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Concept of the inner supervisor in cognitive behavioral therapy and schema therapy

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Abstract

BACKGROUND: The concept of the inner supervisor has emerged as a complementary tool to traditional external supervision. It emphasizes therapists' self-reflection and meta-cognitive monitoring of their cognitive, emotional, and relational processes during and after sessions.

OBJECTIVES: This article aims to (1) define the inner supervisor, (2) outline its theoretical background in cognitive behavioral therapy (CBT), schema therapy (ST), and self-practice/self-reflection approaches, (3) present main competencies required for its effective use, (4) describe practical methods and techniques for its development, and (5) illustrate its clinical applications through case vignettes.

METHODS: The paper builds on a narrative review of literature on therapist self-reflection, self-practice/self-reflection (SP/SR), and supervision, as well as clinical experience with CBT and schema therapy. Illustrative case vignettes are included to demonstrate practical use in diverse therapeutic contexts.

RESULTS: Inner supervision enhances therapists' self-awareness, prevents unexamined countertransference, and strengthens the therapeutic alliance. Methods such as self-reflective diaries, cognitive restructuring of automatic thoughts, mode dialogues, chairwork, and imagery rescripting are emphasized as effective tools. Case vignettes illustrate its utility in managing therapists' frustration, self-criticism, schema activation, and countertransference.

CONCLUSIONS: Inner supervision represents a valuable adjunct to external supervision, fostering therapist growth, resilience, and improved patient care. While promising, it has inherent limitations (blind spots, distortions) and should therefore be integrated with traditional supervision. Future research is needed to empirically evaluate its effectiveness and develop validated measures of its impact on therapist development and treatment outcomes.

Introduction

The *inner supervisor* refers to the therapist's internal capacity to critically reflect on and evaluate their clinical work to improve therapeutic effectiveness and maintain professional growth. Unlike external supervision, which relies on feedback and guidance from another professional, the inner supervisor represents an internalized function that supports ongoing self-monitoring, reflection, and correction during and after therapeutic sessions. This construct integrates cognitive, emotional, and metacognitive processes that allow the therapist to observe themselves from a "meta-position," evaluate the therapeutic alliance, and adapt interventions when needed.

Historical and theoretical background

The roots of the inner supervisor can be traced to the tradition of reflective practice in psychotherapy. Cognitive-behavioral therapy (CBT) has long emphasized the therapists' role in setting goals, monitoring progress, and evaluating the effectiveness of interventions (Beck, 2011). In schema therapy, the therapist's awareness of their schemas and modes is crucial for managing countertransference and maintaining an empathic yet structured stance toward the client (Young *et al.* 2003; Arntz & Jacob 2012; Prasko *et al.* 2024).

Another important theoretical framework is the *self-practice/self-reflection (SP/SR) approach*, which was developed for therapists to practice CBT methods on themselves and reflect on the experience (Bennett-Levy 2006; Bennett-Levy & Finlay-Jones 2018).

Relevance of self-reflection and inner supervision

Self-reflection has been identified as one of the crucial competencies in clinical training and continuing professional development (Schön 1983; Norcross & Lambert 2011; Prasko *et al.* 2023). Self-reflection strengthens the therapist's ability to notice biases, regulate emotions, and maintain boundaries. The novelty of inner supervision is to provide therapists with a structured way to analyze difficulties such as transference, countertransference, or therapeutic ruptures, and to formulate adaptive strategies in real time (Milne 2009; Bennett-Levy *et al.* 2015).

In contemporary psychotherapy, where the demands on therapists are high and external supervision may not always be accessible, the ability to draw on an inner supervisory process is increasingly relevant. It functions as both a protection against professional burnout and a tool for improving clinical outcomes by maintaining flexibility, accuracy, and responsiveness in therapeutic work.

Aim of the article

The present article aims to:

(1) Define the concept of the inner supervisor and its theoretical underpinnings in CBT, schema therapy, and reflective practice.
(2) Describe core competencies and methods that facilitate the development of this inner supervisory function.
(3) Illustrate practical methods for cultivating the inner supervisor through case vignettes from clinical practice.
(4) Discuss the implications, benefits, and limitations of inner supervision in psychotherapy, and provide recommendations for its integration into clinical training and daily therapeutic work.

Tab. 1. External versus internal supervision in psychotherapy

ASPECT	EXTERNAL SUPERVISION	INTERNAL SUPERVISION
Definition	Dialogue with a more experienced professional	Intrapersonal dialogue and meta-position
Advantages	External perspective, feedback, support; corrective learning; prevents blind spots	Continuous availability; fosters autonomy; real-time monitoring
Limitations	Dependent on supervisor's availability, cost, and competence; may be infrequent.	Risk of blind spots, cognitive biases, self-criticism; perfectionism, limited perspective
Indications	Training phases, complex cases, ethical dilemmas	Every day practice, between supervision sessions, immediate correction
Complementarity	Provides external corrective function and guidance	Reinforces reflection, supports integration of learning into daily practice

Theoretical background of the concept of the inner supervisor

External versus internal supervision

Traditional supervision in psychotherapy is usually conceptualized as an interpersonal process in which a more experienced professional provides the supervisee feedback, guidance, and support (Milne 2009; Watkins 2014).

The concept of the *inner supervisor* complements but does not replace external supervision. It represents the therapist's ability to internalize supervisory functions, such as critical self-observation, perspective-taking, and corrective feedback (Prasko *et al.* 2023). While external supervision relies on dialogue with another person, internal supervision is essentially an intrapersonal dialogue, requiring the therapist to adopt a meta-position that allows simultaneous participation in therapy and reflective observation of one's own performance (Bennett-Levy *et al.* 2015; Prasko *et al.* 2024).

The development of an inner supervisor can be understood through the lens of *adult learning theories* and *metacognition*. Kolb's experiential learning cycle (1984) emphasizes integrating experience, reflection, conceptualization, and experimentation. This cyclical process parallels how therapists learn from their sessions by reflecting on their actions and adapting strategies.

Metacognition, the ability to think about one's own thinking, is central to reflective practice (Flavell 1979). Therapists with strong metacognitive skills can monitor the accuracy of their perceptions, evaluate cognitive biases, and correct ineffective interventions in real time. Research in therapist training highlights that deliberate self-reflection and structured metacognitive practices improve competence and therapeutic alliance (Bennett-Levy *et al.* 2009; Hill *et al.* 2017).

Specificity in CBT and schema therapy

In *cognitive-behavioral therapy* (CBT), the collaborative empiricism model requires therapists to continually test hypotheses, evaluate interventions, and adapt strategies in partnership with patients (Beck 2011; Prasko *et al.* 2010). An internal supervisory stance helps therapists notice when they slip into directive or evaluative modes that may hinder collaboration.

In *schema therapy*, the inner supervisor also encompasses awareness of the therapist's schemas and modes (Prasko *et al.* 2024). Since therapist modes, such as the Critical Modes (e.g., Demanding parent) or Overcompensator (e.g., Perfectionistic Overcontroller), may be activated in challenging therapeutic relationships, the ability to internally supervise these reactions is essential for maintaining a Healthy Adult stance (Young *et al.* 2003; Arntz & Jacob 2012). Self-reflection and internal supervision thus function as safeguards against countertransference enactments and as tools for modeling adaptive self-regulation for patients (Farrell & Shaw 2018; Prasko *et al.* 2022).

Theoretical Links Between Inner Supervision and Self-Leadership Frameworks

To develop the most accurate understanding of *inner supervision*, it is important to see its connection with the *self-leadership* framework, which has been studied in management and organizational psychology since the 1980s (Manz 1986; Neck & Houghton 2006). Self-leadership is a self-regulatory process by which an individual achieves self-direction and self-motivation to work effectively and achieve goals (Goldsby *et al.* 2021).

Self-leadership manifests itself in three types of strategies: constructive thought pattern strategies, behavior-focused strategies, and natural reward strategies, when a person is motivated by inherently enjoyable aspects of the task (Neck & Houghton 2006; Neck *et al.* 2019; Goldsby *et al.* 2021). In turn, *inner supervision* is how these *self-leadership* strategies are "activated" in the clinical setting - during a therapy session, when the therapist leads the client and himself.

Thus, a therapist who practices *inner supervision* actually uses *self-leadership* strategies, only in a clinical context:

- When the therapist notices internal self-talk ("I'm not good enough, the client is not making progress, and the therapy feels stuck"), he uses *self-leadership* constructive thinking strategies in the process of *inner supervision*, for example, changing negative self-talk, visualizing a positive outcome, applying self-compassion techniques ("I don't have to be omnipotent, my job is to be present and create space for the client to change")
- When the therapist sets a micro-goal for himself in this situation ("today to remain sensitive and supportive"), this corresponds to *self-leadership* behavior-focused strategies.
- When the therapist finds meaning in working with complex topics ("this conversation is meaningful because the client trusts me enough to share the difficult"), this connects with the natural motivation strategies of *self-leadership*.

Thus, *inner supervision* can be seen as *self-leadership*, but with a specific focus on the therapist's professional role and ethical stance.

In other words, *inner supervision* is a clinical "meta-view" that allows therapists to see themselves in action. At the same time, *self-leadership* is a broader "meta-skill set" that helps maintain this view in the session and general professional life.

You could argue that *inner supervision* develops *self-leadership* strategies in an emotionally intense environment.

Core competencies for internal supervision

Formulating therapeutic goals

A fundamental competence of therapists is defining clear and individualized treatment goals. Effective goal

formulation requires collaboration with the patient and balancing therapeutic expertise with respect for autonomy (Beck 2011). In schema therapy, this includes identifying unmet needs and maladaptive schemas, then formulating goals that address symptom reduction and more profound personality change (Young *et al.* 2003; Prasko *et al.* 2024). Inner supervision supports therapists in questioning whether their goals are realistic, ethical, and aligned with the client's values rather than driven by the therapist's implicit needs for control or achievement (Prasko *et al.* 2023; Prasko *et al.* 2024).

Monitoring and evaluating progress
Continuous assessment of therapeutic progress is another essential competence. In CBT, progress is commonly evaluated using symptom scales, behavioral experiments, and structured feedback (Kazantzis *et al.* 2016). In schema therapy, monitoring includes symptom reduction and shifts in modes, emotional regulation, and relational patterns (Arntz & Jacob 2012; Hill *et al.* 2017).

Self-reflection and working with mistakes
Self-reflection is central to professional development and error management. Research on self-practice and self-reflection shows that therapists who systematically reflect on their own experiences develop greater empathy, flexibility, and resilience (Bennett-Levy *et al.* 2009; Bennett-Levy 2019). A crucial element of inner supervision is acknowledging errors without defensiveness, examining the personal schemas or modes activated in therapy, and transforming mistakes into learning opportunities (Prasko *et al.* 2023). Awareness of power misuse is particularly important here: when therapists unconsciously adopt a dominant stance (e.g., Critical mode), their errors may be masked as "guidance," reinforcing maladaptive dynamics instead of fostering patient autonomy (Prasko *et al.* 2025).

Developing the therapeutic relationship and alliance
Perhaps the most sensitive area for internal supervision is the therapeutic relationship itself. Alliance quality consistently predicts therapeutic outcome across modalities (Flückiger *et al.* 2018). Inner supervision helps therapists to recognize subtle ruptures, such as when the balance of power shifts toward authoritarian control or excessive accommodation (Vyskocilova *et al.* 2015).

Ethical and cultural dimensions of internal supervision
Another important competence of internal supervision is the reflection of ethical dilemmas and cultural specifics. The inner supervisor helps the therapist monitor whether their interventions respect the client's boundaries, adhere to the principle of non-maleficence, and maintain confidentiality (Prasko *et al.* 2024). At the same time, it supports awareness of one's own values, biases, and cultural background, which may influence the course of therapy and the quality of the alliance (Norcross & Lambert, 2018; Prasko *et al.* 2023). Recognizing moments when the therapist's personal attitudes or emotions influence interaction with the client is fundamental to preventing ethical errors. The inner supervisor serves as an 'inner compass' that guides therapists in openly addressing ethical issues during external supervision while fostering respect for client diversity and individual needs.

Methods for developing the inner supervisor

Cultivating an inner supervisor requires intentional strategies integrating reflection, practice, and ethical awareness (Prasko *et al.* 2024). Several methods have proven effective in supporting this process.

Tab. 2. Core competencies required for effective internal supervision

COMPETENCE	DESCRIPTION	CONTRIBUTION OF INNER SUPERVISOR	RISKS WITHOUT REFLECTION
Formulating goals	Defining clear, collaborative, and individualized treatment objectives	Ensures goals are realistic, ethical, and aligned with patient needs	Therapist-driven goals may undermine autonomy, unrealistic goals may lead to the therapist's burnout and/or the patient's dropout
Monitoring progress	Ongoing evaluation of symptoms, modes, and relational patterns	Promotes flexible adjustment of strategies	Rigidity, continuation of ineffective methods, and avoidance of using inconvenient but effective strategies
Self-reflection & errors	Recognizing and analyzing mistakes constructively	Transforms failures into learning; prevents defensive reactions	Errors masked as authority; reinforcement of maladaptive dynamics
Therapeutic relationship	Building and maintaining an alliance through empathy, collaboration, and sensitivity to power	Identifies ruptures, supports the balance of guidance and autonomy	Risk of misuse of power, ruptures left unrepaired

Tab. 3. Methods for Developing Internal Supervision – Description, Goals, Indications, and Limitations

METHOD	DESCRIPTION	GOALS	INDICATIONS	LIMITATIONS
Self-assessment & Journals	Recording therapeutic decisions, emotions, and outcomes	Enhance metacognition, monitor progress	Suitable for all therapists, especially early-career	Risk of superficiality if not structured
SP/SR	Applying methods to one's own issues and reflecting	Deepen empathy, improve technique mastery	Training and supervision contexts	Requires openness; may evoke distress
Psychoeducation & Continuous professional development	Workshops, literature, peer discussions	Maintain competence, integrate new methods	Mid- and late-career therapists	Time- and resource-intensive
Self-care & Burnout Prevention	Deliberate activities to sustain well-being	Protect therapist health, ensure ethical practice	Therapists under high stress or workload	Risk of neglect or trivialization

Self-assessment and reflective journals

Structured self-assessment helps therapists evaluate their performance in real time and retrospectively. Reflective journals allow therapists to record critical incidents, therapeutic decisions, emotional reactions, and perceived successes or mistakes (Schön 1983). These tools foster metacognitive awareness by making implicit processes explicit (Prasko *et al.*. 2023). They also enhance accountability and provide a longitudinal record of professional growth (Milne 2009).

Self-practice and self-reflection (SP/SR)

The SP/SR approach has been widely recognized as a powerful CBT and schema therapy training method. In SP/SR, therapists apply therapeutic methods to their problems and then reflect on the process, drawing parallels with their clinical work (Bennett-Levy 2006; Haarhoff & Thwaites, 2016). Research indicates that SP/SR improves empathy, technique mastery, and the ability to anticipate client reactions (Bennett-Levy *et al.* 2015).

One of the important tools for self-practice and self-reflection is to practice mindfulness in everyday life. Studies confirm that mindfulness is related to higher resilience, psychological flexibility, and well-being, as well as lower burnout rates of counselors and therapists, and higher job satisfaction (Pfeifer 2023; van Seggelen-Damen *et al.* 2023). A recent study indicates that higher counseling trainees' state mindfulness predicted lower clients' distress during therapy (Li *et al.* 2024). Accordingly, mindful observation and description of therapists' feelings, sensations, thoughts, and action urges, as well as a non-judgmental and compassionate attitude, might help strengthen the inner supervisor's capacity.

Psychoeducation and continuous professional development

Ongoing education through workshops, reading, and peer exchange keeps therapists updated on new theoretical models and methods. Psychoeducation also strengthens therapists' ability to contextualize their clinical decisions within broader frameworks of learning theory, neuroscience, and ethics (Kaslow & Bell 2008). Continuous professional development is essential to prevent stagnation and maintain the reflective stance necessary for effective inner supervision (Prasko *et al.* 2023).

Self-care and burnout prevention

Often overlooked, the critical dimension of internal supervision is self-care. Therapists who neglect their own well-being risk counterproductive over-identification, loss of reflective distance, and eventual burnout (Norcross & Drewes 2009). Regular supervision of self-care routines, recognition of personal limits, and awareness of transference–countertransference dynamics are essential (Figley 2002). Self-care also functions as an ethical responsibility: therapists who fail to regulate their stress may inadvertently misuse power in ways that undermine the therapeutic alliance (Prasko *et al.* 2025).

Practical methods of inner supervision

Inner supervision is a reflective stance and practical method therapists can apply in their everyday clinical practice. Below, we present five core methods frequently employed in cognitive behavioral therapy (CBT) and schema therapy (ST), together with their rationale and applications.

Mapping the Vicious Circle

The vicious circle technique, widely used in CBT, helps therapists map the reciprocal links between their automatic thoughts, emotional reactions, behaviors, and the consequences on the therapeutic relationship (Beck 2011). By drawing their own circles, therapists can identify maladaptive responses such as frustration, over-responsibility, or disengagement, which might remain unnoticed. Internal supervision transforms this tool from a client-centered intervention into a self-reflective practice for the therapist (Bennett-Levy 2019).

Working with Automatic Thoughts and Cognitive Restructuring

Therapists, like clients, generate automatic thoughts that influence their behaviors in sessions. Self-critical cognitions ("I am an incompetent therapist") or overgeneralizations ("This client will never improve") can diminish therapeutic effectiveness (Beck 2011). By recognizing automatic thoughts and subjecting them to structured evaluation, therapists learn to challenge distortions such as catastrophizing, mind-reading, or perfectionism (Beck 2011; Clark & Beck 2010). In the context of internal supervision, therapists might ask themselves: *What evidence supports this thought? Is there an alternative explanation? What would I say to a colleague in the same situation?* These reflective questions foster more balanced judgment and reduce the impact of the internal Critical mode.

Mode Dialogue

Schema therapy emphasizes recognizing modes activated in both patient and therapist (Young *et al.* 2003). Internal supervision can employ *mode dialogues* as an inner conversation where the therapist identifies the interplay of their Vulnerable Child, Critical Mode, Overcompensator, or Healthy Adult modes.

This practice helps prevent unconscious enactments, for instance, when the therapist's own *Critical mode* aligns with the patient's maladaptive schemas, reinforcing their sense of failure (Edwards & Arntz 2012). Inner mode dialogue strengthens the therapist's *Healthy Adult* and *Kind parent* modes, promoting empathy, balanced authority, and constructive use of therapeutic influence (Arntz & Jacob 2012; Prasko *et al.* 2024). Mode dialogue can reveal how personal schemas are triggered in therapy and prevent these dynamics from unconsciously shaping the therapeutic relationship.

Chairwork in the Therapist's Role

Chairwork is a powerful experiential method adapted from Gestalt therapy and integrated into ST (Kellogg 2014). It offers a vivid experiential method to externalize inner conflicts (Kellogg 2014). When used in internal supervision, the therapist enacts different parts of themselves—for instance, switching between a self-critical stance and the supportive professional self. In inner supervision, therapists can use chair dialogues between parts of themselves, such as the *anxious novice*, the *perfectionistic critic*, and the *compassionate guide*, to externalize internal conflicts and integrate them. Research shows that chairwork enhances self-compassion and helps reorganize internal hierarchies, counterbalancing authoritarian or punitive self-modes (Pugh 2017).

Tab. 4. Methods of Internal Supervision – Characteristics, Applications, and Examples

METHOD	CORE DESCRIPTION	APPLICATIONS IN THERAPY	RISKS IF IGNORED	EXAMPLE OF USE
Vicious Circle Recording	Mapping the therapist's cognitions, emotions, behaviors, and consequences	Identifying maladaptive therapists' patterns, recognizing unhelpful cycles in countertransference	Repeated enactment of negative cycles	Identifying frustration with a resistant client. "I feel like a failure → frustration → withdrawal."
Cognitive restructuring	Identifying and reframing self-critical or rigid automatic thoughts	Reducing internal critic, balancing judgments. Strengthening therapists' resilience and empathy	Self-doubt, rigidity, burnout	"What evidence supports my fear of incompetence?" Reframing "I'm a bad therapist" into "This is a difficult case"
Mode dialogue	Internal dialogue between the therapist's modes	Balancing power, enhancing empathy. Strengthening the Healthy Adult mode.	Reinforcing the client's maladaptive modes	Engaging Healthy Adult against Critical Parent. Writing a dialogue between a critic and a supporter.
Chairwork	Experiential dialogue between the therapist's internal parts. Experiential switching of roles in imagined dialogue	Processing inner conflicts, reducing blind spots. Enhancing empathy, preventing misuse of authority.	Over-identification with one role	The therapist alternates between "critic" and "supporter" chairs
Imagery rescripting	Revisiting and transforming memories, influencing therapy with supportive alternatives.	Reducing emotional reactivity, deepening insight. Processing painful memories, fostering self-compassion.	Unacknowledged countertransference	Rescripting strict parental voice into a supportive one. Visualizing a supportive supervisor instead of a punitive one

Imagery rescripting

Imagery rescripting, a core method in ST, can also be used by therapists to reprocess emotionally charged memories that influence their professional functioning. It can be applied to the therapist's autobiographical memories and emotionally charged reactions (Arntz & Weertman 1999; Arntz 2012). Through imagery, therapists revisit formative experiences that may influence countertransference—such as past encounters with authority, rejection, or criticism—and re-script them with nurturing or empowering alternatives (Morina *et al.* 2017).

Using imagination in internal supervision helps therapists transform feelings of helplessness or anger into empathy and constructive engagement (Young *et al.* 2003; Prasko *et al.* 2023).

Use of Technology in Supporting Internal Supervision

One of the auxiliary tools in internal supervision can be recording technology (with the client's informed consent) and digital applications, through which therapists can retrospectively analyze the processes occurring on their side. The perspective on using such technologies in therapy is evolving (Doran & Lawson 2021), and these tools are increasingly being introduced into training (Kursch *et al.* 2023). They may also be beneficial in internal supervision. The therapist can notice their nonverbal expressions, automatic reactions, or missed interventions here.

Exploring the therapist's inner conversation

A step-by-step supervision exercise (adapted from Rober's method) helps therapists build empathy and develop their "inner supervisor", the part of them that can reflect on their work (Zamorano *et al.* 2025):

Step 1: Record the session and pick a moment

The therapist either:

- runs a live session while the supervision group watches, or
- records the whole session (with the client's permission).

Later, the therapist chooses a specific moment from the session to focus on.

Step 2: Watch and reflect with guiding questions

The therapist re-watches that moment (about three minutes before and after it) either during the next supervision meeting or alone during self-reflection. The therapist then chooses a moment when they felt emotionally touched, overwhelmed, or deeply connected to the client's story. Afterward, the therapist reflects on their feelings and thoughts at that time. Guiding questions help clarify what comes from the therapist's personal history and what belongs to the client.

- Identification questions:
- In what ways did you see yourself reflected in the client's story?
- Can you recall a similar experience from your own life?
- How did this connection influence your response as a therapist?
- Difference questions:
- How does your personal story differ from the client's story?
- Did you notice any feelings arising because of these differences?
- How might these differences be used as a resource in therapy

Step 3: Reflect and integrate

The therapist then considers how their personal reactions and differences shaped their feelings and behavior in the session.

They explore how their personal experiences can be a strength, and how differences from the client can offer alternative perspectives.

Doing this kind of reflection regularly helps therapists develop an inner supervisory voice. It enables them to remain open, curious, and flexible, even during emotionally challenging sessions (Zamorano *et al.* 2025; Rober 2021).

Using behavioral experiments

Due to mode or schema activation, therapists sometimes fall into avoidance and therefore do not use helpful techniques in therapy. For example, if an avoidant protector mode is activated due to a failure schema, the therapist may resist using exposure or experiential techniques. This can be accompanied by cognitive distortions such as mind-reading or fortune-telling, for instance, thinking "It won't help; the patient won't benefit from it." By using the competences of the inner supervisor, a therapist can plan an experiment that aligns with the patient's case conceptualization, thereby addressing their own mode or schema activation and becoming a more effective therapist.

Using various imagery and meditation techniques

In some cases, therapists may encounter challenging clients who evoke several schemas, threaten the vulnerable child mode, and make it challenging to remain in the Healthy Adult mode. In such situations, by using the inner supervisor, the therapist can lead a brief and safe meditation before and/or after the session, and encourage ultra-short meditative techniques during therapy, such as "breath-and-space," or visualizing the patient's inner child. These practices may help the therapist stay more attuned to the patient's core needs and wounded self.

Illustrative case vignettes from clinical practice

Working with One's Own Vicious Circle (Depression, Client Resistance)

Clinical context

Elena, a CBT therapist, works with a client presenting with chronic depression and comorbid anxiety. The client shows persistent

resistance: arriving late, refusing behavioral activation tasks, and often stating, *"Nothing has changed."* After several sessions, Elena notices growing frustration and doubts about her effectiveness.

Therapist's inner experience
Elena becomes aware of automatic thoughts such as: *"I am a bad therapist because I cannot help this client,"* and *"This is a hopeless case."* These thoughts evoke helplessness, disappointment, and irritability. Bodily, she experiences muscle tension in her shoulders and jaw. In response, she becomes more directive, impatient, and critical during sessions. The client perceives this distance, feels rejected and misunderstood, and withdraws further.

Internal supervision
Recognizing the cycle, Elena records her experience using a vicious circle self-reflection form.

Outcome and corrective step
Through this structured reflection, Elena recognizes how her inadequacy and dependency schemas amplify her frustration. Guided by her inner supervisor, she reframes her self-critical thoughts into a more compassionate stance: "Resistance is part of depression; my role is to remain collaborative and patient." She resolves to express more warmth and trust, validating the client's struggles while reinforcing small signs of progress.

Summary
The transferable lesson is that vicious circle mapping can be used for clients and therapists, enabling greater self-awareness and preventing counterproductive dynamics (Beck, 2011; Bennett-Levy, 2019).

Working with the Therapist's Critical Thoughts (Social Anxiety Case)

Clinical context
Maria, a therapist, is working with a young adult suffering from social anxiety disorder. The client avoids speaking in public and fears negative evaluation. Although he attends sessions and completes assignments, his flat affect and self-critical stance trigger insecurity in the therapist. During sessions, Maria's internal voice criticizes her interventions: *"You are not structuring this exposure correctly," "The client looks bored; you are ineffective."*

Therapist's inner experience
These self-critical thoughts evoke anxiety, guilt, and self-doubt. Maria recognizes that she is avoiding more challenging interventions, keeping sessions overly safe and intellectualized. She also notices frustration and a subtle defensive posture in her communication, which risks weakening the alliance. She realizes that dysfunctional schemas are being activated:

Failure schema ("I am an incompetent therapist").
Subjugation schema ("I must comply with all demands and expectations").
Punishment schema ("I deserve rejection if I make mistakes").

Internal supervision: Cognitive restructuring
Maria engages in **cognitive restructuring through reflective writing** after a difficult session. She writes down her automatic thoughts, emotions, behaviors, and the likely impact on the client. Then, guided by her inner supervisor, she develops alternative, balanced perspectives.

Outcome and corrective step
Through this reflection, Maria reframes her critical thoughts: *"The client's flat affect triggers my insecurity, but progress is happening."* She reminds herself that the client's resistance is a defense mechanism rather than a personal attack. She plans to reintroduce behavioral experiments with renewed confidence while maintaining a collaborative stance.

Summary
The transferable lesson is that therapists can—and should—use the same cognitive tools they teach clients to manage their self-

Tab. 5. Vicious Circle in Therapeutic Work

STEP	CONTENT
Trigger	Client resists behavioral activation tasks and remains uncooperative.
Automatic thoughts	"I am a bad therapist; I cannot help this client." "This client is a hopeless case that will never improve."
Emotions	Helplessness, disappointment, frustration, anger.
Somatic reactions	Physical tension in the shoulders and jaw, shallow breathing.
Behavior	Cold, critical, and impatient stance; overly directive interventions.
Short-term consequences	Client perceives the therapist as distant and unsupportive; feels rejected and misunderstood; alliance weakens.
Long-term consequences	Therapy stalls; risk of premature termination; Elena's self-esteem deteriorates, reinforcing inadequacy schema.
Schemas activated	Inadequacy schema ("I am not good enough unless I am perfect"). Self-sacrifice schema ("I must save people I care about and cannot tolerate their suffering").
Inner supervisor's guidance	"You are not a bad therapist—you are facing a difficult situation." "Resistance is part of depression; progress takes time and patience." "Focus on warmth, patience, and small steps." "Seek supervision or consultation to explore new strategies."

Tab. 6. Internal Supervision Record – Working with Self-Critical Thoughts

STEP	CONTENT
Trigger	Client presents with flat affect; therapist interprets this as boredom and failure of her interventions.
Automatic thoughts	"I am incompetent; I cannot change this client's patterns." "This client is too stubborn and demanding to improve."
Emotions	Anxiety, guilt, frustration, helplessness.
Behavior	Becomes overly reserved, defensive, and authoritative; avoids challenging exposures.
Perceived client reactions	Client views therapist as incompetent or manipulative; feels hurt and misunderstood.
Client's likely emotions	Hurt, belittled, controlled → withdrawal and resistance.
Schemas activated	Failure, Subjugation, Punishment.
Inner supervisor's corrective guidance	"You are not incompetent—you are working with a demanding case." "The client's resistance reflects protective schemas, not hopelessness." "Focus on what you can influence—build empathy, proceed step by step." "You can treat the client with warmth, respect, and openness instead of defensiveness."

critical thoughts and enhance professional effectiveness (Clark & Beck, 2010; Bennett-Levy *et al.* 2009).

Imaginative Rescripting of Therapist's Reactions (Authority, Rigid Patient)

Clinical context

Jan, a mid-career therapist, is treating a client with obsessive–compulsive personality disorder (OCPD). The client repeatedly questions his competence, demands rigid adherence to structured protocols, and resists flexibility. In one session, the client asserts: *"You are not following proper protocols; this is unprofessional."*

Therapist's inner experience

Jan feels a surge of anger and humiliation. Automatic thoughts arise: *"I am being disrespected; I must reassert control or I will lose authority."* These thoughts evoke defensiveness and a punitive impulse to confront the client harshly. Bodily, he notices muscle tension, a clenched jaw, and shallow breathing. Jan recognizes that his reaction feels stronger than the immediate situation justifies, suggesting activation of deeper memories linked to authority and criticism.

Schemas and personal history

Jan reflects that his reaction resonates with earlier life experiences. As a child, he had a strict and demanding father who frequently dismissed his needs. One vivid memory resurfaces: wanting to play football with friends but being forbidden until all homework was completed, accompanied by harsh words. The same helplessness and frustration now echo in his work with the rigid client. His **punitiveness schema** and **subjugation schema** are activated, amplifying his countertransference.

Internal supervision: Imagery rescripting

After the session, Jan engages in **imagery rescripting** as part of his internal supervision. He revisits the childhood memory in imagery. This time, instead of the harsh father, he introduces a compassionate figure—his grandfather—who sits with him,

Tab. 7. Internal Supervision Record – Imaginative Rescripting

STEP	CONTENT
Trigger	Client challenges therapist's competence: "You are not following proper protocols; this is unprofessional."
Automatic thoughts	"I am being disrespected." "I must reassert authority."
Emotions	Anger, humiliation, frustration.
Somatic reactions	Muscle tension, clenched jaw, shallow breathing.
Behavioral impulse	Harsh confrontation, rigid reassertion of authority.
Schemas activated	Punitiveness (others must be punished if they are wrong). Subjugation (I must comply or lose standing). Defectiveness/failure (I am inadequate if challenged).
Imaginative rescripting – childhood scene	Replace a strict father with a grandfather who offers support and balance (helping with homework, then encouraging play). Emotional shift: from helplessness to validation.
Imaginative rescripting – therapy scene	The therapist visualizes responding with collaborative empiricism: validating the need for structure while gently introducing flexibility.
Inner supervisor's guidance	"Your strong reaction is rooted in old experiences, not just this client." "Authority struggles can be transformed into collaboration." "Empathy and validation can defuse power struggles more effectively than confrontation."

Tab. 8. Internal Supervision Record – Mode Dialogue with Politically Provocative Content

STEP	CONTENT
Trigger	Client states: "All immigrants should be expelled; weak people don't deserve support."
Automatic thoughts	"This is intolerable." "I cannot work with someone like this."
Emotions	Outrage, helplessness, moral indignation.
Somatic reactions	Tight chest, raised voice, rapid heartbeat.
Modes activated	Angry Child (impulse to argue). Critical Parent (urge to correct/condemn). Healthy Adult (striving to remain balanced).
Schemas activated	Unrelenting standards, Approval-seeking, Punitiveness.
Mode dialogue	Angry Child: "This is disgusting; I want to argue back." Critical Parent: "You must stop him; you are the authority." Healthy Adult: "Stay calm. These are Overcompensator defenses. The task is to see the vulnerability beneath."
Inner supervisor's guidance	"Your emotions are real, but reacting to them would harm the alliance." "Focus on understanding the client's fear and pain behind the provocation." "Therapy is not political debate; it is a safe space for uncovering unmet needs."

helps him with the homework, and then encourages him to go outside and play. Jan experiences a shift: from frustration and helplessness to support, understanding, and validation.

Building on this imagery, Jan then rescripts the therapy session. He imagines responding not with defensiveness but calm empathy: *"I hear that structure feels important for you. Let's make sure we use structure as a support while testing some new approaches together."* The client appears less hostile, more open, and slightly reassured in this imagery.

Outcome and corrective step

Through imaginative rescripting, Jan reframes his countertransference from punitive to compassionate. Instead of preparing to assert authority, he plans to acknowledge the client's need for structure while carefully introducing flexibility. This prevents escalation into a power struggle and supports a collaborative alliance.

Summary

The transferable lesson is that therapists benefit from addressing their formative experiences that fuel countertransference, reducing the risk of authoritarian misuse of power and improving the therapeutic alliance (Arntz, 2012; Morina *et al.* 2017).

Working with Therapist's Modes and Transferred Emotions (Politically Provocative Content)

Clinical context

A therapist is treating a 22-year-old man with borderline personality disorder (BPD). In several sessions, the client repeatedly introduces politically extreme statements such as: *"All immigrants should be expelled; weak people don't deserve support."* These comments sharply conflict with the therapist's personal values and evoke strong emotional reactions, threatening therapeutic neutrality.

Therapist's inner experience

The therapist recognizes an internal conflict between several modes:

- **Angry Child mode**: feels outraged, with an impulsive urge to argue back.

Tab. 9. Internal Supervision Record – Chairwork with Therapist's Frustration

STEP	CONTENT
Trigger	Client repeatedly refuses behavioral activation tasks, insisting nothing will work.
Automatic thoughts	"This client doesn't want to change." "I am wasting my time."
Emotions	Frustration, fatigue, hopelessness.
Somatic reactions	Heaviness in the chest, neck tension, and low energy.
Conflicting internal positions	Empathic stance: supportive, hopeful, validating. Critical stance: angry, dismissive, hopeless.
Schemas activated	Self-sacrifice, Unrelenting standards, Dependence (mirroring her own relational fears).
Chairwork process	Dialogue between Empathic Therapist and Critical Therapist. Recognition of both positions leads to the emergence of the Healthy Adult.
Healthy Adult stance	"I can accept my frustration without letting it dominate. I can validate the client's pain, maintain realistic goals, and focus on incremental progress."
Inner supervisor's guidance	"Your frustration is a signal, not a failure. Use it to rebalance empathy with realistic pacing. Chairwork helps you hold both compassion and limits."

- **Critical Parent mode:** commands to silence or correct the client ("You must stop this talk; you are the authority").
- **Healthy Adult mode:** struggling to maintain balance, reminding that the therapeutic task is to understand the client's underlying needs rather than to debate politics.

Automatic thoughts surface: *"This is intolerable; I cannot work with someone like this."* The therapist notices somatic activation—tightened chest, rising voice, increased heart rate—indicating escalating emotional involvement.

Schemas activated

- **Unrelenting standards schema:** "I must confront harmful beliefs immediately."
- **Approval-seeking schema:** "If I do not reject these views, I will betray my values."
- **Punitiveness schema:** "Wrong attitudes must be punished or corrected."

Internal supervision: Mode dialogue

In reflective journaling after the session, the therapist engages in a written **mode dialogue**.

- **Angry Child:** "This is disgusting! I cannot sit quietly; I want to fight back."
- **Critical Mode:** "You must correct him. If you don't, you're failing your duty as a responsible person."
- **Healthy Adult:** "I feel strong emotions, but my role is not to argue politics. His extreme statements are likely an Overcompensator mode covering his vulnerability. My task is to understand and contain, not to debate."

By allowing the Healthy Adult voice to take the lead, the therapist reframes the client's political provocations as defensive postures designed to hide deep fears of weakness and rejection.

Outcome and corrective step

Through this reflective mode dialogue, the therapist calms the internal conflict. Guided by the Healthy Adult and the inner supervisor, they reframe the client's political extremism as an expression of an Overcompensator mode defending against feelings of inferiority and rejection. The therapist adopts a curious, validating stance in subsequent sessions: *"It sounds like strength and control are very important to you—perhaps because feeling weak has been painful."* This shift prevents escalation, safeguards the therapeutic alliance, and gently redirects the focus from ideology to emotional needs.

Summary

The transferable lesson is that therapists can reduce reactivity and maintain the alliance by recognizing and naming their modes, while letting the Healthy Adult lead (Young *et al.* 2003; Arntz & Jacob, 2012).

Chairwork for Clarifying the Therapist's Stance (Frustration with Client Passivity)

Clinical context

Alena, an experienced therapist, is working with Lucia, a client suffering from long-standing dysthymia and dependent personality traits. After the session, Lucia avoids behavioral activation tasks, explaining why each suggestion "will not work." She remains passive despite repeated role-playing exercises in which Lucia practices expressing her needs to her dismissive and unfaithful husband. She continues to rationalize her inability to confront him.

Therapist's inner experience

Alena notices a mounting sense of frustration, fatigue, and hopelessness. Automatic thoughts arise: *"This client doesn't want to change," "I am wasting my time,"* and *"She will never stand up for herself."* Emotionally, irritation and disappointment color her therapeutic stance. She feels torn between genuine empathy for Lucia's suffering and irritation at her lack of action. Bodily, Alena experiences heaviness in her chest and tension in her neck.

Schemas activated

- **Self-sacrifice schema:** "I must keep giving, even if I am exhausted."
- **Unrelenting standards schema:** "If she doesn't change, I am failing as a therapist."
- **Dependence schema (personal):** awareness that her irritation mirrors her unresolved fears of standing up to her partner.

Internal supervision: Chairwork

After a particularly draining session, Alena engages in **chairwork as internal supervision**. She sets up two chairs to embody her conflicting internal positions:

- **Chair 1 – Empathic Therapist stance**
  "Lucia, I know you are in a painful situation. You are afraid of losing your husband, and your fear makes it hard to stand up for yourself. I believe in your strength and want to support you in small steps toward change. You deserve respect and a better life."
- **Chair 2 – Critical/Frustrated stance**
  "Lucia, I am tired of hearing the same complaints. I feel drained teaching and practicing with you when you never act. I am not your surrogate mother or savior – I am frustrated and exhausted."

Alena allows both voices to be expressed fully by alternating between the two chairs. Gradually, a **Healthy Adult stance** emerges, integrating compassion with boundaries:
"I can acknowledge my frustration honestly, but I must not let it become criticism. Lucia's avoidance reflects despair, not laziness. My task is to validate her pain, maintain realistic expectations, and focus on small achievable steps."

Outcome and corrective step

After chairwork, Alena feels emotionally lighter. She no longer sees her frustration as evidence of incompetence, but as a cue to rebalance her stance. In subsequent sessions, she explicitly validates Lucia's despair, while gently reinforcing small, achievable steps rather than overwhelming behavioral tasks.

Summary

The transferable lesson is that chairwork—commonly used with clients—can also be a powerful self-supervision tool for therapists, helping them clarify their stance and protect the therapeutic alliance (Kellogg, 2014; Pugh, 2017).

Tab. 10. Self-Supervision Recording – Narcissistic Patient Case

STEP	CONTENT
Session date/time	15/04/2023, 10:00–11:00
Patient name	Robert
Main topic of the session	Difficulties at work and in his marriage
My feelings during the session	Hurt, insulted, undervalued
My thoughts during the session	"Robert is arrogant and manipulative." "He does not trust or respect me."
My behavior during the session	Cold, critical, impatient; attempted to correct his views forcefully
My feelings after the session	Frustrated, guilty, inadequate
My thoughts after the session	"I failed as a therapist; Robert is a hopeless case."
My behavior after the session	Self-blame, withdrawal, avoidance of colleagues
Needs and goals for next session	Improve therapeutic alliance; increase warmth, patience, and support; maintain professional boundaries
Planned strategies	Use mode dialogue to help Robert see how his narcissistic mode protects him. Use imaginative rescripting to connect with childhood experiences of insecurity. Use chairwork to access his Wounded Child and build empathy.
Inner supervisor's guidance	"Robert's superiority is a mask for vulnerability." "Your defensiveness is understandable but unhelpful—stay curious." "Boundaries and empathy together will keep the alliance intact."

Self-Supervision Recording (Therapist with Narcissistic Patient)

Clinical context

Vladimír, an experienced therapist, is treating Robert, a patient with pronounced narcissistic traits. Robert often criticizes the therapist's knowledge and appearance, saying things such as: *"You don't look very professional today; I've read more about this than you,"* or *"This therapy is not really helping me."* These comments repeatedly trigger discomfort and self-doubt in the therapist, threatening the therapeutic alliance.

Therapist's inner experience

During sessions, Vladimír feels defensive, hurt, and insecure. Automatic thoughts arise: *"I must prove my expertise," "Robert is insulting me,"* and *"I am failing as a therapist."* Emotionally, he oscillates between anger and guilt, while behaviorally, he notices becoming colder, more critical, and impatient. These reactions risk escalating into unproductive debates or subtle withdrawal, mirroring the client's adversarial stance.

Schemas activated

- **Failure/defectiveness schema:** "I am incompetent if the client doubts me."
- **Recognition-seeking schema:** "I must prove my value to gain respect."
- **Punitiveness schema:** "The client is arrogant; he should be confronted."

Internal supervision: Self-supervision recording

After a particularly challenging session, Vladimír uses a structured **self-supervision recording** exercise. He externalizes his inner dialogue by writing it out as if he were in supervision:

- **Therapist (as supervisee):** "I feel insulted and want to prove myself. I behaved coldly and impatiently during the session."
- **Inner Supervisor:** "You are experiencing activation of your failure and recognition-seeking schemas. Let's look deeper: what is happening for the client?"
- **Therapist:** "Robert likely inflates his superiority to defend against his Vulnerable Child, who feels weak and worthless."
- **Inner Supervisor:** "How can you respond in a way that maintains boundaries and avoids a power struggle?"
- **Therapist:** "By staying calm, interpreting his criticism as a protective mode rather than a personal attack, and setting clear but respectful limits."

This dialogue helps Vladimír transform his defensive stance into clinical curiosity and prepare concrete strategies for the next session.

Outcome and corrective step

By externalizing his reactions in writing, Vladimír could recognize how his schemas fuelled countertransference. Instead of entering a power struggle, he prepared to validate Robert's defensive mode while gently guiding him toward underlying vulnerability. In subsequent sessions, Vladimír responded with curiosity rather than defensiveness, using questions like: *"When you feel the need to show strength here, what is it protecting you from?"* This shift maintained boundaries, avoided escalation, and slowly strengthened the therapeutic alliance.

Summary

The transferable lesson is that structured inner supervision is particularly valuable when working with narcissistic clients, helping therapists to resist the pull into power struggles and preserve therapeutic neutrality (Norcross & Lambert, 2011; Prasko *et al.* 2025).

Working with Therapist's Schemas (Abandonment, Failure)

Clinical context

Anna, a cognitive-behavioral therapist, is working with Patrick, a young man suffering from depression and episodes of self-harm. In several sessions, Patrick reports urges to quit therapy when emotional intensity rises: *"This is too much; maybe I should stop coming."* On another occasion, he discloses cutting his hands during a crisis. Each time, Anna feels undermined, fearing both that Patrick might harm himself further and that he might discontinue therapy.

Therapist's inner experience

These moments trigger Anna's own schemas. She recognizes activation of:

- **Abandonment schema** ("If Patrick leaves, I will be left alone and rejected.")
- **Failure schema** ("If therapy does not succeed, I am incompetent and unworthy.")

Automatic thoughts arise: *"Patrick might kill himself; I am a bad therapist; I should end therapy."* She experiences anxiety, fear, guilt, and sadness, accompanied by physical tension (shortness of breath, pounding heart). Behaviorally, she tends to soften challenges, avoid deeper work, or overcompensate with excessive reassurance.

Internal supervision: Schema-focused self-reflection

After a difficult session, Anna engages in a structured thought log and schema reflection. She records her automatic thoughts, emotions, and behaviors, examines evidence for and against them, and identifies the schemas driving her reactions.

Practical corrective work

- **Evidence gathering:** Anna lists proof contradicting her abandonment and failure schemas—stable marriage, supportive friendships, collegial recognition, positive feedback from other clients.
- **Behavioral experiments:** She challenges her avoidance by presenting at a professional conference, joining a charity project, and openly discussing her insecurities in supervision.
- **Imagery rescripting:** Anna revisits childhood memories of her father's departure and adolescence under academic pressure. In imagination, she comforts her younger self, telling her: *"You are loved, you are capable, and you are not alone."*
- **Letter writing:** She writes to her father about the pain of abandonment, and to herself, acknowledging resilience and competence.
- **Mode dialogue:** She dialogues between her Vulnerable Child ("I will be left; I cannot cope"), her Overcompensator ("I must please and hold the client at all costs"), and her Healthy Adult ("Loss is painful but survivable; my worth is not defined by one case").

Outcome and corrective step

Through this process, Anna recognizes that her schemas – not objective reality – fuelled her fears. In the next session, instead of over-reassuring Patrick, she calmly reflects: *"I hear that this feels overwhelming for you. Let's slow down and find a pace that feels safe enough to continue."* This stance combines empathy with structure. Patrick remains engaged, feels understood, and gradually tolerates more challenging work.

Summary

The transferable lesson is clear: therapists, like clients, must remain vigilant of their own schema activation and use reflective tools—thought logs, imagery, and mode dialogues—to protect both the therapeutic alliance and treatment integrity (Young *et al.* 2003; Arntz & Jacob, 2012).

Discussion

Summary of the main benefits of internal supervision

The concept of the inner supervisor offers therapists a systematic way of reflecting on their own procedures, emotions, and decisions during and after therapeutic

Tab. 11. Self-Reflection Log – Schema Activation in Therapy

STEP	CONTENT
Trigger	Client threatens to quit therapy or discloses self-harm.
Automatic thoughts	"Patrick might kill himself." "I am a bad therapist; I cannot help him." "If he leaves therapy, I have failed."
Emotions	Anxiety, fear, sadness, guilt.
Physical reactions	Shortness of breath, rapid heartbeat, blurred vision.
Behaviors	Over-reassuring, avoiding difficult emotions, softening therapeutic challenges.
Schemas activated	Abandonment ("I will be left, I cannot cope with loss"). Failure ("I am incompetent, I must be perfect to be worthy").
Healthy Adult reflections	"Clients may leave therapy for many reasons; this does not define my competence." "Patrick's resistance reflects his despair, not my failure." "I have training, supervision, and evidence of past success with clients."
Corrective strategies	1. Use schema dialogues and imagery to nurture the inner child behind abandonment/failure schemas. 2. Gather counter-evidence (supportive relationships, professional achievements). 3. Plan behavioral experiments (asking for help, testing competence publicly). 4. Reframe Patrick's threats to leave as avoidance driven by fear rather than a rejection of the therapist.

sessions. It provides an opportunity to pause, evaluate the course of therapy, and adjust interventions to maintain quality and continuity of treatment (Bennett-Levy *et al.* 2015). Internal supervision fosters flexibility, reduces the risk of rigid responses, and deepens therapists' awareness of their experience. Empirical evidence suggests that cultivating self-reflection enhances therapeutic competence and increases client satisfaction (Norcross & Lambert 2018).

Table 12 provides an integrative overview of the skills and strategies required to build and maintain an effective inner supervisor in cognitive-behavioral and schema therapy practice.

Relationship to therapeutic alliance and treatment outcomes

A strong therapeutic alliance is one of the most reliable predictors of treatment success (Flückiger *et al.* 2018). Internal supervision enables therapists to identify moments when the alliance is threatened by their own emotional reactions, unacknowledged transference processes, or cognitive distortions. Through self-correction, therapists can restore collaboration, trust, and authenticity. Practitioners who systematically employ self-reflection and self-practice/self-reflection (SP/SR) methods demonstrate greater capacity to regulate their emotions, which fosters patient engagement and motivation (Bennett-Levy & Finlay-Jones 2018).

Existing empirical studies confirm that systematic self-reflection and methods such as self-practice/self-reflection (SP/SR) significantly impact the development of therapeutic skills, the enhancement of empathy, and the strengthening of the therapeutic alliance. Research indicates that engaging in these methods supports therapists' personal growth and positively influences patient outcomes (Bennett-Levy *et al.* 2009; Haarhoff & Thwaites 2016). A stronger emphasis on these empirical findings could further reinforce the manuscript and link the concept of the inner supervisor to measurable effects in psychotherapeutic practice.

Limitations of the concept

Despite its benefits, internal supervision has apparent limitations. It is prone to blind spots and distortions: therapists may rationalize their own errors or overlook dysfunctional patterns that are difficult to face (Watkins 2014). Therefore, internal supervision must be combined with external supervision, which provides perspective, corrective feedback, and protection against ethical or methodological mistakes (Milne 2009). Another limitation is excessive reliance on introspection without validating conclusions through dialogue with colleagues or supervision groups. Excessive reliance on this process may lead to overusing introspection at the expense of essential external supervision, which provides corrective feedback and a broader perspective. Risks also include cultural differences in approaches to introspection and personality factors of individual therapists—for example, tendencies toward perfectionism or self-criticism may distort the self-supervisory process. Acknowledging these factors would help ensure that the concept is applied in a balanced and safe manner.

Specific challenges for novice versus experienced therapists

Novice therapists often struggle with heightened insecurity, fear of failure, and a desire for quick solu-

Tab. 12. Strengthening the Inner Supervisor: Core Competencies, Cultivation, and Practical Methods

THERAPIST COMPETENCY	CULTIVATING THE INNER SUPERVISOR	PRACTICAL METHODS
Formulating therapeutic goals	Use self-assessment to check clarity and realism of goals; reflect on alignment with client needs.	Vicious circle recording (to notice when unrealistic goals trigger frustration).
Planning and implementing interventions	Apply self-practice to test interventions on oneself; seek continuous self-education.	Automatic thought work (to challenge "I must follow rigid protocols").
Monitoring and evaluating progress	Engage in self-reflection and use structured self-reward to recognize small therapeutic gains.	Progress logs; feedback analysis.
Problem-solving and crisis management	Strengthen metacognition through reflective journaling; consult inner supervisor when overwhelmed.	Chairwork (to rehearse responses to crises and conflicting stances).
Building therapeutic relationships	Practice self-care to prevent burnout; develop an empathic stance through self-reflection.	Dialogue of modes (to rebalance frustration vs. empathy).
Reflecting and analyzing	Regular introspection about triggers, biases, and countertransference; link to schema awareness.	Imagery rescripting (to reframe emotionally loaded therapist memories).
Learning from experience and feedback	Use self-assessment and peer/supervisor feedback to guide growth; acknowledge progress through self-reward.	Integrative self-supervision recording (combining thoughts, feelings, and corrective perspectives).

tions. Internal supervision can offer them a structured framework for handling such feelings, yet without the guidance of senior colleagues, it risks degenerating into self-criticism (Kaslow & Bell 2008). Experienced therapists, on the other hand, may develop automaticity, relying too heavily on routines and reflecting less frequently on their own processes. For them, internal supervision safeguards against professional stagnation and burnout, supporting ongoing growth and flexibility.

Potential for training and therapist education

Integrating internal supervision into therapist education represents a significant opportunity to systematically cultivate metacognitive capacities and the ability to process personal emotions. Internal supervision may thus be a protective factor against burnout and a tool for strengthening professional identity. Future research should further explore its empirical effectiveness and establish it as a standard component of both pre-graduate and post-graduate psychotherapy training.

Recommendations for practice and research

Integrating Internal Supervision into Daily Therapeutic Work

Internal supervision should be embedded as a regular reflective practice rather than an occasional corrective intervention. Therapists can systematically include short reflection periods after sessions—through written notes, introspective questioning, or structured tools such as self-reflective diaries. These practices enable recognition of countertransference, schema activation, and unhelpful coping modes that may interfere with therapy (Bennett-Levy & Finlay-Jones 2018; Prasko *et al.* 2022).

Applications in Training and Education

The development of an inner supervisor can be fostered early in training through structured exercises such as Self-Practice and Self-Reflection (SP/SR). These approaches allow students to explore their own cognitive, emotional, and relational patterns, which enhances empathy and improves clinical skills (Bennett-Levy *et al.* 2003). In postgraduate training, role-play, chairwork, and guided self-reflection groups can deepen self-awareness and help prevent the rigid use of protocols. Integrating internal supervision methods into curricula may thus enhance both competence and resilience of future therapists (Norcross & Lambert 2018).

Future Research Directions

Despite its clinical relevance, the concept of internal supervision remains under-researched. Future studies should address:

- *Empirical evaluation:* Longitudinal studies examining how structured internal supervision influences therapist development, therapeutic alliance, and patient outcomes.
- *Measurement:* Development of reliable and valid instruments to assess the effectiveness of internal supervision (e.g., reflective functioning, reduction of therapist burnout).
- *Comparative research:* Exploring similarities and differences between internal supervision, mindfulness-based interventions, and SP/SR frameworks.
- *Contextual factors:* Investigating how therapist experience level, cultural context, and type of therapy (e.g., CBT vs. schema therapy) mediate the utility of internal supervision.

Future research should not only seek ways to measure the impact of internal supervision effectively but also examine how personality and cultural factors influence therapists' willingness and ability to use this method.

Conclusion

The concept of the inner supervisor represents an innovative approach to integrating reflection, self-awareness, and corrective processes into the everyday work of psychotherapists. It provides a framework for therapists to recognize and transform their cognitive and emotional patterns, thereby preventing blind spots and reducing the risks of unexamined countertransference (Geller *et al.* 2005; Kaslow & Bell 2008).

This article highlights that internal supervision contributes to professional growth, enhances the therapeutic alliance, and protects therapists from emotional exhaustion. Its integration into clinical practice and training can complement traditional external supervision and foster a culture of lifelong reflective learning.

Ultimately, internal supervision can be seen as a safeguard and a dynamic tool for therapist development—supporting the balance between professional competence, personal authenticity, and compassionate care for patients.

Conflict of interest statement

The authors declare that the article was done without any commercial or economic relationships that could be understood as a potential conflict of interest.

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