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# THERAPIST SCHEMA & SUPERVISORY DRIFT: A CONCEPTUAL MODEL

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- EABCT 2021 Annual Congress
- 9<sup>th</sup> September – Supervision  
Symposium

## QUICK QUIZ! – MENTI.COM

- Do you know about therapist schemas already?
- 20802615
- Knowledge of SAGE
- 30384194

# EXAMPLE OF THERAPIST SELF SCHEMAS INTERFERING WITH THERAPY (HAARHOFF, 2006)

Table 1. Cognitive primes consistent with the therapist schemas, "demanding standards", "special superior person", and "excessive self-sacrifice"

	<b>Demanding Standards</b>	<b>Special Superior Person</b>	<b>Excessive Self-sacrifice</b>
<b>Triggers in therapy</b>	Homework non-compliance, failure to improve in therapy.	Failure to improve, perceived criticism of therapist, patient demanding or needy	Perceived demands or requests by the patient; perceived vulnerability of patient, need to be liked
<b>Therapist beliefs about self</b>	Incompetent, worthless, responsible, accountable	Special, unique, superior	Unworthy, not good enough
<b>Therapist beliefs about the patient</b>	Non-compliant, irresponsible, lazy, unmotivated	Inferior or superior (like me)	Vulnerable, needy
<b>Therapist beliefs about treatment</b>	Things should go according to plan. Therapy should "work".	This is an opportunity to shine.	Therapy is difficult, I will not succeed
<b>Unhelpful strategies</b>	Making too many demands on the patient, technique driven, over emphasis on structure, demanding, over-controlling and intolerant. Refusing to see patients perceived as too difficult.	When things become difficult, devalue and blame the patient, loose interest, become bored, neglect routine, empathy failure. Superficial approach to therapy.	Lack of boundaries resulting in overextending the therapy hour, reducing fees, tolerating missed appointments, avoiding issues perceived to be upsetting to the patient.

# BACKGROUND

- Doctoral researcher undertaking PhD using an action research design exploring supervisor and supervisee beliefs and behaviours in CBT supervision
- Interest arose from own experiences as a supervisee, supervisor and more recently as a trainer of supervisors
- Curious to know more about the decision making that underpins why supervisors and supervisees behave in certain ways especially those that are limiting
- 2017 - Pilot study (n=9) exploring technical v relational use of supervision (see Roscoe, 2021)
- 2018 – present - follow up study (n=10) exploring all aspects of supervisee and supervisor attitudes towards and use of supervision

## RELEVANT LITERATURE

- Young – Early Maladaptive schemas (e.g. Young et al, 2006)
- Leahy (2001) - Therapist schemas / Therapist schema questionnaire (Haarhoff & Thwaites, 2015)
- Bennett-Levy (2006) Therapist skill development and refinement – ‘personal self’ and ‘therapist self’
- Bennett-Levy (2019) Self-practice / Self-reflection – deepens therapist empathic attunement to clients and increases meta-cognitive awareness
- Therapist drift (Waller, 2009) - e.g. avoidance of exposure based methods

# GAPS IN THE LITERATURE

- Very little has been written on interpersonal processes within CBT supervision
- Literature also sparse in relation to Supervision of Supervision (SoS) – how to support supervisors who are struggling with resistant supervisees or how to assist them to notice their own blind spots as supervisors
- Concept of ‘Self-as-supervisor’ or ‘supervisor self / supervisee self’ (see Corrie & Lane, 2016) has not been explored in any detail
- Minimal resources to help CBT supervisors or meta-supervisors to spot, formulate and respond to problematic behaviours in the supervisory relationship (see Moorey & Byrne, 2019; Milne et al 2009 for rare examples)
- Existing literature overly focused on identifying supervisee cognitions, emotions and behaviour thus neglecting the potentially important reciprocal role between supervisor and supervisee
- Therapist schemas likely to be present in supervision in addition to therapy

## DEFINING THE CONCEPTS USED IN THIS RESEARCH

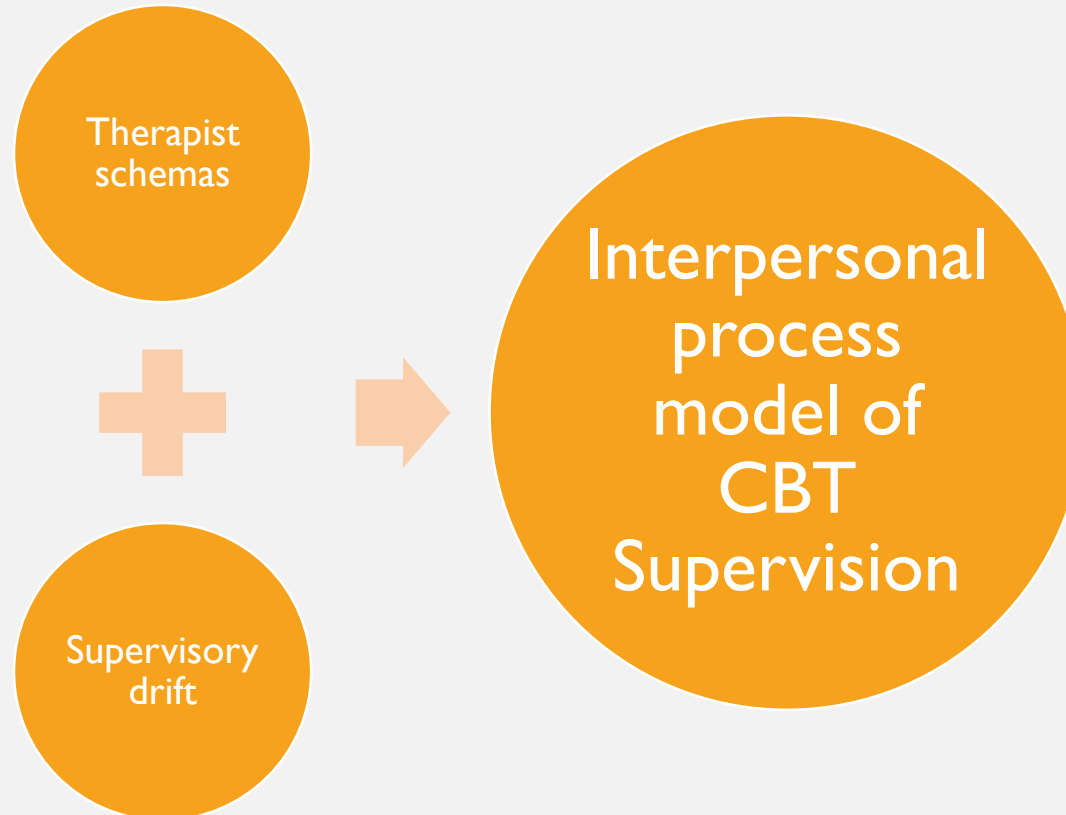
- What do we mean by Supervisory drift?
- *“instances in which core components of supervision (e.g. outcomes monitoring, direct observation, mutual feedback) are omitted, avoided or deprioritised, resulting in a gap between supervisory theory and practice.” (Pugh & Margetts, 2020, p5).*



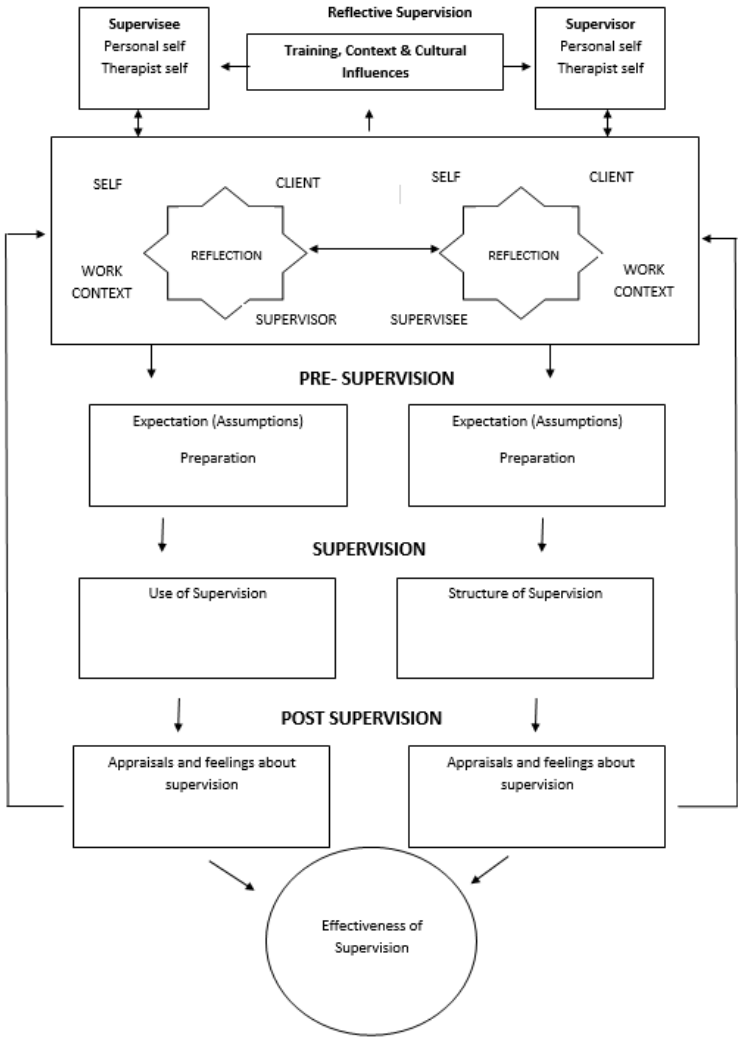
# IS SUPERVISORY DRIFT A 'THING'? AND WHY DOES IT HAPPEN

- Hypothesised to be due to similar mechanisms as therapist drift however greater element of collusion in SD compared to TD (e.g. supervisor and supervisee know what they 'should' be doing whereas client cannot be held accountable in this way)
- Similar to Therapist drift, it is likely to originate from a range of *personal self* (e.g. "I should never interrupt anyone") and supervisor and supervisee beliefs about supervision (e.g. the supervisor should always tell me what I need to do) which lead to ineffective use of time and / or a range of avoidance and safety seeking behaviours.
- Some studies have found evidence of various supervision methods to be avoided or deprioritised (e.g. Townend et al., 2002; Milne et al., 2009)
- More recent research by Roscoe et al (2019) also found reluctance to show videos in supervision due to fears of being seen as incompetent
- SAGE (Milne, 2008) provides a means of identifying SD so why does it continue to occur?

# THE RESEARCH TOPIC



# A WHISTELSTOP TOUR OF.... THE MODEL



## HYPOTHESISED UTILITY OF THE MODEL

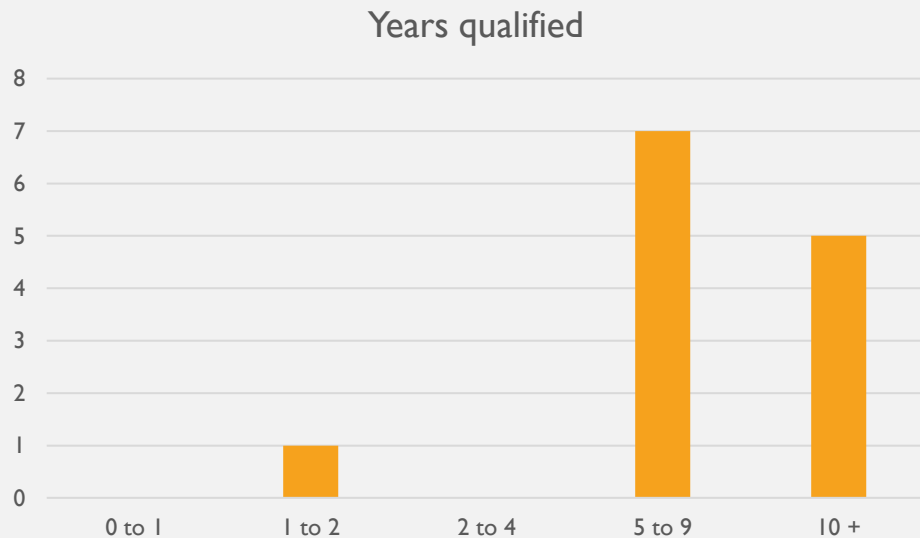
- Little emphasis on understanding ones own reactions in core CBT training puts supervision dyads at a disadvantage when trying to navigate through the choppy waters of the supervisory relationship
- Provides supervisor and supervisee or meta-supervisor and supervisor with a shared language for identifying and managing interpersonal processes within supervision
- Nips supervisory drift in the bud?

# STUDY – ACCEPTABILITY OF THE MODEL

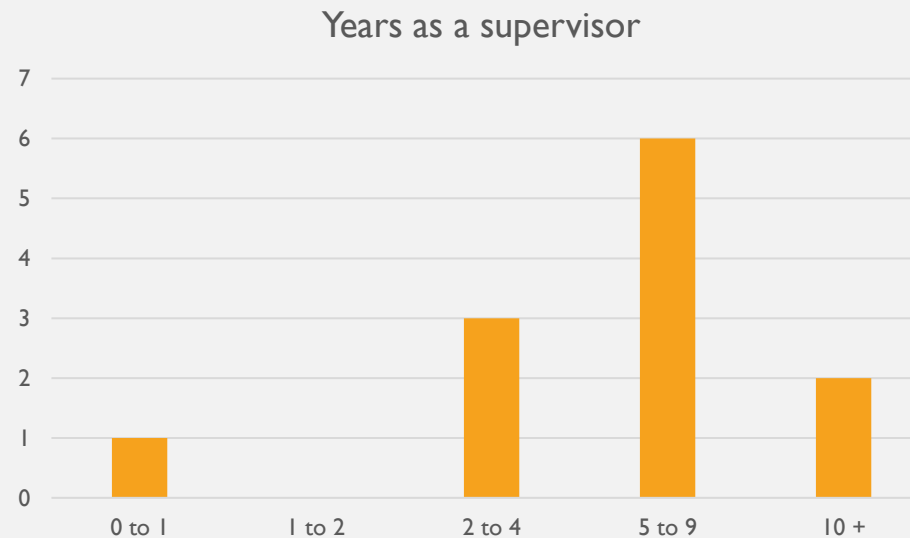
- **Sample:** 32 CBT Supervisors (16 as part of a supervisor training course and 16 who responded to a social media call to attend a webinar specifically relating to the study)
- **Aim:**
  - **1.** To introduce a new interpersonal process model of supervision which seeks to explain supervisor and supervisee behaviour through proposed pre-disposing factors.
  - **2.** Gauge initial feedback around model design, content and acceptability.
- **Method and data analysis:** Following attendance, supervisors were asked to provide anonymous written feedback (via online surveys website) one month after to allow time to trial use of the model in their clinical practice as supervisors or meta-supervisors.

# PARTICIPANT DEMOGRAPHICS

- How many years have you been qualified as a CBT Therapist?



- How many years have you been working as a clinical supervisor of CBT practitioners?



# PARTICIPANT FOLLOW UP QUESTIONS

- Q1. Has the model increased your understanding of supervision processes?
- Q2. If the model has not increased your understanding please explain why this is
- Q3. Which are the most useful parts of the model?
- Q4. Were there any parts of the model that were difficult to understand or not useful?
- Q5. Have you applied the model actively in your role as a supervisor or supervisee?
- Q6. If you have applied the model in practice, what has been the response to it from your supervisee(s) / supervisor?
- Q.7 Are there any other observations you have made about the theoretical or practical contributions that the model could make?

## DATA ANALYSIS

- The researcher JR collated the responses from all twelve respondent to each of the seven questions. Coding was then undertaken using the steps recommended by Braun & Clarke (2006) identifying 18 initial codes.
- Julie Taylor (PhD Supervisor) assisted in refining the coding, reducing the codes to 16 and in developing sub-themes (8).
- JT then corroborated the 4 master themes developed by JR



# KEY THEMES TO EMERGE FROM THE DATA

Themes	Data Extracts	Sub-theme	Codes
1. Seeing the 'bigger picture'	<i>Yes, in terms of helping provide a framework for considering different training and cultural influences; different expectations and influences of work context etc (P 6)</i>	Pre-conceptions  Process	Influences of the past Expectations  Structure Preparation  Complicated Simplify
2. Need to simplify	<i>The model is complex and it would take a bit of time to explain it for the first time (P 11)</i>	Accessibility  Utility	Trimmed Application

# KEY THEMES TO EMERGE FROM THE DATA

Themes	Data Extracts	Sub-theme	Codes
3. Space to reflect	<i>I found that the role of supervisee / supervisor schemas, and their interactions, particularly interesting. This is a much neglected issue in supervision and, after the training, it seems like an important topic for discussion. (P 10)</i>	Personal  Professional	Mindful Feelings Biases  Stages Dynamics
4. Application of the model	<i>It would be useful to know how to actually apply this model within a supervision session/how best to work with it (P 7).</i>	Formal  Informal	Problems  Principles Parts

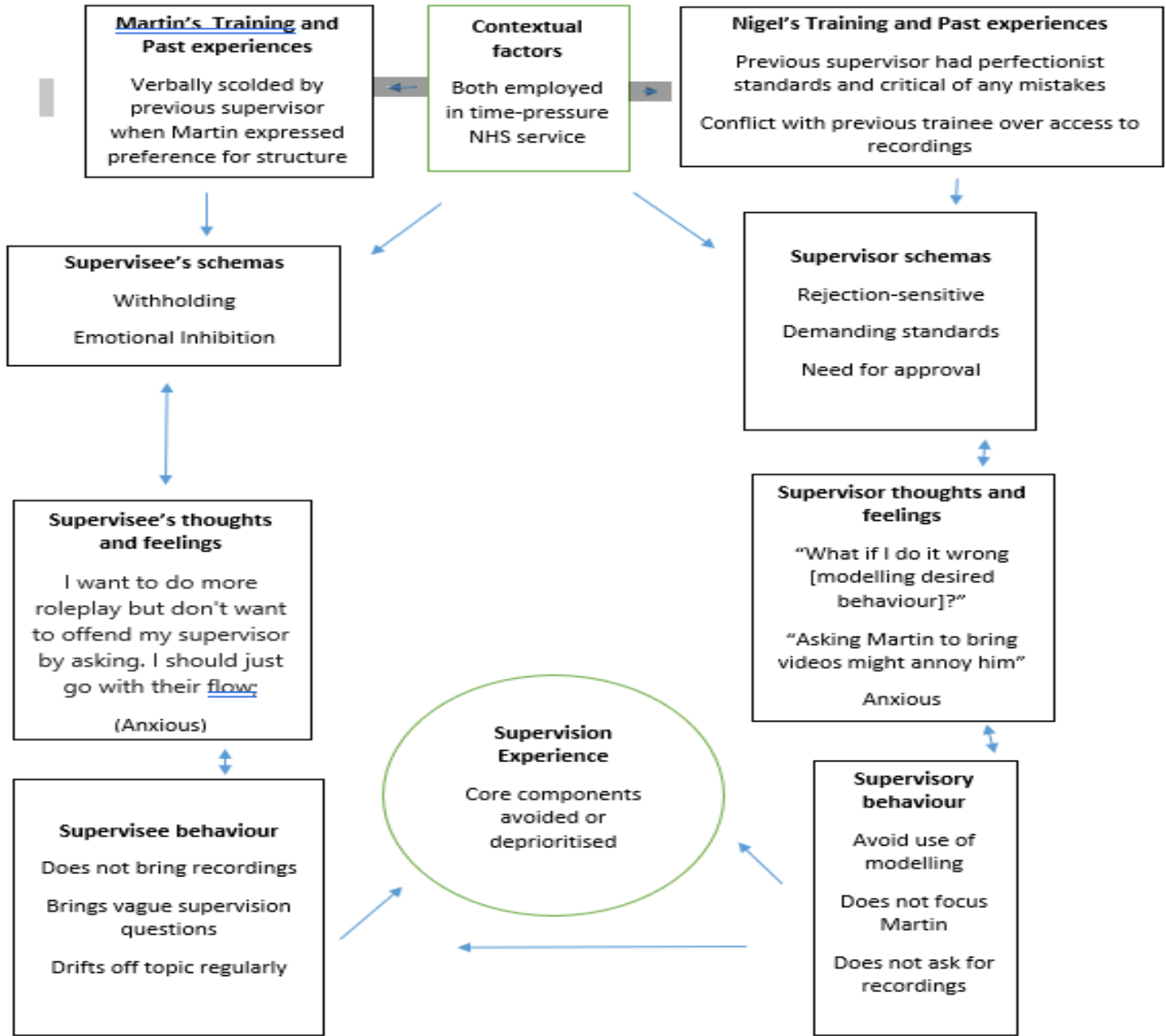
## KEY LEARNING

- Format that model is introduced to supervisors and supervisees (full or shortened version)
- Function of model i.e. to capture problematic rather than general supervision behaviours?
- Medium: Clinical supervision, Self-supervision or Supervision of Supervision

## NEXT STEPS

- Develop and test adapted version of model in supervisory practice (standard or SoS) – see example
- More detailed consideration of how the model can be used practically in a supervision or SoS session
- Consider how to overcome barriers to understanding all part of the model (i.e supervisor knowledge of therapist schemas / drift)

EXAMPLE OF SIMPLIFIED VERSION OF MODEL (BASED ON MOOREY (2013))



## WANT TO GET INVOLVED?

- Get in touch to take part in final part of the PhD – a deliberative enquiry (late 2022)
- Email me at [jason.roscoe@cumbria.ac.uk](mailto:jason.roscoe@cumbria.ac.uk)
- Follow me on Twitter @cbtblackpool

QUESTIONS?



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