. for you, if we work with it through emotional rescripting?
Therapist: Yes, it could be very interesting how it could help with in my work with the client.

Supervisor: Please do this work in as comfortable as you need. If you will feel overwhelmed any time, we can stop it. And let me know if you need to imagine to a safe place (therapist confirms that she feels safe). Could you tell me more about the situation, that popped up?
Therapist: Yes, yes. It's my childhood. I'm 7 years old and my dad is drunk again. We are running with my mom, trying to find him. I felt so helpless. Nothing works. He always is drunk during the weekend.
Supervisor: Thank you for your courage to open this situation. Do you feel also some somatic feelings?
Therapist: Yes, I feel heaviness in my shoulders and chest.
Supervisor: What do you think this small girl needs?
Therapist: She needs support, help, and guidance. And someone who takes responsibility. It's too much for a small girl!
Supervisor: Thank you for this answer. And could you imagine someone who could help this small girl to meet her needs?
Therapist: It could be my husband.
Supervisor: And what he could tell or do?
Therapist: He could talk with my mom. She should stop discussing all problems with girl, taking her in all these pubs searching for her father. Yes, I want my husband first of all to talk with my mom and after that with my father. When he will be sober. To tell him how much he hurts myself.
Supervisor: Could you imagine these conversations?
Therapist: Yes, I see my husband talking to my mum, that it's not good that a small girl should solve problems of adults! That small girl is scared, it's too much for her. She needs an adult who will comfort her!
Supervisor: What is your mother's response?
Therapist: I think she is shocked. No one was talking to her about this problem. She is staring at me like the first time. She just recognized that I'm also here!
Supervisor: Maybe she is telling something hurting you?
Therapist: She is hugging me and starts to cry and tells that she is sorry that she forgot how small I am, that of course that this problem is too much for me, that she will think about how to protect me.
Supervisor: And how this small girl feels now?
Therapist: Relieved, safe…. It´s a very warm feeling. And it's easier to breathe.
Supervisor: Do you need that your husband talks to your father too?
Therapist: Yes, I could imagine that my husband telling my father, that this small girl is suffering, that she needs a father, not a drunk animal, that my father has a real problem and should go for treatment.
Supervisor: How your father reacts?
Therapist: He ignores it. But I could imagine that my husband would tell the small me: "Please, don't be afraid I will manage this with your father. It's a two men business. " I believe him. I can rely on his words.
Supervisor: How does it feel in your body?
Therapist: There is no more heaviness. I feel free. I feel hope and joy. It's so good when my mother holds me and that someone will manage the problems with my father.
Supervisor: Thank you very much for your courageous work. You could stay for a while to feel these feelings and when you are ready, I will ask you to come back with your attention in our supervision session (the therapist confirms that she is back). After this experience in the rescripting, how do you think now about your work with client? About her needs?
Therapist: I think she needs help and guidance like me in this past situation.
Supervisor: That's a very good idea. With these new feelings and understanding, what do you think, how will change your reactions on your client?
Therapist: I think I won´t be so demanding, when she doesn´t bring her homework, for example. But I will try to explore why she struggles with them. I feel more confident, I don't need to press her.
Supervisor: It sound very well! Maybe we could try some small role play?

Assignment in the context of client's treatment or therapist's competences
The information, insight, or skills acquired in the main part of the session are interconnected in the context of the client's treatment so that their meaning is clear and included in the therapist's competences.

(3) Assigning homework (5 to 10 minutes)
Assignment of homework
Before the end of the session, the supervisor and the supervisee agree on assigning homework. Optimally, homework results from a problem that was solved in the main part of the session. At the beginning of supervision, suggestions for assigning homework usually come from the supervisor, and they are discussed with the supervisee and written down. During ongoing supervision, or with experienced therapists, homework assignments are created by the supervisees themselves and the content is discussed with the supervisor (Skovholt & Ronnestad 2001; Vyskocilova & Prasko 2013).

Sense of homework
Homework must be meaningful to the supervisee, otherwise they will not have the motivation to do it. However, it is also important that it also makes sense for the client or clients and develops the supervisee's skills and competences. It is desirable to discuss the purpose of homework during supervision.

Possible difficulties in doing homework
It is advantageous to discuss anticipated difficulties in doing homework. This step brings the benefit that the supervisee can prepare internally for possible problems and can also consider the ways of overcoming them in the supervisory session and consult them with the supervisor.

(5) Conclusion of the supervisory session (2 to 5 minutes)
Summarization and feedback from the supervisor
The conclusion consists of the evaluation of the supervisory session. What has the supervisee learned from this meeting? How did they feel during the meeting?

How did they feel with the supervisor? Has the agenda been fulfilled? A part of summarisation is also self-reflection of the supervisee (Prasko *et al.* 2012).

Agreement on the date of the next session, farewell
Finally, it is necessary to agree on the date of the next session and eventually the length of time the supervision will take (a longer time can be planned if the current session shows that it will be appropriate to use strategies that require more time (learning trauma therapy, social skills training, pair therapy, etc.)).

Supervisory relationship

The supervisory relationship is based on similar principles as the therapeutic relationship it also emphasises the therapist's autonomy, freedom, responsibility, and self-sufficiency. Feelings of security, acceptance, and appreciation are the basis for any growth, as in the therapy. If these basic conditions are fulfilled, the supervisor is able to learn from the negative feedback, to listen to it safely without necessarily having to fight it. A supervisor can be a role model for a supervisee in many ways, for example as a model how to reflect on their own deeper attitudes. All this enables the supervisee's competences to be gradually increased, i.e. improving knowledge, skills and abilities, the ability to learn to understand one's own reactions and increasing self-confidence and self-reflection (Bennett-Levy 2006). The supervisor's task is to find a balance between safety, support for the supervisees' experience, and the necessary changes in his therapeutic understanding so that (Armstrong & Freeston 2003; Waltz *et al.* 1993; Prasko *et al.* 2011):

(a) a good supervisory relationship has been established in which the therapist feels support, acceptance and appreciation;
(b) there is a common search for solutions to the client's problems, in which they both feel equal, without the supervisee being dependent on the supervisor in his opinions and decisions;
(c) there is a natural learning process of deeper understanding and new skills;
(d) the therapist's professional competence has been improved;
(e) unhelpful habits have been modified;
(f) the therapist's strengths were reinforced;
(g) unconscious tendencies have been identified and the therapist became aware of them;
(h) self-reflection and realistic self-esteem are developed;
(i) there is a room for misunderstanding and disagreement without power implications;
(j) their own individual style has been promoted;
(k) risks are identified in difficult therapeutic situations;
(l) attention is paid to ethical issues, borders, power distribution, and accountability
(m) the risk of harm to the client and the therapist has been reduced;
(n) the risk of burnout has been reduced;
(o) self-care ability was modelled, including rejection of undue expectations and demands.

During the therapeutic maturation of the supervisee, the intensity of supervision increases. The beginning of supervision typically has a certain need for dependence on the supervisee, but the supervisor can reduce it through self-opening and thus create a collaborative alliance of two partners.

Strategies used in individual supervision session

There are a number of ways in which CBT can be supervised and many strategies are used. Supervision is most often performed individually when the supervisor contacts the supervisee, but is also relatively common in the group, which can be organized as an individual supervision in front of the group (the supervisor supervises the supervisee in the group circle) or as a group supervision where the whole group of supervisees and supervisor manages and completes the group supervision process. Technically, supervision tends to be carried out as:

(a) supervising a case presented by a supervisee to a supervisor or a group;
(b) written supervision of the described case - communication by e-mail;
(c) use of role play;
(d) using imagination; session visualization, transcription in imagination, role playing and role training in imagination
(e) supervision of the audio recording that the supervisee brings / sends to the supervisor;
(f) supervising the video recording of the session;

(a) supervising a case presented by a supervisee to a supervisor or a group
This is the most common approach where a therapist communicates a contract, describes therapy problems, and the supervisor then uses the inductive questions, feedback, role-playing, imagination, or other strategies to help the therapist to find a solution. The advantages are having enough time for work and the possibility of role modelling the situation, the disadvantages are the fact that we work with the therapist´s version or stylization, not with the real therapeutic situation and practical skills in communication with a particular client cannot be evaluated.

(b) written supervision of the described case - communication by e-mail
It is possible to communicate about therapy by e-mail between the supervisory sessions. In this way, virtually every therapeutic session can be discussed with the supervisor immediately after the session, even if the supervisor is locally distant. The advantages are the possibility to formulate the experienced situations into

sentences and reflect them from a distance, a quick contact with the supervisor, and continuous supervision throughout the therapy, the disadvantages are impossibility of direct questioning and leading with guided discovery, limited options to ask questions, no possibility to replay the situation etc.

(c) use of role play

Its greatest advantage is the opportunity to see the therapist´s practical skills and the possibility to further develop them through modelling, chaining, or imitation.

Role play in the last part of the supervision session, where was done rescripting work before.

Supervisor: Maybe we could try in small role play how you as your client about homework?

Therapist: Yes, good idea.

Supervisor: O.k., I will try to be your client. You described her very well. I will try to get into her role, but you will try to ask her about homework, using our supervision work. Maybe you could summarize - what you will try differently?

Therapist: Yes, I will not give up after she will tell that there she didn´t complete the homework, because I feel I could do it after rescripting work and I feel it's important for her progress.

Supervisor: Sound very well. Let's try.

/ sitting on other chairs /

Supervisor as client: Hello.

Therapist: Hello, nice to meet you. How was your week?

Supervisor as client: Great, so much good things at work, I was busy and time passed so fast. I worked a lot. But I feel so sorry I didn't have any time for homework. You now, I'm so busy all the time...

Therapist: I could hear that you are proud of your work. Nice to hear it. And also you told me that you don't have your homework.

Supervisor as client: Yes, I tried to do everything in my mind, because there was no time for writing.

Therapist: It's nice that you tried in your mind, but I could hear that there were some obstacles, which could be important to explore. It could happen with anyone that somehow these home works are not so easy to do. But understanding difficulties could help us to meet your goals better. Could we try to explore it?

Supervisor as client: O.k.

/end of role play, back to previous sits/

Supervisor: How do you feel now?

Therapist: (smiles) It was not difficult. I feel proud.

Supervisor: (smiles) You did great!

(d) using imagination; session visualization, transcription in imagination, role playing, and role training in imagination

Supervisee sometimes says something like "I don't know, what to do first with this client. There are so many problems". In this (and many other) situations, the supervisor could offer a small imagination task. It can help the supervisor to recognize what is happening in the relationship between the therapist and the client, both from the therapist's actual report about the client and also through imagination or role-playing.

Supervisor: Would you agree to do a little imagination exercise right now?

Therapist: Yes.

Supervisor: Tell me please, what are your doubts exactly? Give me an example.

Therapist: I don't know, how to start with this patient. I feel lost. He has several problems. As a result, I talk with him about his everyday difficulties, but avoid work with important topics, like social anxiety, depressed mood, his fears.

Supervisor: Could you imagine for a moment that you have a superpower?

Therapist: Yes… Though it sounds a little bit strange.

Supervisor: Imagine that you are the world best therapist, the expert, who knows all about patients with comorbid problems, works with them all the time, and you know with which problem to start. Could you imagine this?

Therapist: Yes, it is a good feeling.

Supervisor: How do you feel?

Therapist: Confident, calm, inspired.

Supervisor: Nice. You are the world best therapist. What would be your next step working with this patient?

Therapist: I think that I would take step back to client´s goals and ask him what is the most important goal? He could write the hierarchy of his goals and we would agree on first step.

Supervisor: Do you agree to do it right now in the role play? You will be therapist and I will be your client.

Therapist: Ok.

Therapist: You did a great work to describe your life and your difficulties. Let us look at problems list that you wrote the last week. Now rate these topics from 1 (small problems) to 10 (problems are intolerable).

Supervisor (client): rates…. There is 8.

Therapist: Nice. Looking at your problem list, I see that you suffer most from depressed mood. I would suggest going step by step with your problem and goal list and concentrate on one step at the time. You rate depression as the most important problem for you. Is it right?

Supervisor (client): Yes, that´s correct.

Therapist: I suggest start our work with depression. Do you agree? I will explain our work step by step.

Supervisor (client): Yes, this sounds really good.

Therapist: Let us do the first step - discuss how do you feel recently, is that ok for you?

Supervisor: Thank you for role play. How do you feel? What was important for you in this imagination task?

Therapist: I feel more confident. And I can return to goals, start step by step. And of course, it was really powerful to feel as an expert. I felt more confident about myself.

(e) supervision of the audio recording that the supervisee brings / sends to the supervisor;(g) supervising the video recording of the session

When a supervisee brings audio record of the therapeutic session to the supervisor, the supervision process is greatly improved as the supervisor can directly assess the therapist's interaction with the client. Recordings can be made continuously, and most clients have no problems against recording for supervision.

(f) supervising the video recording of the therapeutic session

Supervision of the video record of the therapeutic session is the optimal way for the supervisor to not only hear but also see the supervisor while working with the client's therapy. The recording can be stopped, it is possible to return to important sections repeatedly, and further develop the therapeutic situation based on the findings. An important benefit of video surveillance is the ability to see yourself as a therapist, to see your gestures, facial expressions, expressions, to see the client's reactions again, and to stop everything and analyse the course of supervision. The disadvantage is the fact that many clients do not agree with the recording, furthermore the necessity to acquire the recording equipment, the need to download the recording to the storage medium.

(g) using the video recording during the supervision session

Another possibility of using video is during a supervisory session. Videotaping can be used in skill supervision, where the therapist and the supervisor play back what has happened in the therapy session and then work together to look for alternatives through role playing and role changes. If they record individual scenes, they can then elaborate them as needed.

CBT techniques used in supervision

Of the individual CBT techniques, the following are most commonly used:

(a) Socratic dialogue and guided discovery

This strategy, often used when working with clients, is relatively frequent in supervision. Instead of telling the supervisee the facts, the supervisor helps him to discover the facts by asking questions. As in therapy, inductive questions are used to do this, for example: "Do you think it may be related?", "When we admit that this is the way you say, and at the same time, what you said just a moment ago, is going somewhere what do you think?", "I wonder how the client's wife feels about

Tab. 2. Examples of inductive questions

- To understand the problem:
  - What does this mean for you?
  - If this were to happen, what would be wrong with it?
  - Do you think it may be related?
  - I wonder how the client's wife feels about it, what do you think?
- To find exceptions:
  - What things do not fit in this situation / this approach?
  - Have you had a similar situation before? What was different?
  - When we admit that this is the way you say, and at the same time, what you said just a moment ago, is going somewhere what do you think?
- To reflect or summarize:
  - Am I right in thinking that ...?
  - And when you feel X, you think Y, and you do Z?
- To find a solution:
  - What would you do differently next time?
  - How would you check it?

More examples of Socratic questioning:

- What do you think about now and how much do you believe in it?
- What makes you believe in this idea?
- What is against this idea (evaluation)?
- How could other people see this situation?
- What advice would you give to someone in this situation?
- What could be alternative thoughts?
- What facts or information would support these alternative ideas?
- What are some of the errors in our thinking you can name?
- How does such thinking help or hinder your goals?
- How would things change if you believed in alternative thoughts?
- What could happen to the worst?
- How then can we handle it?
- Could this situation be changed / improved?
- What can I do differently?

it, what do you think?" (Table 2). Guided discovery helps shape a supervisory relationship - creating an atmosphere of safety and understanding (Bennett-Levy 2006; Greenberg 2007; Thwaites & Bennett-Levy 2007; Vyskocilova *et al.* 2012).

Case conceptualization is the ability to understand problems and symptoms and in terms of its history and the current context. The basis of this skill is based on the study of theory, but the development is only possible through the practical experience of working with clients, most notably developed by systematic supervision (Armstrong & Freeston 2003). The guided discovery helps the supervised person to better understand their client.

The guided discovery also enhances the self-reflection of the supervisee. Self-reflection is a complex process that includes capturing the therapist's own cognition and attitudes, their emotions and behavior towards the client and how they relate to their personal core beliefs and conditional assumptions, and possibly modifying them while working on themselves or in supervision. From a CBT perspective, self-reflection also requires the ability to reflect and maintain own skills naturally, fluently and whenever needed to treat a client (Bennett-Levy 2006).

(b) Education

Education also has its place in supervision, especially with novice CBT therapists. The therapist may find themselves in a situation where they do not have enough knowledge or skills. The supervisor can then instruct and teach him on how to understand the situation and what to do about it. Also, supervisor can show the skill which is needed. The controlled discovery takes precedence over education, but it is difficult to discover something that the supervised person does not have sufficient knowledge of.

(c) Cognitive restructuring

Cognitive restructuring, one of the common strategies for working with clients, is also used in supervision. Still, leading a therapist through cognitive restructuring can sometimes be difficult because it can make the supervisee feel like the supervisor treats them as a client and that might not feel comfortable. However, in situations where the therapist is blinded by a one-sided view of the problem, or evaluates the situation with the client extremely or there are obvious cognitive errors, the use of cognitive restructuring is appropriate. It is important to note that the supervisor should not change roles and act as a therapist. The Socratic dialogue, as the most common form of cognitive restructuring in supervision, is based on the assumption that the client changes their beliefs more quickly and competently when he discovers errors in their own thinking. It is much more effective than education or dispute. Cognitive restructuring can help especially when the therapist feels hopeless or when they are not aware of counter-transference. When using cognitive restructuring in supervision, it is advisable to normalize the process of cognitive restructuring first. An uncertain supervisor can try it a bit humorously: "Let's try something you do regularly with clients, look at the pros and cons of this view. What do you think, can we try it?"

(d) Working with the schemes and attitudes

Like cognitive restructuring, it is rarely used and must be required by the supervisee. When working with deeper attitudes (core beliefs or conditional assumptions), we get to psychotherapy and go beyond supervision. However, working with attitudes is appropriate when the supervisor sees that the therapist makes repeated mistakes in relation to the client, or is in a similar counter-transference situation with which they cannot cope. The supervisor, however, should not do the schema work but should recommend psychotherapy to the supervisor instead. What they can do, however, is to bring awareness to schemas and to point out that they interfere significantly and repeatedly in the therapist's work. The supervisee decides whether or not to undergo psychotherapy after referral.

(e) Role playing

Role play helps the supervisee present a moment of therapy and assess and further model therapeutic skills. Role-playing strategies is the most important factor in assessing therapeutic skills. Usually the supervisor or other supervisees (in the group supervised work) play the client and the therapist plays themselves or vice versa at an important point in the psychotherapeutic session. Reversing the role sometimes offers a new level of understanding of what is happening to the client in therapy.

(f) Modelling, chaining, imitation learning

After playing the situation while role playing, it is possible to gradually model the therapeutic situation, search for the optimal alternative and always consider how the therapist feels natural and how the client will feel. Modelling allows "learning in action" and usually brings much more to the therapist than explanation or feedback. More complex situations can be modelled in very short sections and then chained together. The supervisor can also override the situation and act as a role model for the therapist.

(g) Imagination

Imagination has many uses in a supervisory session. It can help to return to the emotions of the therapist in his session with the patient by replaying and visualizing the situation. In imagination, they can also try to play a new, more sophisticated response to the patient. Also, they can imagine various brief interventions that could help with a patient in the future. The bridging imagination can also help in reworking the counter-transference situation by returning to the memories of the

emotions they were experiencing with the patient in the session and then looking for a situation in which they experienced similar emotions in the past. By rescribing in the imagination of their own childhood situation, they experience emotional alignment, which they then translate into a situation with the patient and then react new way.

(h) Problem solving

Most supervisions actually solve problems of varying difficulty. However, not all rules for solving a problem are explicitly used in supervision. Working with a complex case can be formally approached by the supervisor and the supervisee with structured problem-solving, just as in the therapy. This means that they specifically define problems and goals, then monitor the problem area to refine the data, jointly brainstorm possible solutions, including imaginary and impossible, then choose the most appropriate solutions, and plan evaluation methods, steps, and rewards. This is followed by application of the plan to therapy and evaluation of its effectiveness.

(i) Homework

Assigning homework is a common part of supervision work. These may relate to the client's management (e.g. to notice on the recorded session how often the therapist strengthens the client and how and, if it is seldom, be clear where reinforcement would be appropriate), working on themselves (e.g., clarifying experiences and attitudes that lead to counter-transference to a particular client, awareness of which other clients may experience this as well) and theoretical study (the supervisor may advise the therapist to read a scholarly text that can help better understand the client).

Place of self-reflection in supervision session

The therapist learns self-reflection significantly during the supervision process, so their attitudes and behavior can be better used to work with clients. The deepening of self-reflection takes place continuously during training and supervision. Therapists who often use self-reflection at work gradually improve their self-reflection ability. Self-reflection is an important component of the growth of clinical skills of supervisee (Sutton *et al.* 2007). Therefore, it is important that supervisors strengthen their ability to self-reflect.

In the process of supervision, self-reflection learning occurs during the supervisor's and supervisee's dialogue as they work together to understand the supervisee's emotional response in a particular therapeutic situation or in a certain therapeutic relationship based on the understanding of the supervised individual (Overholser 1991; Beck *et al.* 2008). It is evident that at the very beginning of the supervisory relationship, the supervisor has the responsibility to emphasize the importance of self-reflection and to became an example for the supervisee. The importance of self-reflection can be underlined in the establishment of a supervisory contract, during which it discusses with the supervised individual the motivation and expectations of supervision, as well as regular daily work-ups (Bernard & Goodyear 2004). Watkins (1995) emphasizes that the more experienced a supervisor is, the more self-reflection he uses in his supervision and openly talks about his experience during supervision. Similarly, Dunne (1994) argues that in order for supervisees to learn to self-reflect well, the supervisor himself needs to perform self-reflection. This model is essential for teaching supervisees (Bernard & Goodyear 2004). Recording of supervisory sessions or monitoring of colleague supervision may be important for the self-reflection ability (Linehan & McGhee 1994; Swales & Heard 2009).

As a part of self-reflection, new habits of self-questioning have the aim to promote thinking from different angles and are built on by the experience of supervision, and can then become routine for the internal supervisor. Henderson (2009, p. 92) mentioned, that "new perspectives can be habitually sought through a post session reverie that invites wondering".

Different self-questions can also help to notice the psychotherapist's or supervisor's personal needs. One

Tab. 3. Examples of self-reflective questions

- What would I least like my supervisor to know about my work with this client?
- Why did I make this intervention?
- What might I have held back in any way during the session?
- On a scale of 0 to 10, how well did the session go?
- What might have made it a higher score?
- What score might the client give?
- What residues from the session do I experience in my body/thoughts?
- What is an image for the session?
- What would the client's nearest and dearest think about what happened today?
- What might my supervisor say?
- What might a counsellor working from another theoretical modality think?
- What did I say or do that I am proud/anxious/ashamed about?
- Will I tell my supervisor about this?

of the important professional needs is to be willing to identify, acknowledge, and explore professional "mistakes" and learn from them, in order to protect the client. The personal therapy or systematic self-reflection could help to dismiss therapist´s or supervisor´s self-criticism and also help them speak freely about "weakness" or things that need improving without guilt and shame. Shame inhibits reflection and does not allow the therapist to speak about these topics in the supervision, which leaves therapist unsupported (Schroeder 2007, in Henderson 2009). Hawkins (2006) has suggested to ask supervisees to monitor their responses to clients as a form of self-supervision (Table 3).

The ability to self-monitor whilst engaging with another is a very valuable skill, but it takes a long time and a lot of practice to develop (Hawkins & Shohet 2006).

Conclusion

Conducting a structured supervisory session is an important supervisor's skill. During the supervision, the supervisor needs to provide the supervisee with sufficient security, acceptance, and appreciation to create positive working atmosphere. This enables the supervised person to reflect freely and creatively on the conceptualization of the patient's story and to reflect their counter-transmission reactions. A supervisor can use a number of strategies to present the situation from a therapy session by imagination or role play. The quality of supervision can be enhanced by discussing the video or audio recording of a therapy session.

Conflict of interest statement

The authors declare that the article was done in the nonappearance of any commercial or economic relationships that could be understood as a potential conflict of interest.

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