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Teaching cognitive-behavioral therapy and supervision: Theory, practice, and case vignettes

Jan Prasko [1,2,3,4], Marija Abeltina [5], Julija Gecaite-Stonciene [7], Jakub Vanek [1], Erika Jurisova [3], Ilona Krone [6], Marta Zatkova [3], Milos Slepecky [3], Marie Ociskova [1,2]

[1] Department of Psychiatry, Faculty of Medicine and Dentistry, Palacky University in Olomouc, Czech Republic, [2] Jessenia Inc. Rehabilitation Hospital Beroun, Akeso Holding, MINDWALK, s.r.o., Czech Republic, [3] Department of Psychological Sciences, Faculty of Social Sciences and Health Care, Constantine the Philosopher University in Nitra, Slovak Republic, [4] Department of Psychotherapy, Institute for Postgraduate Training in Health Care, Prague, Czech Republik, [5] Latvian Association of CBT, Latvia, [6] Riga's Stradins University, Department of Health Psychology and Pedagogy, Riga, Latvia, [7] Laboratory of Behavioral Medicine, Neuroscience Institute, Lithuanian University of Health Sciences, Palanga, Lithuania.

Correspondence to: prof. Jan Prasko, MD, PhD, Department of Psychiatry, Faculty of Medicine and Dentistry, Palacky University Olomouc, I. P. Pavlova 6, 77520 Olomouc, Czech Republic.
E-MAIL: praskojan@seznam.cz

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Abstract

This article deals with the conduct of teaching in cognitive behavioral therapy (CBT) and CBT supervision. The main goal is to provide readers with a comprehensive view of how to conduct teaching and training in this therapeutic method effectively. The article includes case vignettes that illustrate different instructional leadership and supervision approaches. In the first part of the article, we focus on the theoretical foundations of CBT teaching and CBT supervision. We describe the main principles of how to teach CBT and how it works in practice. We emphasize the importance of providing a clear structure and framework for training or supervision, as well as the importance of active and experiential learning methods, such as role-play and modelling, in conducting CBT training. Providing regular feedback and support to trainees is also essential. Potential students of CBT can be limited by pitfalls that prevent them from effectively acquiring the skills necessary to provide this type of therapy to patients. These pitfalls include fear of criticism, therapeutic fanaticism, lack of applying knowledge, and therapeutic drift. According to the authors, theoretical learning must be complemented by supervision and active use of the method with their patients.

The second part of the article is devoted to the practical teaching of CBT and CBT supervision. The practical descriptions are illustrated with case vignettes that show different approaches to CBT teaching and CBT supervision. We have found active and experiential learning methods such as role-play and modelling are very effective in CBT training. An important part of the learning process is providing regular feedback and support to help participants improve their skills and confidence.

The final part of the article is devoted to procedures and recommendations for effective teaching and supervision of CBT. Our findings suggest that CBT training and CBT supervision training can be efficient in helping therapists develop their skills and achieve technical mastery.

Introduction

Cognitive behavioral therapy (CBT) effectively treats many psychological disorders, including anxiety, mood, and eating disorders (Beck 2011). CBT emphasizes changing negative thought patterns and behaviours that can lead to psychological problems. Supervision in CBT is essential for developing therapists' skills and competencies and ensuring the quality of patient care (Milne 2009; Beck *et al.* 2016). Supervision helps therapists improve their skills and more effectively treat their patients.

Over the years, CBT has been associated with short-term psychotherapy despite a general lack of definition of short-term and long-term variants of psychotherapy. Because of the emphasis on structured sessions and strategies such as agenda-setting and self-therapy sessions, there is a perception that CBT is very goal-oriented and that when these goals are achieved, it is natural for therapy to end. Indeed, the authors describe CBT as 'problem-oriented and short-term' and consider it suitable for use in inpatient psychiatric facilities where the expected length of stay has become short (Wright & Davis 1998).

Studies suggest the effectiveness of short-term CBT for Cluster C personality disorders (Svatberg *et al.* 2004) and panic disorder (Kenardy *et al.* 2003). CBT is a concept that was not specified at its inception (Beck 2005). Contrary to this idea of short-term therapy, patients are recommended to return to treatment for follow-up phases after some time. For example, extended CBT is recommended in clinical situations such as the management of treatment-resistant depression (Thase *et al.* 2001), bipolar disorder (Ball *et al.* 2006), and borderline personality disorder (Brown *et al.* 2004).

This topic of teaching CBT is important because CBT is a widely used form of therapy, and therapists must be well-trained and have access to quality supervision (Beck *et al.* 2016; Friedberg 2018). Leading training and supervision in CBT require specific skills and knowledge that are important for the successful conduct of these activities.

Methods

This article aims to provide a comprehensive overview of the theory, practice, and case vignettes of teaching cognitive-behavioral therapy (CBT) and supervision. We conducted a narrative review to synthesize the existing literature on effective training and supervision methods in CBT and to illustrate the challenges and solutions encountered in real-world settings. We included papers that (a) were published in a peer-reviewed journal, (b) addressed the topic of training or supervision in CBT, (c) provided empirical or theoretical information about effective methods of training or supervision, and (d) were published in English from 1980 to November 2023. We excluded papers that (a) focused on therapies other than CBT, (b) did not concentrate on training or supervision, or (c) were not accessible in full text. We searched the following databases: PubMed, PsycINFO, and Web of Science. We used the following search terms: (cognitive-behavioral therapy supervision) OR (cognitive behavior therapy training) OR (cognitive behavioral therapy education). We applied the following filters: Abstract, Free full text, Full text, Books and Documents, Clinical Study, Clinical Trial, Randomized Controlled Trial, Review, Systematic Review, and Humans. We also searched the reference lists of the selected articles for additional relevant literature. Our initial search yielded 4,583 articles. After removing duplicates and screening titles and abstracts, we identified 37 articles that met our inclusion criteria. We also reviewed 25 additional articles from the reference lists of the selected articles. In total, our final sample consisted of 62 articles."

We present several case vignettes based on our clinical experience, CBT training, and supervision expertise. These vignettes illustrate effective practices and those that led to problematic learning outcomes. We also provide suggestions for improving the quality of CBT training and supervision based on the evidence from the literature review and our expertise.

Results

Research on training effectiveness

Research into the efficacy of CBT as an evidence-based treatment has multiplied in recent years, leading to a demand for high-quality training (McManus *et al.* 2010). Subsequently, the investigation of CBT training focused on whether the training and its types lead to an increase in the skills and competencies of their participants. Rakovshik & McManus (2010) conducted a systematic review that examined the impact of training on the skills and competencies of CBT students. Beidas *et al.* (2012) conducted a randomized controlled trial (RCT) to investigate which training leads to the greatest increase in CBT skills. Muse & McManus (2013) systematically reviewed approaches to assessing CBT skills and competencies. In addition, Bennett-Levy (2006) proposed a theoretical model of the skill acquisition process to examine how therapists become competent in CBT. To date, the CBT training literature has focused on the acquisition of skills and competencies, and little attention has been paid to the training experience for the participant. Rakovshik & McManus (2010) reviewed the available research to develop an

evidence base for CBT training. They found that longer and more elaborate systematic training improves therapist competence and positively affects patient therapy outcomes.

In contrast, stand-alone workshops and CBT manuals do not significantly improve therapists' skills or their patients' outcomes. The review also reported on considerations for lengthy, expensive training programs. It concluded that, as training is costly, wider dissemination of lower-level CBT skills to other staff who have not completed any training program may be necessary to maximize the financial investment in training. They concluded that more scientific studies focused exclusively on CBT training are needed, as most of the available research is often obtained as a "by-product" of studies examining the dissemination and treatment of CBT. As an example of a study examining the impact of training on CBT skills and competencies, McManus *et al.* (2010) surveyed 278 trainees before and after completing postgraduate certified training leading to a diploma in CBT. The study reported on CBT skills and competencies, which were assessed based on written ratings of course participants and scores on the supervisor-rated CTS (Cognitive Therapy Scale; Young & Beck, 1980, 1988). The study reports increased CBT skills and competencies due to diploma-level training.

Further research focused on the impact of the training method on the therapist's acquisition of skills and competencies. In one of the RCTs, Beidas *et al.* (2012) examined the effectiveness of a 1-day workshop training in offering CBT to young people with anxiety. Students were randomly assigned to one of three training modalities: routine training, computer-based training, and extended training (emphasis on active learning), and their skill, adherence, and knowledge were assessed at a 3-month follow-up. The results showed that the one-day workshops, regardless of modality, produced only a limited improvement in therapist adherence and did not lead to a change in therapist behaviour; however, the number of additional consultation hours after training significantly predicted higher adherence and therapist skills at a 3-month follow-up. Interestingly, although the trainee experience was not a primary focus of the study, participants reported greater satisfaction with the extended training modality that emphasized active learning. This study suggests that one-day workshops are insufficient to change therapist behaviour, similar to Rakovshik & McManus's (2010) review. Further consultation and supervised practice are required after training, and participants prefer "active training".

The recent publication of an extensive literature analysis from 2009 to 2022 delves deeply into the efficacy of cognitive behavioral therapy training (Henrich *et al.* 2023). The research unequivocally affirms that increased supervision positively affects the proficiency of therapists and improves patient outcomes. Furthermore, instructor-led and self-guided web-based training exhibits promising outcomes in augmenting therapist competence, mainly when focusing on targeted and meticulously structured treatments or skills. It is important to acknowledge that the therapist's prior training and experience play a significant role in determining the degree to which training contributes to enhanced proficiency. The amount of specific experience with the training topic emerges as a positive predictor of competence and patient outcomes. Clinical psychologists tend to exhibit higher competence levels than professionals from other disciplines. Surprisingly, a therapist's theoretical orientation does not seem to be associated with competence. Notably, a link was found between the willingness to embrace evidence-based practice and therapist competence. A more positive attitude toward evidence-based interventions leads to increased adherence, skill development, and adoption after training (Henrich *et al.* 2023).

For future research, it is essential to provide empirical evidence demonstrating that competent therapists achieve significantly better therapeutic results than their less competent counterparts who may have received inadequate training or lack suitability. To achieve this, there is a need to enhance and validate the existing operationalizations of competence through psychometric methods. Additionally, standardized patient assessments should be validated using observer ratings based on actual therapy sessions, focusing on how these sessions contribute to improvements in patient outcomes (Henrich *et al.* 2023).

Kolb's cycle of experiential learning

Experiential learning is learning through experience and connecting theory and knowledge with real situations. This type of learning is defined as "learning by doing" (Kolb 1984). David A. Kolb described experiential learning as "the process by which knowledge is created by transforming experience" (Kolb 1984).

Kolb's experiential learning cycle consists of four main modes of learning: specific experience, reflective observation, abstract conceptualization, and active experimentation (Kolb 1984). All four learning modes must be addressed for learning to be most effective. Once new ideas are implemented, a new cycle of experiential learning begins.

- Specific experience: the student has practical experience associated with the learning outcome. For example, as a trainee CBT therapist, you start by working with actual clients. In a session, you encounter a client struggling with social anxiety. This is your concrete experience—direct interaction with a real case.
- Reflective observation: the learner reflects and re-evaluates the experience from different perspectives. For instance, after the session, you reflect on your experience. You consider what specific CBT techniques you used, how the client responded, and what worked or did not. You discuss your observations with your supervisor or a peer reflectively.

- Abstract conceptualization: the learner analyzes and connects the experience with previous learning and develops new views about the content being taught. For example, in this stage, you start to analyze and make sense of your observations. You review CBT theory and research related to social anxiety. You might identify concepts like cognitive distortions and exposure therapy as potential interventions based on your client's presentation of the problem.
- Active experimentation: the student plans experiments and acts on his new ideas by actually doing (rather than just talking) in an experiential environment. You may consider the earlier example. With new insights, you implement changes in your approach during subsequent sessions with the same client or other clients with similar issues. You actively experiment with CBT techniques, integrating what you have learned from your concrete experience and reflective observation.

This iterative process continues throughout your CBT training journey, with each cycle helping a therapist refine their skills and develop a deeper understanding of CBT principles. Over time, this experiential learning approach contributes to a trainee's growth as a CBT therapist, enabling them to effectively help clients and achieve professionalism.

Declarative procedural and reflective (DPR) model

In 2006, Bennett-Levy described a cognitive model that provides a deeper understanding of how therapists acquire their skills, and much of the subsequently published literature on CBT training uses this model as part of their study design or findings. The Declarative Procedural and Reflective (DPR) model explains obtaining knowledge through training via three interacting systems. A declarative knowledge system describes the factual knowledge gained by reading and listening to lectures. A procedural knowledge system describes the knowledge (both declarative and implicit) that leads to the application of skills (i.e., knowing what to do, how to do it, and how all the information fits together). Not all procedural knowledge is in the direct awareness of the therapist and is often developed through experience with the help of a third system - the reflective system. Often referred to as the "engine" of the other two systems, the reflective system is stimulated for complex cognitive tasks such as cognitive restructuring or problem-solving and using prior knowledge and experience to guide future guidance and perspectives. This system converts declarative knowledge into procedural knowledge and vice versa. The model offers a valuable background for understanding the mechanisms of skill acquisition; however, due to its theoretical focus, it does not provide the perspective and experience of the trainee.

Bennett-Levy & Lee (2014) developed a model describing participants' experiences who engaged in self-practice/self-reflection (SP/SR) during training. They found that two factors influenced the participants' experience of benefit and engagement during the training, related to the theme of 'Internal engagement processes'; "Feeling safe with the process" (referring to the extent to which agreements and structures were in place when undertaking SP/SR that allowed trainees to feel safe in self-examination); and "Available personal resources" (indicating the amount of time and energy trainees were able to devote to the SP/SR process). As explored in the previous topic, this study provides an empirically driven model of experience and engagement in SP/SR as part of CBT training that can be formally tested in other contexts.

In Bennett-Levy & Lee's (2014) study, two external factors appeared to influence participants' engagement in SP/SR: "Course structure and requirements" (describing the recognized context and specifications of the CBT training course, such as course structure, length and components, where when SP/SR was a course requirement, this facilitated engagement in the process) and "group processes" (referring to the impact of SP/SR group cohesion, feedback and participation which, when worked effectively, could increase participant engagement in the SP/SR process). These findings suggest that any CBT training program should address and explicitly discuss these external influences to maximize participant engagement. Concentrating on specific CBT training, MacLiam (2015) conducted an internet survey of 43 graduates of a university-based CBT training course, primarily focusing on graduates' learning, development, and post-course experiences. The survey also explored graduates' retrospective experiences of the CBT course using qualitative and quantitative responses. A detailed picture of the study's recruitment, sample, and data collection methods was provided. Quantitative findings were reported descriptively. For example, most (55%) participants described their experience as "excellent", and no ratings were received for negative options. Limited qualitative findings were provided, such as participant comments regarding a positive experience with the reflective feature of the course and general complimentary comments about the teaching, organization, and value of CBT. Conclusions and implications for training courses could benefit from a more detailed presentation of qualitative responses to further enhance understanding of the training experience.

Leading psychotherapy training

Psychotherapeutic training should be conducted in such a way as to teach its participants to provide quality work effectively and ethically with patients with diverse diagnoses for their benefit, and the therapist should be able to do his work without excessive stress and discomfort (Bell *et al.* 2017, Prasko *et al.* 2023d). In CBT training, the student learns to understand the patient's problems and create their conceptualization, which he

shares with the patient and based on which he plans and implements therapeutic strategies. To develop a sufficient understanding and implement therapeutic strategies, the therapist and the patient must create a safe and supportive therapeutic relationship that helps the patient plan and implement the strategies (Gilbert & Leahy 2007; Cavalera *et al.* 2021). To create a supportive therapeutic relationship, the therapist needs to have sufficient self-reflection (Gale & Schröder 2014; Prasko *et al.* 2023b), be able to mentalize the patient's experience (Hoffart *et al.* 2006), understand the transference and countertransference, which occurs in therapy, and the extent to which these phenomena interfere with therapy so that they can manage them properly (Horowitz & Möller 2009; Prasko & Vyskocilova 2010). In training, the student learns all these skills, and their use is then discussed, supported, or modified with the help of supervision for individual patients or groups (Sudak *et al.* 2015; Prasko *et al.* 2021).

Training in CBT supervision

Training in CBT supervision teaches the supervisor to understand the problems that arise in therapy to mentalize the experience of the therapist and their patient, to help the therapist to understand better the patient, the group, or the process taking place in it, and to learn and be able to lead, adjust and optimize the therapy rendering to the needs of the patient (Trinidad 2007; Orchowski *et al.* 2010; Prasko *et al.* 2012; Sudak & Reiser 2021). A CBT supervision student is a CBT therapist who has already completed their CBT training and has sufficient experience in CBT therapy. As a rule, high-quality CBT therapists are selected for supervision training, who then undergo training in supervision.

The Ten Steps of Cognitive-Behavioral Supervision (Gordon 2012) presents aims that should be followed in every CBT supervision session. These steps apply to all skill levels and provide clear and accessible help for supervisors to adhere to best practices and manage sessions effectively.

(1) *Setting and meeting goals:* It is important to set clear goals at the beginning of each supervision meeting. These goals should be specific, measurable, achievable, relevant, and time-bound (SMART). For example, the goal may be to improve skills in a particular area of CBT or to address a specific problem with a patient.
(2) *Providing feedback:* Feedback is a key element of effective supervision. The supervisor should provide constructive feedback on the student's work that helps the student develop their skills and improve their practice.
(3) *Support for self-reflection:* The supervisor should support the student to self-reflect. This means the student should be encouraged to think about their work and how they feel and self-regulate in particular situations. What they do well and what could be improved.
(4) *Providing theoretical knowledge:* The supervisor should provide the student with theoretical knowledge related to CBT. This may include explaining the different techniques and approaches used in CBT.
(5) *Demonstration of skills:* The supervisor should demonstrate skills related to CBT so the student can see how these skills are used in practice.
(6) *Practical exercises:* The student should have the opportunity to practice various CBT techniques and approaches under the supervision of a supervisor.
(7) *Case discussions:* The supervisor should lead discussions about specific patient cases so the student can better understand how CBT is used in practice.
(8) *Problem-Solving:* If the student encounters a problem or difficult situation with the patient, the supervisor should help the student find a solution to the problem.
(9) *Support for professional development:* The supervisor should support the student's professional development by providing opportunities for further education and skill development.
(10) *Evaluation:* At the end of each supervision session, the supervisor should evaluate the student's progress and give him feedback on what he did well and what they could improve.

Essential Aspects of CBT Supervision

Gilbert & Leahy (2007) described the fundamental principles and essential dimensions of CBT supervision in their earlier work. The authors emphasized the importance of the supervisory relationship and that supervisors can create a positive environment for their students to be open about the difficulties that may arise when treating some patients. Essential aspects of CBT supervision include:

(1) *Creating a safe environment:* The supervisor should create a safe and supportive environment where supervisees can openly express their difficulties and concerns.
(2) *Encouraging self-reflection:* The supervisor should encourage the students to self-reflect to understand better their strengths and areas where they could improve.
(3) *Providing feedback:* Feedback is a key element of effective supervision. The supervisor should provide constructive feedback on the student's work that helps them develop their skills and improve their practice.
(4) *Support for professional development:* The supervisor should support the student's professional development by providing opportunities for further education and skill development.
(5) *Ensuring compliance with codes of ethics:* The supervisor should ensure that the student complies with codes of ethics and standards of professional practice.

Common Mistakes in Teaching CBT

Training and supervision in CBT can be challenging, and leaders can make common mistakes. These errors include a lack of a clear structure or framework for training, passive learning methods such as lectures or reading, and a lack of feedback or support for trainees. In the case of supervision, there may be a lack of trust or support in the supervisory relationship, a lack of structure or a clear framework for supervision, and a lack of feedback or support for the supervisee (Prasko *et al.* 2023a). These mistakes can make trainees or supervisors feel insecure, frustrated, and demotivated. Training leaders and supervisors must provide a clear structure and framework, use active learning methods, and provide regular feedback and support to participants (Prasko *et al.* 2022b).

There are various mistakes that supervisors should avoid when teaching CBT. For example, some supervisors may be too critical or, conversely, too lenient with their students. The important thing is to find a balance between providing constructive criticism and support. Another common mistake is the insufficient involvement of students in the learning process. Supervisors should actively engage students in discussion, support their learning, and develop their skills (Jenkins *et al.* 2018).

(1) *Being overly critical:* Some supervisors can be overly critical of their students, making them feel demotivated, afraid to make mistakes, and thus, unable to improve their skills. Instead of providing constructive feedback and support, the supervisor may criticize the student for not mastering the technique perfectly.
(2) *Lack of student involvement:* Another common mistake is a lack of trainees' participation in the learning process. The trainer should actively engage the students in the discussion and support them in learning and developing their skills independently. For example, a trainer might ask a student to present their approach to treating a particular patient and discuss how that approach could be improved.
(3) *Lack of balance between constructive criticism and support:* It is vital to balance providing constructive criticism and support. If the supervisor is too critical, it can lead to the student feeling demotivated. On the other hand, if the supervisor is too lenient, it can lead to the student not getting the necessary feedback to improve their skills.
(4) *Boredom:* Training can be uninteresting, with only memorizing information and descriptions of strategies without demonstrating and practising them. Students then lose attention and do not acquire knowledge or skills; they are tired of the training and are not motivated to try anything.

How to Avoid These Mistakes

Supervisors can use a variety of strategies to avoid these mistakes. For example, they can regularly evaluate their supervisory style and look for ways to improve it. They can also use feedback from their students or colleagues to find out what they are doing well and what they could improve. Regular education and skill development in CBT supervision are also important.

Strategies applicable to supervision

Supervisors can use various strategies to avoid common mistakes when teaching CBT. Here are some ways to avoid these mistakes:

(1) *Regular evaluation of supervisory style:* The supervisor should regularly evaluate and look for ways to improve their supervisory style. This may include, for example, feedback from students or colleagues, following the latest research in CBT supervision, or attending supervision training.
(2) *Use of feedback:* The supervisor should use feedback from their students or colleagues to determine what s/he is doing well and what could be improved. Feedback should be constructive and focus on areas where the supervisor could enhance their supervisory style.
(3) *Regular education and skill development:* Supervisors should regularly invest in their education and skill development in CBT supervision. This may include, for example, attending conferences, reading professional literature, or participating in supervisory training.

Therapist training for clinical efficacy studies generally consists of three elements: the selection of therapists who are experienced in the type of treatment to be administered in the study and an intensive didactic seminar that includes an overview of the treatment manual with extensive role-playing and practice, and successful completion of at least one training case under strict supervision. This usually involves certification of the clinician's ability to implement treatment as defined in the manual through a supervisor assessment that demonstrates that the clinician has achieved adherence and skill level criteria (DeRubeis *et al.* 1982; Shaw 1984; Waltz *et al.* 1993; Weissman *et al.* 1982). These strategies appear to be successful in that therapist adherence or skill generally improves during training (or at least reaches an acceptable level; Crits-Christoph *et al.* 1998), and there is a relatively slight variance in outcome due to therapist effects found in studies using these procedures (Carroll *et al.* 1998; Crits-Christoph *et al.* 1998). However, it should be noted that these therapist training strategies were broadly adopted based on face validity and were not subject to empirical evaluation.

Lenka, the CBT training leader, made several mistakes when leading a group of therapists in training. Instead of providing a clear structure and framework for training, she relied on lectures and readings. This can lead to trainees not having a clear idea of what is expected of them and what the objective of the training is.

Conducting effective training requires careful planning and preparation. Lenka should have provided the participants with a clear training plan, including goals, schedule, and teaching methods. It should also ensure that training activities are interactive and practical so that participants can apply newly acquired knowledge and skills.
In addition, Lenka should have regular feedback from the training participants and adapt the program according to their needs. This would ensure that the training is valuable and effective for the participants.
As a result of these mistakes, trainees feel lost and frustrated. It is important that training leaders carefully plan and prepare the program to ensure a successful training course.

Ondřej, a CBT supervision student, is tasked with supervising a group of therapists in training. Ondřej recognizes the importance of providing a clear structure and framework for supervision and regularly provides feedback and support to his supervisees. This means that Ondřej carefully plans and prepares the supervision program to ensure it is useful and effective for the supervisees.
Ondřej also uses different methods of supervision to ensure that supervisees can apply newly acquired knowledge and skills. For example, he can use role-play, discussions, or case studies. As a result, supervisees feel supported and motivated to develop their skills further.
In addition, Ondřej regularly provides feedback to his supervisees to help them identify strengths and areas for improvement. This way, Ondřej helps supervisees achieve their goals and develop their skills.
Thanks to Ondřej's careful planning and approach, supervisees feel supported and motivated to develop their skills further.

A critical step in promoting competent implementation of CBT and enhancing the use of CBT in mental health settings is improving therapists' knowledge. Knowledge is identified as necessary but insufficient to change therapist behaviour (Scott *et al.* 2016). Jensen-Doss *et al.* (2008) suggested that knowledge acquisition is a prerequisite for therapist behaviour change.

According to Bennett-Levy *et al.* (2009), knowledge acquisition occurs across three systems. The declarative knowledge system refers to specific conceptual knowledge of CBT (i.e., knowledge of facts, e.g., the CBT model). In contrast, the procedural knowledge system involves developing and applying CBT skills in clinical practice. A reflective knowledge system, which represents a continuous improvement of declarative and procedural knowledge, enables therapists to reflect and solve problems in clinical practice and is acquired through ongoing experience (Bennett-Levy *et al.* 2009). Declarative knowledge must be acquired before techniques can be applied procedurally (McCall *et al.* 2008), and both declarative and procedural knowledge must exist before a therapist can develop reflective skills (Bennett-Levy *et al.* 2009). Traditionally, declarative and procedural knowledge occurs in the context of training and consultation, while reflective understanding is achieved through the active application of techniques during and after therapy sessions (Bennett-Levy 2006).

Given the gradual progression of knowledge development from declarative to procedural to reflective, it is important to consider training techniques that maximize the therapist's knowledge gain, particularly concerning the declarative system, to facilitate the implementation of CBT by a competent therapist. Substantial literature highlights the limitations of traditional Continuing Education Unit (CEU) workshops for achieving therapist behaviour change (Forsetlund *et al.* 2009). However, these short workshops remain a popular and potentially effective training structure, and thus, understanding their utility for improving declarative CBT knowledge is essential. Specific training strategies such as lectures (declarative) and role-playing (procedural) appear to have differential effects on knowledge acquisition across systems, which may be important to improving the value of workshop training structures (Bennett-Levy *et al.* 2009). Declarative or factual knowledge is a prerequisite for procedural knowledge, a knowledge system, and reflective knowledge, a skill improvement system.

Petr, a novice trainer in CBT training, has found himself in a challenging situation. He has been tasked with leading a group of CBT training novices due to his senior colleague's illness. Petr possesses a strong foundation of both declarative and procedural CBT knowledge, which he can adeptly apply in his practice. However, when training these novices, he grapples with a sense of shyness and the fear of potential embarrassment in front of the trainees.
Until now, Petr's older colleague had consistently demonstrated therapeutic skills while Petr assumed the role of the patient. The current situation has frustrated Petr, realizing that he must step out of his comfort zone and exhibit these skills to guide the participants effectively.
To address his fear and uncertainty, Petr can explore several options. Seeking assistance and support from his senior colleague or another experienced instructor is viable. Additionally, Petr might consider obtaining supervision or consulting with a seasoned CBT practitioner to enhance his training facilitation skills.
Furthermore, Petr can work on boosting his self-confidence and self-esteem. Setting and gradually accomplishing achievable milestones can help demonstrate his capability to lead the training successfully. Seeking support from loved ones or another psychotherapy professional can also be beneficial.
It is crucial for Petr to remain determined and committed to his personal development. With the guidance and support of others, he can undoubtedly overcome his fears and effectively lead the training group.

Anna, another novice CBT training instructor, collaborates closely with her experienced senior colleague. Anna has a solid grasp of declarative and procedural CBT knowledge, allowing her to translate theory into practice effectively. Consequently, she delivers high-quality guidance to training participants, offering

real-world examples of therapeutic work and overseeing their exercises.

Anna's motivation for continuous improvement shines through her regular practice reflection. She diligently evaluates her performance and actively seeks opportunities for enhancement. Whenever she leads a training group, Anna proactively seeks supervision from her senior colleague and engages in real-time consultations.

In addition, Anna also invests in her professional growth by attending CBT supervision training, CBT seminars, and conferences. These endeavours keep her well-informed about the latest research findings and emerging trends within the CBT field. Through this commitment to expanding her knowledge and refining her training, supervision, and patient care skills, Anna steadily becomes a more adept lecturer, supervisor, and therapist.

Some of the best learning methods in CBT include active and experiential methods such as role-play and modelling that allow trainees to practice and rehearse CBT techniques in a safe environment (Young *et al.* 2003). Another effective way is providing regular feedback and support to help participants advance their skills and confidence. Experiential learning can support students in learning in various campus, project-based, work-integrated, and community-based contexts. It is beneficial to identify experiences that will be of interest to students. These experiences should be structured to require student initiative, decision-making, and responsibility for outcomes, including learning from natural consequences, mistakes, and successes. The core concept revolves around embracing experiential learning and practical actions while resisting the urge to avoid taking action out of fear of making mistakes rather than solely focusing on theoretical and reflective knowledge. It is also important to create a safe and supportive environment for trainees where they can feel comfortable sharing their thoughts and feelings. Feedback is desired after each training block when homework is completed (Prasko *et al.* 2022b). As well as during the training itself.

Marie, an experienced CBT training leader, has been entrusted with guiding a group of trainee therapists alongside her younger colleague. Marie employs dynamic teaching techniques like role-play and modelling to create an engaging and vibrant training environment. As a result, the training sessions are informative and enjoyable, fostering motivation among the participants.

The trainees, in turn, find themselves motivated and well-supported, thanks to Marie's commitment to offering regular feedback and guidance. She closely monitors their progress and provides constructive insights to assist them in honing their skills. Additionally, Marie encourages and motivates them to continue their professional development journey.

Marie's approach ensures that trainees are actively engaged and inspired to learn. Their achievements testify to the efficacy of employing active learning methodologies and maintaining a consistent feedback and support system throughout training.

Learning new skills, many of which are in CBT, should not distract the therapist from the real world (Trinidad 2007). A therapist learns CBT best when s/he is actively and dynamically embedded in the real world of their practice. This means CBT is best understood when the psychotherapist is in active practice with their patients.

Jan, a seasoned leader of CBT training, spearheads an advanced group of training participants in group CBT training. Jan recognizes the importance of active learning and the dynamic application of knowledge in real-world practice. He mirrors his approach to training participants similarly to how he conducts groups with patients, seamlessly weaving didactic methods with imaginative techniques like role-playing and chairwork.

Moreover, Jan harnesses the group's collective energy by involving its members in role-playing exercises. He rotates leadership responsibilities among the attendees, granting them opportunities to guide the group. This approach creates a secure environment for participants to practice and refine CBT techniques.

Jan does not merely instruct; he actively engages with his participants, using their interactions as a valuable resource for his own learning and skill enhancement. This collaborative approach fuels trainees' motivation to continually advance their abilities, leading to improved outcomes in their professional practice.

Jan's training philosophy, rooted in active learning and immersive experiences within the practical realm, effectively captivates and motivates participants. The tangible success achieved by participants stands as a testament to the pivotal role of active learning methods and the consistent provision of feedback and support during the training process.

Also, the case presentation of a practising therapist can provide a rich source of patients, some of whom may benefit from CBT. A psychotherapist can also objectively evaluate how the new methods learned in training can fit into his practice.

The question of personal therapy for the psychotherapist learning CBT is potentially useful. So far, this issue has been little studied. For example, one study showed that participants evaluated self-practice/self-reflection practices as more valuable than personal therapy (Prasko *et al.* 2023c). However, this study had several limitations, including not being an experimental study and trainees from different orientations (Chigwedere *et al.* 2020). However, it is a helpful reminder that the therapist will always have their ideas about the therapeutic process, which may be dysfunctional and need change and refutation (Trinidad 2007).

Lukáš is a trainer in CBT training, guiding a group of participants in the early stages of their CBT studies. Lukáš deeply understands the pivotal role personal experience and self-reflection play in developing a psychotherapist studying CBT. Accordingly, he integrates exercises into his training sessions, encouraging trainees to employ CBT methods to address their situations and gain insight into their dysfunctional thoughts and attitudes.

These exercises promote self-awareness among the participants and enhance their comprehension of patients and the therapeutic process. Consequently, they are better equipped to effectively apply CBT techniques in their practice, assisting patients in achieving their therapeutic goals.
Lukáš's training approach proves to be both practical and motivating. By strongly emphasizing personal experience and self-reflection, he actively engages participants, igniting their learning motivation. Their successes, evident during practice and under the scrutiny of training supervision, underscore the significance of consistent feedback and support in the training process.

However, the novice CBT therapist must avoid psychotherapeutic drift or the frequent use of eclecticism with one patient. Simply put, it is easy to learn CBT if one uses it consistently. Eclecticism, while first learning a new way of psychotherapy, can delay the acquisition of new skills.

Anna, a dedicated instructor in CBT studies, guides a group of novice CBT students in group therapy. Anna places significant emphasis on maintaining the integrity of CBT principles, ensuring the group adheres to the structured steps of individual techniques, and avoiding the pitfalls of psychotherapeutic drift or excessive eclecticism.
She prefers an active approach, frequently utilizing role-playing to exemplify individual methods within the group context. Anna also actively involves members in managing the group, creating a playful and creative atmosphere. The brisk dynamics of her sessions effectively dispelled any hesitation or shyness among the training participants.
Under Anna's guidance, members are motivated to continually enhance their skills by applying CBT structures and techniques. Anna's commitment to their growth is evident through regular feedback and unwavering support, empowering them to reach their professional goals.
Anna stands as an effective and inspiring lecturer, skillfully leading her group of training participants. Her training approach is firmly grounded in the systematic use of CBT methods and the active engagement of students in the learning process. Consequently, participants feel profoundly engaged and highly motivated to expand their knowledge and attain superior results in their practice.

Fanaticism is an extreme form of modality loyalty that can happen to those practising CBT. In part, it can be very influential by CBT supervisors and role models who knowingly or unknowingly denigrate the psychodynamic or psychoanalytic modes.

Tereza serves as a CBT training instructor for novice students, and she strongly values the importance of avoiding rigid dogma and the excessive promotion of CBT as the sole therapeutic approach. While conducting CBT training, she actively maintains an open mindset toward various therapeutic methods.
By her example, she also leads her training students to practicality and appropriate modesty, awareness of the advantages and limits of CBT, and the need for its further development, especially in the therapy of more complex and therapy-resistant patients.
Her commitment to embracing different therapeutic approaches fuels her motivation for continual growth. Tereza expands her repertoire by integrating concepts from the third wave of CBT and exploring other psychotherapeutic modalities, which inspire her to enrich CBT with fresh ideas and structures.
As a lecturer, Tereza excels in motivating and guiding her training participants. Her training management philosophy centres on openness to diverse approaches and the provision of regular feedback and support. Consequently, participants feel deeply engaged and driven to enhance their learning, resulting in improved outcomes in their professional practice.

Many psychodynamic therapists resist CBT (Thorbeck 1990; Gabbard 2005; further citations). Jacqueline Persons and her group addressed the objections of psychodynamic psychotherapists to CBT, such as the claim that CBT does not emphasize the quality of the therapeutic relationship (Persons *et al.* 1995). Effective CBT requires a high-quality relationship with the patient. While the quality of the therapeutic relationship is a priority in CBT, the ongoing dissection of the affective and empathic atmosphere between therapist and patient, which may reflect unresolved childhood conflicts, does not occur often. However, CBT does not deny or dismiss the importance of childhood events. CBT theorizes childhood as the origin of many schemas.

CBT shares common ground with psychodynamic and interpersonal therapies. In defining these common factors, Mardi J. Horowitz writes that "dynamic, interpersonal, and cognitive approaches are based on similar concepts of enduring structures of meaning. . . . We found good convergence among several of the above methods for individual case formulations" (Norcross *et al.* 1995, p. 251). Meaning structures deal with the most fundamental psychological themes (basic conflict in psychodynamics and similar schemas in CBT) that have their roots in childhood and persist into adulthood to cause stressful pathologies. We hope that these common grounds will limit the conscious and unconscious polemics of competition between methods in the minds of therapists. Therapeutic versatility within our practices is good—it is the ideal state in which we feel comfortable using CBT for an appropriate subset of our patients and psychodynamic or interpersonal therapy for others. The ultimate ideal is not to feel conflicted or "disloyal" to one method when we use another.

Karel is a CBT training instructor entrusted with guiding a group of CBT training participants. Karel's profound understanding of the significance of the therapeutic relationship in CBT drives him to prioritize its quality in his interactions with each participant. He cultivates strong connections with them, offering unwavering support during exercises, empathizing with their hesitations and shyness, and gently encouraging their active participation. His feedback is specific and deeply personal, ensuring each participant receives personalized guidance. Karel

maintains a warm and personal demeanour even during breaks outside formal practice.
Under Karel's guidance, training participants are highly motivated to continue developing their skills. This motivation stems from the authentic role model Karel embodies in building and nurturing therapeutic relationships. He consistently provides constructive feedback and ongoing support, enabling students to steadily advance in their skill development.
Karel's effectiveness as a lecturer is undeniable, as he adeptly leads and motivates his training participants. His approach to training is anchored in establishing strong therapeutic bonds with each participant, supplemented by consistent feedback and support. Consequently, participants are engaged and highly motivated to deepen their learning, ultimately leading to improved results in their professional practice.

When first learning psychotherapy, psychotherapists are assigned individual supervisors who greatly influence them. Supervisors become role models during formative times (Thorbeck 1990; Drucker *et al.* 1978). For example, psychiatric residents consider the influence of supervisors—especially those who are empathic and provide guidance in difficult situations—essential (Pate & Wolff 1990). The impact of supervisors on practitioners' preferred modes of treatment or orientation is less clear, but it is reasonable to think that this impact is significant.

Vladimír, a dedicated CBT training instructor, is entrusted with leading a group of participants in group training. He strongly emphasizes the value of supervision and holds his supervisor in high regard. Recognizing the significance of this mentorship, his supervisor provides him with recordings from her training groups. In turn, Vladimír engages in thorough discussions with his supervisor, analyzing the dynamics captured in the video sessions, offering his insights, and seeking her perspective.
Through this collaborative supervision process, Vladimír gains a deeper understanding of various perspectives on the situations within the group therapy sessions. This newfound awareness enriches his ability to excel as a CBT training instructor, benefiting the participants, his professional growth, and his supervisor's guidance.
Vladimír actively utilizes feedback from his supervisor as a tool for self-improvement, allowing him to continually refine his techniques and enhance his skills. His unwavering commitment to this approach to supervision and his deep respect for his mentor propel Vladimír to become an increasingly adept and effective lecturer in CBT training.

Summarizing the main ideas about correct and incorrect procedures when conducting basic CBT and supervisor training, we conclude that these procedures have many similarities.

Correct procedures for conducting basic CBT training and supervision training in CBT:
- Creating a safe and supportive environment for trainees
- Providing a clear framework and structure for training
- Using active and experiential learning methods such as role-play and modelling
- Providing regular feedback and support for trainees
- Use of structured competence assessment methods
- Support the supervisee in developing problem-solving and critical-thinking skills

Additional vital strategies are the active practice of new therapists and refraining from eclecticism and fanaticism. Both new and experienced CBT therapists could benefit from personal therapy and the authenticity of trainers, who allow them to be used as role models.

In a foundational CBT training led by Kryštof, a secure and supportive atmosphere is meticulously crafted for participants. Kryštof achieves this by offering precise instructions and a structured framework for every aspect of the training. To enhance the learning experience, he employs active teaching methods such as role-play, modelling, chairwork, and imaginative exercises, demonstrating the practical application of CBT techniques.
Individual meetings follow a well-organized sequence. Kryštof commences by explaining each therapeutic method, placing it within its relevant context, and then demonstrating it to a colleague. Subsequently, small groups engage in hands-on training closely supervised by Kryštof and his colleague. Finally, these small groups showcase their newly acquired skills before the entire training cohort, receiving constructive feedback from their peers and the instructors.
Throughout the training, Kryštof remains committed to providing participants with consistent feedback and unwavering support. This ongoing engagement aids their skill development and fosters a growing sense of confidence among the trainees.

In the context of supervision training, Patrik, the leader, skillfully established a secure and trusting supervisory relationship with the trainees. He achieved this by offering clear instructions and maintaining open channels of communication. Patrik further employed structured competency assessment methods, enabling participants to gauge their progress in conducting supervision training and encouraging evaluation of their videotaped supervision sessions.
In fostering a collaborative learning environment, Patrik emphasized the significance of regular feedback and support within the training group, actively participating in this process. During the supervision training, he adeptly guided trainees in developing problem-solving and critical thinking skills, contributing to their overall skill enhancement and their ability to deliver more effective supervision to their supervisees.
Patrik's approach to supervision training stands as both practical and motivating. Participants are actively engaged and inspired to learn, owing to his unwavering support and consistent constructive feedback. Their accomplishments serve as a testament to the vital role that regular feedback and support play in the context of supervisory training.

On the other hand, incorrect procedures include:
- Lack of trust or support in the training
- Lack of a clear structure or framework for training

- Using passive learning methods such as lecture or reading
- Lack of feedback or support for trainees

During an introductory CBT training session, the leader, Mirek, adopted an approach that lacked a clear structure or framework. Instead, he heavily relied on passive learning methods like lectures and readings. Unfortunately, this approach left participants struggling to grasp and apply CBT techniques effectively.
Furthermore, Mirek frequently criticized and emphasized the complexity of each method, along with the need for substantial experience, without demonstrating or offering adequate feedback and support to the participants. Consequently, this led to their insecurity, frustration, and reluctance to apply the taught skills in their practice.
This training methodology, characterized by ineffectiveness and demotivation, fell short of expectations. For successful training, the leader must establish a well-defined structure and framework, incorporating active learning methods to allow participants ample practice with CBT techniques. Additionally, providing regular feedback and robust support is essential to nurturing participants' skill development and bolstering their confidence. These measures are pivotal in ensuring a fruitful training experience.

During the supervision training, the leader, Marek, regrettably fell short of providing sufficient trust and support to certain trainees. His preferential treatment of some participants over others strained relations within the group, leaving some feeling insecure and misunderstood. Furthermore, Marek neglected to establish a clear structure or framework for supervision and failed to utilize assessment tools, resulting in participants having an unclear view of their progress and expectations. Additionally, he did not offer enough feedback or support to supervisees during supervision sessions, leaving them frustrated and demotivated.
This approach to conducting supervisory training was ineffective and demotivating. To ensure a successful supervisory training course, the supervisor should prioritize providing a well-defined structure and framework, employ assessment tools to evaluate supervisees' progress, and consistently offer constructive feedback and robust support. Only through these measures can the training be conducted effectively and motivate participants towards success.

Discussion

CBT is a form of psychotherapy that focuses on identifying and changing negative thought patterns and behaviours. CBT is often a short-term form of psychotherapy, but in practice, the length of treatment can be influenced by the patient's unique clinical circumstances.

CBT is best learned in an active and dynamic environment where trainees are supported and motivated to develop their skills. An essential part of the learning process is providing regular feedback and support to help participants improve their skills and confidence.

Furthermore, CBT shares common ground with psychodynamic and interpersonal therapies but has unique features. CBT accentuates recognizing and changing negative thought patterns and behaviours, while psychodynamic therapies focus on unconscious conflicts, and interpersonal therapies concentrate on relationships between people.

It is important to recognize that CBT is not suitable for every patient and that the therapist should be open to different approaches to therapy. The therapist should avoid fanaticism and work to be open to different approaches to therapy.

We discussed why active and experiential learning methods such as role-play and modelling are so effective in conducting CBT training. These methods allow trainees to practice and practice CBT techniques in a safe environment, helping them improve their skills and confidence. Experiential learning can support students in learning in various campus, project-based, work-integrated, and community-based contexts. It is beneficial to identify experiences that will be of interest to students. These experiences should be structured to require student initiative, decision-making, and responsibility for outcomes, including learning from natural consequences, mistakes, and successes. The core concept revolves around embracing experiential learning and practical actions while resisting the urge to avoid taking action out of fear of making mistakes rather than solely focusing on theoretical and reflective knowledge.

We also discussed why providing regular feedback and support to trainees is essential. Feedback and support help participants identify their strengths and areas for further development. This allows them to work on improving their skills and achieve technical mastery in CBT.

We can also discuss the importance of establishing a safe and trusting supervisory relationship when conducting supervisory training in CBT. A supervisor can provide valuable advice and guidance to help supervisees develop their skills and achieve technical mastery. A lack of trust or support in the supervisory relationship can make supervisees feel insecure and frustrated.

Conclusion

This article addressed how to teach and not teach cognitive behavioral therapy (CBT) and supervision. Best practices and methods for teaching CBT and supervision were presented as common mistakes supervisors should avoid. An important element of successful CBT supervision is a good supervisory relationship and the active involvement of students in the learning process.

For those conducting CBT or supervision training, it is important to provide a clear structure and framework for the training or supervision, use active learning methods, and provide regular feedback and support to participants. We have found active and experiential

learning methods such as role-play and modelling are very effective in CBT training. An important part of the learning process is providing regular feedback and support to help participants improve their skills and confidence.

The importance of creating a safe and trusting supervisory relationship when conducting supervisory training in CBT is readily apparent. A supervisor can provide valuable advice and guidance to help supervisees develop their skills and achieve technical mastery.

Our findings suggest that CBT and supervisory training can be very effective in helping therapists develop their skills and achieve technical mastery. Therapists must be open to different approaches to therapy and avoid fanaticism.

Further research could focus on how best to prepare supervisors for their role and how to ensure that they can guide their students effectively. It might also be helpful to explore the impact of different supervisory styles on students' skill development and how supervisors can best support their students' professional growth.

In conclusion, successful CBT supervision requires good preparation, knowledge, and skills of the supervisor. The supervisor should be able to provide students with constructive feedback, support them in self-reflection and professional development, and help them overcome obstacles. It is also important to regularly evaluate your supervisory style and find ways to improve it.

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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