ORIGINAL ARTICLE

The supervisor's personality: Impacts on cognitive behavioural and schema therapy supervision

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Abstract

This article explores the complex dynamics of the supervision process in cognitive behavioural therapy (CBT) and schema therapy, focusing on the pivotal role of a supervisor's personality traits. It elucidates how these traits can significantly influence their supervisory leadership style, the therapeutic process, and the professional evolution of the supervisee. The paper further elaborates on how these influences can potentially enhance or impede the effectiveness of CBT and schema therapy. It underscores that the supervisor's personality traits can catalyze the supervisee's professional growth and optimize the therapy's effectiveness.

However, it also discusses that maladaptive personality traits can have a detrimental impact on supervision. These traits can inadvertently challenge the supervision process, affecting the therapeutic outcomes.

INTRODUCTION

Cognitive-behavioural therapy (CBT) and schema therapy are two of the most recognized and widely used forms of therapy in current psychological practice (Hofmann *et al.* 2012; Young *et al.* 2003). CBT focuses on identifying and changing negative thought patterns that can lead to maladaptive behaviour (Beck 2011; Leahy 2001). Schema therapy is an integrative psychotherapy that combines theory and techniques from existing therapies, including CBT, psychoanalytic object relations theory, attachment theory, and gestalt therapy (Arntz & Jacob 2012; Wenzel 2021).

Supervision is a critical component in both of these therapeutic approaches. It allows the supervisor to monitor, guide, and effectively influence the course of the therapeutic process (Wheeler *et al.* 1996; AhnAllen *et al.* 2013; Prasko *et al.* 2020a). It supports aspiring psychotherapists as they navigate the transformative journey towards becoming professionals (Watkins 2020). The personality of the supervisor can significantly influence this supervision process. It shapes the therapeutic relationship and impacts the supervisee's professional growth (Beck Institute for Cognitive Behavior Therapy 2021; Hess 1986).

The optimal approach to fostering therapists' growth lies in the guidance of a supervisor committed to transformation. Through this transformative supervision, the supervisee's therapist identity takes shape, leading to the internalized conviction that they are a therapist. A supervisor who embraces the concept of transformation understands the challenges supervisees face as they grapple with disruptions, disorientation, and personal growth. The supervisory process, especially for beginning supervisees, encompasses three key forms of action: anchoring and grounding, which fosters connection; facilitating and educating, which stimulates growth; and liberating and emancipating, which empowers supervisees to transcend limitations. Through these actions, supervisees undergo a transformative learning experience that shapes their professional development (Watkins 2020).

The role of a supervisor's personality in the supervision process of CBT and schema Therapy is a complex and multifaceted topic. This article explores how different supervisors' personality traits can shape their supervisory leadership style, the therapeutic process, and the supervisee's development.

Clinical supervision in CBT and schema therapy is essential in translating evidence-based treatment protocols into routine clinical practice (Kelly & Hassett 2021). Specialists in the field have formed guidance on the structuring of CBT supervision (Prasko *et al.* 2019; Kelly & Hassett 2021; Prasko *et al.* 2022a). Yet, previous surveys on everyday practices have constantly found that supervisors and supervisees appear to drift from these recommendations (Prasko *et al.* in press; Roscoe 2021).

The supervisory alliance is critical to effective work in supervision. The relationship needs to be safe enough for the supervisee to be open and to be able to hear and incorporate constructive feedback (Hess 1986; Beck Institute 2021; Ociskova *et al.* 2022a).

A supervisor's personality traits can foster the supervisee's professional growth and determine the effectiveness of therapy. However, maladaptive personality traits can negatively impact supervision. We will examine how different supervisors' personality traits influence their supervisory leadership style, the therapeutic process, and the supervisee's development. Furthermore, we will discuss how these influences can affect the effectiveness of CBT and schema therapy.

METHOD

This article is a narrative review, supplemented with illustrative case reports, focusing on the impact of personality traits and characteristics in the supervision process of CBT and schema therapy. Information sources were systematically identified by searching the PubMed, PsychINFO, and Web of Science databases. The search strategy employed a combination of the following keywords: (Supervisor Personality) and (cognitive behavioral therapy or schema therapy). The search included studies published in English or Czech from 1950 to the present and was conducted in October 2023. Using keywords, we identified 117 articles. However, only 34 were devoted to the personality of the supervisor. In the bibliography of these articles, we found another 25 articles devoted to the supervisor's personality. In total, we identified 59 articles that we included in our review. To provide real-life context, case vignettes were collected from trainees and supervisors. These case vignettes were developed based on the authors' clinical experience and expertise in cognitive-behavioural supervision.

RESULTS

Personality of supervisor
Personality is a set of unique characteristics that influence our thoughts, feelings, and behaviours (Cherry 2021). These characteristics may include our values, beliefs, motivations, emotions, experiences and abilities (Wheeler *et al.* 1996; Reichelt & Skjerve 2002). In the context of supervision, the supervisor's personality can influence their leadership style, ability to provide effective supervision and interaction with the therapist (Yourman & Farber 1996; Watkins *et al.* 2019).

Supervisors have various responsibilities, including being open and honest, remaining non-judgmental, possessing credible knowledge, experience, and clinical skills, serving as role models by demonstrating a commitment to clinical supervision, and participating as supervisees (Bernard *et al.* 2011; Pullman *et al.* 2023; Prasko *et al.* 2023a).

Concerning professional qualities (roles and skills), good supervisors in CBT and schema therapy are knowledgeable. They have extensive training in both therapy and supervision and extensive experience in conducting supervision, which helps them gain a broad perspective in the field. They can use various supervision interventions effectively and carefully choose from among them based on conceptualizing and clarifying the supervisee's needs, an individually appropriate learning style, and personal characteristics/preferences (Prasko *et al.* 2020b). They strive for continuous growth in supervision through continuing education, participation in self-evaluation conferences, and feedback from supervisees, clients, other supervisors, and colleagues (Prasko *et al.* 2020c; Prasko *et al.* 2021).

Effective supervisors possess a unique blend of professional skills, drawing from the expertise of former teachers, such as applying learning theory, setting sequential short-term goals, and evaluating interventions. They also exhibit the qualities of skilled consultants, objectively assessing problem situations, cultural sensitivity, offering alternative interventions, and adeptly conceptualizing client issues (Hook *et al.* 2016; Watkins *et al.* 2022). This approach fosters an environment where supervisees actively brainstorm and jointly develop strategies for the open growth of their visions and clients (Borders 1994; Hess 1986; Prasko *et al.* 2023b). Good supervisors can function effectively as teachers, counsellors, and consultants, making informed decisions about which role to employ at any given time with a particular supervisee (Hess 1986; Vyskocilova *et al.* 2011).

A noble need to help others is often behind the decision to become a psychotherapist. However, the individual may not realize that other aspects of their personality also influence this choice (Fletcher & Delgadillo 2022). These may include the need to gain value, to be loved and accepted, to manage or control others, to join a team of colleagues, or to solve life problems. Individuals may not realize that ethical rules and social service will always bind their work (Heinonen & Nissen-Lie 2019; Ociskova *et al.* 2023). Hence, to become a "good enough" psychotherapist, one must possess certain personality prerequisites, such as intelligence, social sensitivity, kindness, tolerance, a humane orientation, and the capacity for personal integrity, in addition to completing psychotherapy training (Evers *et al.* 2019). However, these basic assumptions may not guarantee that they will become a good psychotherapist. They must discuss, reflect and view their work from different perspectives to understand what they do and how they do it (Ociskova *et al.* 2022b). A good psychotherapist should also reflect on their feelings, motivations and attitudes and consider how much their therapeutic steps benefit the client or themselves (Topolinski & Hertel 2007). This capacity for self-reflection is often insufficient despite years of self-experiential training (Hess 1986). They also need a good supervisor who can help them develop this capacity. A good supervisor is not only an expert in psychotherapy and has enough clinical experience but also has adequate supervisory skills and personality traits (Prasko *et al.* 2011). A good supervisor is expected to:

(1) Embody a sense of humanity. While it is their responsibility to identify blind spots or errors in the therapeutic process, they should approach this task with empathy, tolerance, kindness, and perhaps even a touch of humour. Creating an environment of trust, safety, and acceptance is crucial, ensuring the supervisee does not fear humiliation or bullying. The supervisor should refrain from venting their frustrations on the supervisee, anticipate assisting supervisees in uncovering new insights during supervision while also providing support for their prior work and demonstrate a genuine interest in the supervisee's clinical work.
(2) Be enthusiastic about psychotherapeutic work and believe that a change in the client's life is possible.
(3) Be focused on supervision and take each supervision as a challenge to promote the supervisee's growth.
(4) Carry out interventions, and specifically, to be transparent in the process.
(5) Give regular feedback.
(6) Not pretend to have the answer to everything and be able to admit when they do not know.

While there could be various other criteria for effective supervision, this list primarily emphasizes two key expectations of supervisees: (a) exceptional human qualities and (b) a high level of professionalism.

However, maladaptive personality traits can negatively impact supervision. For instance, supervisors who struggle with perfectionism may set unattainable standards for their supervisees, leading to increased stress and decreased job satisfaction. On the other hand, overly critical supervisors may create a hostile work environment that hinders the professional growth of their supervisees (Prasko *et al.* 2022b).

Therefore, supervisors must know their personality traits and how they may impact the supervision process. This awareness can help supervisors develop strategies to manage their features effectively and create a more supportive and productive supervision environment (AhnAllen *et al.* 2013; Prasko *et al.* 2012).

Ultimately, supervision aims to support professional growth and development, improve the quality of work, and prevent professional burnout. Whether in CBT or Schema therapy, the supervisor's role is pivotal in attaining these objectives.

In schema therapy, the supervisor is vital in preparing trainees for certification as schema therapists (ISST 2023). Effective supervision in schema therapy centres on feeling safe with the supervisor. This safety allows supervisees to acknowledge their struggles, explore dilemmas, navigate doubts, and overcome crises of confidence (schema Therapy Services UK 2023).

Supervisors who are resourceful, determined, respectful, and considerate towards all team members tend to be more effective. They provide positive feedback and constructive criticism, handle conflicts promptly and fairly, and value each team member equally (Walumbwa *et al.* 2008).

However, certain personality traits can lead to ineffective or even harmful supervision. Traits such as micromanagement, failure to provide feedback, inability to say "no", lack of empathy, gossiping, poor communication skills, over-reliance on employee self-management, and disorganization can negatively impact the supervision process (Leahy 2001).

Conversely, specific personality traits can positively influence the supervision process. For example, empathy enables supervisors to understand and share the feelings of others. Assertiveness helps them express their feelings or demands clearly. Openness to feedback allows them to accept constructive criticism and make necessary changes (Lussier & Achua 2015; Wheeler *et al.* 1996). These traits enhance supervision and contribute to a healthy and productive work environment.

The following factors can be obstacles to creating and maintaining an optimal supervisory relationship:

a) *Passivity of the supervisee* - if the supervisee is passive and insensitive, supervision loses meaning. However, the supervisory relationship undergoes development, in which even the initially negative attitude can gradually change.

b) *Too much professional distance* or, on the contrary, an *excessively empathetic approach* on the part of the supervisor - coldness, superior behaviour, and excessive criticism of the supervisor can lead to negative feelings on the part of the supervisee, thus preventing the development of an atmosphere of safety and creativity (Ladany *et al.* 1996). An excessively empathetic approach or identification with the supervisee can lead to the cessation of the supervisory dynamics - the necessary overview of the supervisor is lost.

c) *The overly friendly relationship* between the two parties – can hinder insight, objectivity, and the ability to give negative feedback (Svobodova 2002).

The supervisor's leadership style is how the supervisor directs and manages the supervision process (Haarhoff 2006). This style can be influenced by various aspects of the supervisor's personality, such as values, beliefs, motivation, and emotional intelligence (Walumbwa *et al.* 2008). For example, a supervisor with high levels of empathy may better understand and respond to the therapist's needs and feelings (Wheeler *et al.* 1996). A supervisor with a high level of assertiveness may be able to resolve conflicts and problems during the supervision process (Lussier & Achua 2015). On the other hand, a supervisor with a low level of openness may have difficulty accepting new ideas or approaches (Leahy 2001).

Supervision primarily requires the creation of a supervisory relationship that conveys to the supervisee the atmosphere and value of the therapeutic relationship (Yalom & Leszcz 2007). For this relationship to be created, it requires the supervisor's professional and personal qualities to which the supervisee relates. If they meet someone who towers over them, pedantically checks them, finds faults and then crushes them with criticism, the relationship is not safe enough. Moreover, the danger of power and its abuse in helping processes is great (Guggenbühl-Craig 2007). Similarly, if the supervisor lacks knowledge or experience, they can hardly be an authority from whom the supervisee learns. In 2000, the European Association of Supervision defined the qualification criteria that a supervisor's personality should meet (Hemp 2000):

- Personality characteristics and prerequisites - positive basic tuning, good mental health, ability to handle stress, autonomy, consistency, realistic expectations, openness, spirit of partnership, readiness, reliability, intuition, credibility, absence of personality disorder, etc.
- Professional skills encompass the capacity to establish trust and safety, skill in integration and differentiation, adeptness in addressing issues, proficiency in handling unconscious processes, a long-term perspective, adaptability to change, strategic thinking, self-assessment and improvement, and pedagogical competence.
- Professional knowledge - basic knowledge of general psychology, personality psychology, theory of interpersonal communication, meta-communication, understanding of group dynamics, management theory and organizational structure, change strategy, philosophical thinking, and knowledge of basic philosophical concepts.

Therefore, the prerequisites for becoming a quality supervisor can be divided into professional requirements and personal prerequisites. In particular, the participants in Antonín Šimek's survey among psychotherapists emphasized character as a basic prerequisite for a supervisor's qualification - that a supervisor should be good, mature, and wise (Horska 2008). Other desirable personality traits include congruence, the ability to listen to oneself and others, the ability to self-reflect, openness, tolerance, pedagogical competence, flexibility, informal authority, and the ability to ask questions, search for and find a key topic, and reduce the risk of harm. According to Eise (1995), the maturity and life attitudes of the supervisor are key to the quality of supervision.

Certain personality traits are deemed indispensable in supervision, while others are recognized as potentially detrimental. Among such traits are mainly dissocial traits, the need for power and control over others, excessive self-presentation, impatience, dogmatism, the tendency to lecture others, self-centeredness, extreme

competitiveness, lack of discretion, excessive need for acceptance by others, absurd protective trends, omnipotent tendencies, tendencies to dramatization and sensationalism. Overall, having a personality disorder can be detrimental to being a good therapist and supervisor.

Samuel, a seasoned CBT supervisor, supervises a new therapist, Jane. Jane is eager to learn but struggles with inadequacy and fear of making mistakes. Samuel, who tends towards perfectionism, sets high standards for Jane's performance. In one of their supervision sessions, Jane presents a challenging case of a client with severe anxiety. Jane feels overwhelmed and unsure how to proceed with the client's treatment. In his pursuit of perfection, Samuel provides detailed instructions for every step of the therapy process. This leads to increased stress for Jane as she feels she must follow these instructions to the letter or risk disappointing her supervisor.
Recognizing the impact of his perfectionism on Jane's stress levels and job satisfaction, Samuel decides to adjust his supervisory approach. He encourages Jane to develop her therapeutic style within the framework.

Research has shown a positive relationship between supervisors' conscientiousness and abusive supervision. That is, highly conscientious supervisors were more likely to be perceived as abusive supervisors by their supervisees (Camps *et al.* 2016). This could be because highly conscientious individuals are strongly oriented toward goal achievement (Prasko *et al.* 2023b).

Thomas, a highly conscientious supervisor in schema Therapy, is known for his strong commitment to achieving therapeutic goals. He is meticulous in his approach and expects his supervisees to adhere strictly to the schema therapy model. One of his supervisees, Lisa, is a newly licensed therapist eager to learn. She also values creativity and flexibility in her therapeutic approach. In their supervision sessions, Lisa presented a challenging case of a client with a pervasive self-sacrifice schema. With his goal-oriented nature, Thomas provides Lisa with a detailed treatment plan with specific interventions for each session. He expects Lisa to follow this plan closely and frequently check her progress. While Thomas believes he is guiding Lisa towards becoming an effective schema therapist, Lisa perceives his behaviour as overly controlling. She feels micromanaged and under constant scrutiny, hindering her ability to develop her therapeutic style and negatively impacting her therapy satisfaction.
This case illustrates how a supervisor's conscientiousness can inadvertently lead to perceptions of abusive supervision in schema therapy. It highlights the importance of supervisors balancing their goal-oriented nature with the need to foster autonomy and creativity in their supervisees.

Therefore, supervisors must know their personality traits and how they may impact the supervision process. This awareness can help supervisors develop strategies to manage their traits effectively and create a more supportive and productive supervision environment (Prasko *et al.* 2011).

Countertransference is present in every therapeutic and supervisory relationship. At the same time, the therapist's reactions to the client can be a valuable source of information that can be effectively used as a driving force for treatment if the therapist himself has gone through a process of self-discovery and minimized his "blind spots" (Prasko *et al.* 2022b). Countertransference is often influenced by the supervisor's core beliefs and rules. Leahy (2001) described these schemas:

Unrelenting Standards, Punitiveness, and Emotional Inhibition
Supervisors with the schema of Unrelenting standards, Punitiveness, and Emotional Inhibition may possess maladaptive anankastic traits. As a result, they may see the supervisee as irresponsible, unprepared, or lazy. They avoid expressing emotions or insecurities. They emphasize "logic" and "rationality" over warmth and empathy. They rely on theory, evidence, and studies but speak little for themselves. They find faults and criticize with a moralistic tone. Supervisees may feel inferior or judged. A perfectionistic supervisor may hide his incompetence by demanding flawless performance. They may compensate for their perfectionism with excessive criticism and expectations. They may prolong the supervision session unnecessarily. Their automatic thoughts may be: "These are scientific errors! – They should be more prepared! – They will never make a good therapist! etc."

Anton, a seasoned CBT supervisor, is known for his maladaptive anankastic traits. He values logic, rationality, and evidence-based practice above all else. He sees his supervisees as needing to be meticulously prepared and responsible. One of his supervisees, Mark, is a novice CBT therapist ready to learn. He also values inventiveness and flexibility in his therapeutic approach. In their supervision sessions, Mark presents a challenging case of a client with severe depression. With his perfectionism, Anton provides Mark with a detailed treatment plan with specific interventions for each session. He expects Mark to follow this plan closely and regularly check the progress. He criticizes Mark's approach with a moralistic tone, pointing out what he perceives as "scientific errors" in Mark's understanding of the client's condition. While Anton believes he is guiding Mark towards becoming an effective CBT therapist, Mark perceives his behaviour as overly critical and demanding. He feels judged and inferior, hindering his ability to develop his therapeutic style and negatively impacting his job satisfaction.
This case illustrates how a supervisor's maladaptive anankastic traits can inadvertently lead to a stressful supervision environment in CBT. It underscores the importance of supervisors balancing their demand for perfection with the need to foster autonomy and creativity in their supervisees.

Abandonment
A supervisor with an abandonment schema fear losing the supervisee's approval or interest. They take premature termination of supervision as a personal rejection.

They may behave in two ways: they may over-care, explain, apologize, or protect the supervisee from difficulties, or they may avoid making a clear contract. Over-caring can involve constant counselling, delaying negative feedback, or solving the supervisee's problems for them. A rapport-avoidant supervisor focuses on conceptualization and techniques rather than rapport building. They avoid complex or anxiety-provoking topics and interventions. They feel personally rejected by the supervisee's resistance, missed sessions, or differing opinions.

Vilem, a seasoned CBT supervisor, struggles with the Abandonment schema. He fears losing his supervisees' approval or interest and takes premature supervision termination as a personal rejection.
One of his supervisees, Sona, is a newly licensed therapist eager to learn but also values autonomy and independence in her therapeutic approach. In their supervision sessions, Sona presents a challenging case of a client with severe social anxiety.
Vilem, with his fear of abandonment, tends to over-care for Sona. He frequently explains concepts in great detail, apologizes for any perceived shortcomings, and often steps in to solve problems for Sona. He delays giving negative feedback and focuses on conceptualization and techniques rather than rapport building. While Vilem believes he is guiding Sona towards becoming an effective CBT therapist, Sona perceives his behaviour as overly protective and limiting her growth as a therapist. She feels stifled by Vilem's constant counselling and problem-solving.
This case illustrates how a supervisor's abandonment schema can inadvertently lead to a stressful supervision environment in CBT. It underscores the importance of supervisors balancing their fear of abandonment with the need to foster autonomy and independence in their supervisees.

Approval-seeking/Recognition seeking
A "pleasing" supervisor empathizes with the supervisee but avoids negative emotions or weaknesses. They want the supervisee to feel good about everything. They avoid questions about the supervisee's negative emotions, which seem too exciting or unacceptable. They tolerate supervisees skipping meetings, being late, or not doing homework to avoid "causing conflict". They blame themselves for the therapist's failure. Their attitude is: "If the therapist fails, it is my failure."

Tadeas, an experienced CBT supervisor, struggles with an excessive need for acceptance. He empathizes with his supervisees and avoids negative emotions or weaknesses. He wants his supervisees to feel good about everything.
One of his supervisees, Alena, is a newly licensed therapist eager to learn but also values honest feedback and constructive criticism. In their supervision sessions, Alena presents a challenging case of a client with severe obsessive-compulsive disorder. Tadeas, with his need for acceptance, tends to avoid questions about Alena's negative emotions, which seem too exciting or unacceptable. He tolerates Alena skipping meetings, being late, or not doing homework to avoid "causing conflict". He blames

himself for Alena's struggles in therapy. While Tadeas believes he is guiding Alena towards becoming an effective CBT therapist, Alena perceives his behaviour as overly pleasing and avoiding necessary conflict. She feels stifled by Tadeas's constant avoidance of negative emotions and lack of constructive criticism.
This case illustrates how a supervisor's excessive need for acceptance can inadvertently lead to a stressful supervision environment in CBT. It emphasizes the importance of supervisors balancing their need for approval with the need to provide honest feedback and address negative emotions in their supervisees.

Entitlement/Grandiosity
A supervisor with narcissistic traits views supervision as a platform to showcase their exceptional skills. They start supervising a complex case with high hopes, giving the impression that they are the "real supervisor" who can solve everything. They enjoy giving advice and believe they know best. They invest in their image as the superior supervisor, which can lead to belittling therapists who "failed" to treat a difficult client. Such a supervisor seeks collaboration and admiration from the supervisees. That can lead to the inadvertent encouragement of boundary violations, unexpected, inappropriate interventions, or even boundary violations by the supervisor. If therapy does not work, the supervisor may become bored, angry, or critical of the supervisee. Instead of empathizing with the supervisee's frustration at not seeing results, the supervisor blames the supervisee for a lack of effort. Changing this narcissistic perspective is challenging because they tend to see faults in others. To change this perspective, they must be able to ask: "How would I feel in the supervisee's position?"

Robert, an experienced schema therapy supervisor, struggles with narcissistic traits. He views supervision as a platform to showcase his exceptional skills. He starts supervising complex cases with high hopes, giving the impression that he is the "real supervisor" who can solve everything. One of his supervisees, Laura, is a newly licensed therapist who values honest feedback and constructive criticism. In their supervision sessions, Laura presents a challenging case of a client with a pervasive self-sacrifice schema. With his need for excellence, Robert takes over Laura's cases. He enjoys giving advice and believes he knows best. He invests in his image as the superior supervisor, which can lead to belittling Laura when she struggles to treat a difficult client. While Robert believes he is guiding Laura towards becoming an effective schema therapist, Laura perceives his behaviour as overly critical and demeaning. She feels stifled by Robert's constant need for admiration and his tendency to blame her for her lack of effort.
This case illustrates how a supervisor's narcissistic traits can inadvertently lead to a stressful supervision environment in schema therapy. It underscores the importance of supervisors balancing their need for excellence with the need to provide honest feedback and address negative emotions in their supervisees.

However, other personality traits of the supervisor could also impact the supervisory process. It is possible to look at it from the perspective of early maladaptive schemas. The following table provides an overview of how a supervisor's early maladaptive schemas can potentially impact their behaviour in supervision and, consequently, their supervisees. The table is divided into six columns representing the early maladaptive schema, three types of coping responses (hypercompensation, avoidance, and freezing), and the potential impact of each coping response on the supervisee. Each row in the table represents a different early maladaptive schema. For each schema, we explore how a supervisor might hypercompensate (overcompensate), avoid, or freeze in response to that schema and how these behaviours could potentially impact the supervisee (Table 1).

Early maladaptive schemas are deeply ingrained emotional patterns that can influence our perceptions, emotions, and behaviours. These schemas can shape supervisors' interactions with supervisees and significantly impact their experience and development.

An advanced schema therapy supervisor, Peter struggles with an early maladaptive schema of Mistrust/Abuse. This schema manifests in his supervision sessions with his supervisee, Edita, a newly licensed therapist eager to learn and grow in her therapeutic approach. Peter's Mistrust/Abuse schema makes him overly suspicious of Edita's intentions and capabilities. He fears being taken advantage of or being let down by her. This fear often leads to overcompensation behaviours during their supervision sessions. Peter may become overly controlling, insist on strict adherence to therapeutic protocols, and quickly criticize Edita's approach if it deviates from his expectations. In addition to overcompensation, Peter also exhibits avoidance behaviours. He may avoid discussing difficult topics or providing constructive feedback for fear of conflict or perceived betrayal. This avoidance can hinder Edita's professional growth as she is not receiving the necessary guidance and feedback. Finally, Peter's Mistrust/Abuse schema can lead to freeze behaviours. In challenging situations, Peter may become emotionally distant or unresponsive, further straining the supervisory relationship. Edita often feels frustrated and confused by Peter's behaviours. She perceives his criticism as harsh and his emotional distance as a lack of support. This case illustrates how a supervisor's early maladaptive schema can impact the supervision process and underscores the importance of supervisors seeking therapy or supervision to address these schemas.

Overcompensation, avoidance, and surrender are common coping responses to these schemas. Overcompensation involves acting in contrast to the feelings associated with the schema. Avoidance involves evading situations or experiences that trigger the schema. Surrender involves becoming stuck or immobilized when faced with situations that trigger the schema and thus surrendering to it.

Katka, a beginning schema therapy supervisor, struggles with an early maladaptive schema of Self-Sacrifice. This schema manifests in her supervision sessions with her supervisee, Judita, a novice student of schema therapy. Katka's Self-Sacrifice schema leads her to prioritize Judita's needs and feelings above hers. She fears being selfish or causing discomfort to Judita. This fear often leads to overcompensation behaviours during their supervision sessions. Katka may become overly accommodating, agreeing with Judita's approach even when she has reservations, and hesitate to provide necessary constructive criticism.

In addition to overcompensation, Katka also exhibits avoidance behaviours. She may avoid discussing difficult topics or providing feedback that might upset Judita. This avoidance can deter Judita's professional growth as she is not receiving the necessary guidance and feedback. Finally, Katka's Self-Sacrifice schema can also lead to freeze behaviours. In challenging situations, Katka may become overly agreeable or passive, further straining the supervisory relationship. Judita often feels confused by Katka's behaviours. She perceives Katka's agreeableness as a lack of guidance and her passivity as a lack of support.

An experienced schema therapy supervisor, Hanna struggles with an early maladaptive schema of Negativity/Pessimism and Failure. These schemas manifest in her supervision sessions with her supervisee, Tereza, a CBT institute student eager to learn and grow in her therapeutic approach. Hanna's Negativity/Pessimism schema leads her to anticipate the worst in every situation. Her Failure schema makes her believe that things will go wrong. This fear often leads to overcompensation behaviours during their supervision sessions. Hanna may become overly critical, focusing on potential problems in Tereza's approach and predicting negative outcomes. In addition to overcompensation, Hanna also exhibits avoidance behaviours. She may avoid discussing successes or positive aspects of Tereza's work, focusing instead on potential pitfalls and problems. This avoidance can hinder Tereza's professional growth as she is not receiving balanced feedback. Finally, Hanna's Failure schema can also lead to freeze behaviours. Hanna may become overly cautious or indecisive in challenging situations, further straining the supervisory relationship. Tereza often feels discouraged by Hanna's behaviours. She perceives Hanna's constant focus on the negative as a lack of support and her indecisiveness as a lack of guidance. This case illustrates how a supervisor's early maladaptive schema can impact supervision.

Understanding these patterns can be a powerful tool for growth and change. With awareness and effort, these patterns can be altered positively, leading to more effective supervision and a more supportive environment for supervisees. It is also important to remember that everyone has the capacity for growth and change and that it is never too late to start making positive changes.

A novice schema therapy supervisor, David grapples with an early maladaptive schema, Entitlement/Grandiosity. This schema becomes evident during his supervision sessions with Lukas, a recently licensed therapist enthusiastic about honing his therapeutic skills and knowledge.

Tab. 1. Potential impact of a supervisor's early maladaptive schemas and behaviour in supervision on a supervisee

Early Maladaptive Schema	Overcompensation	Impact of Over-compensation	Avoidance	Impact of Avoidance	Surrender	Impact of Surrender
Abandonment	Over-involvement in supervisee's work	This may lead to the supervisee feeling overwhelmed or micromanaged	Avoiding giving feedback or difficult conversations	May lead to the supervisee feeling unsupported or neglected	Inability to make decisions or provide guidance	May lead to the supervisee feeling lost or confused
Mistrust /Abuse	Overly critical or harsh feedback	May lead to the supervisee feeling attacked or defensive	Avoiding personal disclosure or emotional topics	May lead to the supervisee feeling unsafe or untrusting	Overly cautious or hesitant behaviour	May lead to the supervisee feeling uncertain or anxious
Emotional Deprivation	Lack of emotional support or empathy	May lead to the supervisee feeling isolated or misunderstood	Avoiding emotional topics or discussions about feelings	May lead to supervisees feeling unheard or invalidated	Emotional disengagement or withdrawal	May lead to the supervisee feeling rejected or alone
Defectiveness/ Shame	Overcompensation through perfectionism or high standards	May lead to the supervisee feeling inadequate or pressured to perform	Avoiding areas of perceived weakness or failure	May lead to supervisees missing opportunities for growth or learning	Inability to provide constructive feedback or address issues	May lead to the supervisee feeling stuck or stagnant
Social isolation	Excessively friendly, talkative, effort and unnaturalness are evident	The supervisee does not trust the supervision leadership, learns inauthenticity	Avoids warmth, does not praise, does not reinforce, does not empathize	The supervisee feels abandoned, does not feel guided, does not know if he is doing the therapy well	Lets the supervisee speak, does not ask, has no opinion, answers questions with a question	The supervisee lacks feedback, lacks guidance in supervision, uncertainty remains as to whether he is conducting the therapy well
Dependence / Incompetence	Over-reliance on supervisees for decision-making or problem-solving	May lead to supervisee feeling burdened or over-responsible	Avoiding responsibility or decision-making	May lead to the supervisee feeling unsupported or overwhelmed	Difficulty in taking action or providing guidance	May lead to the supervisee feeling uncertain or insecure
Vulnerability to Harm or Illness	Overprotection or excessive caution in supervision	May lead to supervisees feeling restricted or stifled	Avoiding potential risks or challenges in supervision	May lead to supervisees missing opportunities for growth or development	Excessive worry or preoccupation with potential problems	May lead to the supervisee feeling anxious or fearful
Enmeshment / Undeveloped Self	Over-involvement or lack of boundaries in supervision	May lead to the supervisee feeling smothered or losing a sense of self	Avoiding personal topics or maintaining strict professional boundaries	May lead to the supervisee feeling disconnected or unsupported	Difficulty in separating personal and professional roles	May lead to the supervisee feeling confused or conflicted
Entitlement / Grandiosity	Overemphasis on personal achievements or superiority	May lead to the supervisee feeling inferior or intimidated	Avoiding feedback or criticism from supervisees	May lead to supervisees feeling unheard or undervalued	Inability to acknowledge mistakes or shortcomings	May lead to the supervisee feeling frustrated or disillusioned

Early Maladaptive Schema	Overcompensation	Impact of Over-compensation	Avoidance	Impact of Avoidance	Surrender	Impact of Surrender
Insufficient Self-Control /Self-Discipline	Impulsive decision-making or lack of planning in supervision	May lead to the supervisee feeling unstable or uncertain	Avoiding difficult tasks or procrastinating on responsibilities	May lead to the supervisee feeling stressed or overwhelmed	Difficulty in maintaining focus or consistency in supervision	May lead to the supervisee feeling disoriented or unguided
Failure	Overcompensation, high effort	Supervisee may feel overwhelmed	Avoid confrontation supervisee´s mistakes	Mistakes in therapy	Inability to provide guidance and decisions	Supervisee does not know, what to do in therapy
Self-Sacrifice	Resentful and dismissive when the supervisee expresses their needs	May lead to the supervisee feeling guilty or overly dependent	Avoiding personal care or self-nurturing activities	May lead to the supervisee feeling responsible for the supervisor's well-being	Overemphasis on the needs of the supervisee at the expense of personal needs	May lead to the supervisee feeling burdened or anxious
Approval-Seeking / Recognition-Seeking	Rebelling again expected supervisory behaviour to gain disapproval	May lead to the supervisee feeling pressured to provide validation	Avoiding potential criticism or negative feedback from the supervisee	May lead to the supervisee feeling unable to express genuine feelings or concerns	Overemphasis on gaining approval or recognition from the supervisee	May lead to the supervisee feeling unable to provide honest feedback
Negativity / Pessimism	Keeping unrealistically positive outlook, denying problems and struggles	Misunderstood and not heard	Avoiding potential opportunities or positive aspects of supervision	May lead to the supervisee feeling unappreciated or overlooked	Overemphasis on potential problems or risks in supervision	May lead to the supervisee feeling unfulfilled or dissatisfied
Emotional Inhibition	Acting too emotional and spontaneous to provide adequate supervisory structure and learning options	Supervisee feels confuse	Avoiding emotional topics or discussions in supervision	May lead to supervisees feeling unheard or invalidated	Overemphasis on maintaining emotional control or composure in supervision	May lead to the supervisee feeling disconnected or unsupported
Unrelenting Standards / Hypercriticalness	Abandoning the standards related to providing quality supervision and acting careless	Not appreciated and abandoned in their effort to hone their skills	Avoids being scrutinized in a supervision due to a fear of making mistakes	May lead to supervisees missing opportunities for growth and learning	Overemphasis on high standards or perfectionism in supervision	May lead to supervisees feeling unappreciated or undervalued
Subjugation	Overemphasis on high standards or perfectionism in supervision	May lead to the supervisee feeling overly controlled or manipulated	Avoiding confrontation or asserting personal needs	May lead to supervisees feeling unchallenged or complacent	Overemphasis on pleasing the supervisee or avoiding conflict	May lead to the supervisee feeling confused or unsupported

Note: Please note that this is a simplified representation, and the actual impact can vary greatly depending on the individual and their unique experiences and responses. It is also important to remember that everyone has the capacity for growth and change, and with awareness and effort, these patterns can be altered positively.

David's Entitlement/Grandiosity schema fosters a belief in his inherent superiority and entitlement to special treatment. Consequently, he anticipates Lukas to admire and unquestioningly defer to him. This conviction frequently leads to compensatory behaviours during their supervision meetings. In such instances, David may dismiss Lukas's ideas, insisting that his approach reigns supreme, and he might demand admiration and unwavering agreement from Lukas.

Furthermore, in addition to compensatory behaviours, David exhibits avoidance tendencies. He might sidestep acknowledging Lukas's achievements or progress, instead focusing on showcasing his accomplishments and expertise. This inclination towards avoidance obstructs Lukas's professional growth, depriving him of well-rounded feedback.

Lastly, David's Entitlement/Grandiosity schema can also give rise to freeze behaviours. David may react defensively or dismissively in challenging situations, exacerbating strain in their supervisory relationship. Lukas often finds himself disheartened by David's conduct. He interprets David's continual self-promotion and dismissal of his ideas as a lack of support and David's defensiveness as a deficit in guidance and mentorship.

Miriam is an experienced schema therapy supervisor who struggles with an early maladaptive schema of Unrelenting Standards/Hypercriticalness. This schema manifests in her supervision sessions with her supervisee, Tamara. Miriam's Unrelenting Standards/Hypercriticalness schema leads her to set extremely high standards for herself and Tamara. She fears making mistakes and believes that anything less than perfect is unacceptable. This fear often leads to overcompensation behaviours during their supervision sessions. Miriam may become overly critical, focusing on minor mistakes in Tamara's approach and demanding perfection. In addition to overcompensation, Miriam also exhibits avoidance behaviours. She may avoid praising Tamara's successes or acknowledging her progress, focusing instead on areas for improvement. This avoidance can hinder Tamara's professional growth as she is not receiving balanced feedback. Finally, Miriam's Unrelenting Standards/Hypercriticalness schema can lead to freeze behaviours. In challenging situations, Miriam may become overly focused on details or become stuck in analysis paralysis, further straining the supervisory relationship. Tamara often feels discouraged by Miriam's behaviours. She perceives Miriam's constant criticism and high standards as a lack of support and her focus on details as a lack of guidance. This case illustrates how a supervisor's early maladaptive schema can impact the supervision process and underscores the importance of supervisors seeking therapy or supervision to address these schemas.

Common triggers for these patterns in supervision can fluctuate significantly depending on the individual and their unique experiences. However, potential triggers could include:

• *Feedback sessions:* Providing or receiving feedback can be a significant trigger, particularly if the supervisor or supervisee has schemas related to criticism or rejection.

Roman, a novice schema therapy supervisor, struggles with an early maladaptive schema of Mistrust/Abuse. This schema manifests in his supervision sessions with his supervisee, Lucia, an advanced schema therapist attending ongoing supervision. Lucia was generally satisfied with Roman's supervision. Still, Roman's Mistrust/Abuse schema sometimes makes him suspicious of Lucia's intentions and capabilities. He fears being taken advantage of or being let down by her. This fear often leads to overcompensation behaviours during their supervision sessions. Roman may become overly controlling, insist on strict adherence to therapeutic protocols, and quickly criticize Lucia's approach if it deviates from his expectations. In addition to overcompensation, Roman also exhibits avoidance behaviours. He may avoid discussing difficult topics or providing constructive feedback for fear of conflict or perceived betrayal. This avoidance can slow Lucia's professional growth as she is not receiving more open guidance and kind feedback. Finally, Roman's Mistrust/Abuse schema can also lead to freeze behaviours. Roman may become emotionally distant or unresponsive in challenging situations, violating the supervisory relationship. During a feedback part at the end of the supervision session, Lucia appreciates Roman. She provides Roman with constructive criticism about his too-narrow supervisory approach. This feedback triggers Roman's Mistrust/Abuse schema, causing him to doubt Lucia's intentions and fear that she is trying to undermine him.

• *Decision-making situations:* Situations that require the supervisor to make decisions or assert authority can trigger schemas related to control, subjugation, or dependence.

Julia, an advanced schema therapy supervisor, struggles with an early maladaptive schema of Subjugation. This schema manifests in her supervision sessions with her supervisee, Aneta. Julia's Subjugation schema leads her to suppress her needs and opinions in favour of Aneta's. She fears conflict and being seen as authoritative. This fear often leads to overcompensation behaviours during their supervision sessions. Julia may become overly accommodating, agreeing with Aneta's approach even when she has reservations, and may avoid asserting her opinions. In addition to overcompensation, Julia also exhibits avoidance behaviours. She may avoid making decisions or providing direction for fear of imposing on Aneta. Finally, Julia's Subjugation schema can also lead to freeze behaviours in situations that require her to make decisions.

During a supervision session, a challenging situation requires Julia to decide on the best therapeutic approach for a particular client. This decision-making process triggers Julia's Subjugation schema, causing her to avoid making a decision and instead defer to Aneta's judgment.

• *Conflict situations:* Any conflict or disagreement in the supervisory relationship can trigger a range of schemas, particularly those related to trust, abandonment, or vulnerability.

Sofie, a novice schema therapy supervisor, struggles with an early maladaptive schema of Failure. This schema manifests in her supervision sessions with her supervisee, Veronika, a student of schema therapy who is enthusiastic about learning

and cultivating her therapeutic approach. Sofie's Failure schema leads her to believe she will fail as a supervisor. She fears making mistakes and being seen as incompetent. This fear often leads to overcompensation behaviours during their supervision sessions. Sofie may become overly cautious, second-guessing her decisions, and seek constant reassurance from Veronika about her performance as a supervisor. In addition to overcompensation, Sofie also exhibits avoidance behaviours. She may avoid providing constructive criticism or addressing difficult topics for fear of making mistakes and confirming her suspicions of Failure. This avoidance can delay Veronika's professional growth as she is not getting the required guidance and feedback. Finally, Sofie's Failure schema can also lead to freeze behaviours. Sofie may become overly anxious or indecisive in challenging situations, further straining the supervisory relationship. During a supervision session, a disagreement arises between Sofie and Veronika about the best therapeutic approach for a particular client. Veronika suggests an approach that differs from what Sofie had in mind. This disagreement triggers Sofie's Failure schema, causing her to doubt her competence as a supervisor and fear that she has failed Veronika.

- *Personal disclosure:* Situations that involve personal exposure or emotional vulnerability can trigger schemas related to shame, defectiveness, insufficient self-control/self-discipline or emotional Inhibition.

Radana, an advanced schema therapy supervisor, struggles with an early maladaptive schema of Insufficient Self-Control/Self-Discipline. This schema manifests in her supervision sessions with her supervisee, Ludmila, a novice therapist excited to learn and develop her therapeutic approach. Radana's Insufficient Self-Control/Self-Discipline schema makes her struggle with maintaining boundaries and controlling her emotional responses. She fears losing control and being seen as unprofessional. This fear often leads to overcompensation behaviours during their supervision sessions. Radana may become overly rigid, insisting on strict adherence to professional boundaries, and may suppress her emotional responses. In addition to overcompensation, Radana also exhibits avoidance behaviours. She may avoid situations that involve personal disclosure or emotional vulnerability for fear of losing control. This avoidance can hinder Ludmila's professional growth as she is not receiving the obligatory leadership and reactions.

Finally, Radana's Insufficient Self-Control/Self-Discipline schema can also lead to freeze behaviours. In situations that involve personal disclosure or emotional vulnerability, Radana may become overly nervous or inhibited, further draining the supervisory relationship. During a supervision session, Ludmila shares a unique experience that closely mirrors a client's situation. This personal disclosure triggers Radana's Insufficient Self-Control/Self-Discipline schema, causing her to withdraw and avoid discussing Ludmila's experience.

- *Performance evaluation:* Evaluating the supervisee's performance can trigger schemas related to failure, unrelenting standards, or approval-seeking.

Ilona, a novice schema therapy supervisor, struggles with an early maladaptive schema of Approval Seeking. This schema manifests in her supervision sessions with her supervisee, Maria, a newly licensed therapist eager to learn and grow in her therapeutic approach. Ilona's Approval Seeking schema leads her to crave validation and Approval from Maria. She fears criticism and rejection. This fear often leads to overcompensation behaviours during their supervision sessions. Ilona may become overly agreeable, accepting Maria's approach without question. She may seek constant reassurance from Maria about her performance as a supervisor. In addition to overcompensation, Ilona also exhibits avoidance behaviours. She may avoid providing constructive criticism or addressing difficult topics for fear of upsetting Maria and losing her Approval. Finally, Ilona's Approval Seeking schema can also lead to freeze behaviours. Ilona may become overly anxious or indecisive in challenging situations, further straining the supervisory relationship.

During a performance evaluation session, Maria is asked for feedback on Ilona's supervision. Maria expresses that she appreciates Ilona's supportive nature but could benefit from more constructive feedback and guidance. Ilona, fearing disapproval, takes this feedback personally and becomes anxious about her ability to meet Maria's needs.

This case illustrates how a supervisor's early maladaptive schema can impact the supervision process and underscores the importance of supervisors seeking therapy or supervision to address these schemas.

These are just potential triggers that may activate maladaptive schemas. The actual triggers can vary greatly depending on the individual. Awareness and understanding of these triggers can be powerful tools for growth and change in the supervisory relationship.

How to manage supervisor's personality issues

Managing a supervisor's personality issues in the supervision process can be challenging. However, several strategies can be employed to do so effectively.

(1) Supervisors must clearly understand their personality traits and how they may impact their supervisory style. This can be achieved through self-reflection, personal therapy, and feedback from others (Prasko *et al.* 2023c).

(2) Supervisors should strive to create an open, honest environment where difficult issues can be addressed without blame or criticism. This involves challenging practice and creating an environment where it is possible to learn from mistakes (Lussier & Achua 2015).

(3) Supervisors should seek to understand each supervisee's unique talents and motivations. This involves engaging supervisees in one-on-one meetings and asking open-ended questions to better understand their motives (Vyskocilova & Prasko 2012).

(4) Supervisors should be comfortable with conflict and view it as an opportunity for growth rather than a problem to be avoided (Prasko *et al.* 2023b).

Managing a supervisor's personality issues in the supervision process involves a combination of self-awareness, open communication, understanding of the supervisee's unique talents and motivations, and effective conflict management.

A supervisor can work to change their early maladaptive schemas through a variety of methods:

(1) **Self-awareness:** The first step in changing early maladaptive schemas is to become aware of them. That can be achieved through self-reflection, feedback from others, or working with a coach or therapist.

(2) **Understanding the origin:** Understanding where these schemas come from can help recognize why they are triggered in certain situations. This often involves exploring past experiences and relationships.

(3) **Identifying triggers:** As mentioned earlier, identifying what situations or behaviours trigger these schemas can help anticipate and manage reactions.

(4) **Challenging the schema:** This involves questioning the validity of the schema and looking for evidence that contradicts it. For example, suppose a supervisor has a schema of "defectiveness"; in that case, they might challenge this by noting instances where they have been successful or competent.

(5) **Developing new patterns of thinking and behaving:** This involves practising new ways of thinking and reacting when the schema is triggered. For example, supervisors with an "abandonment" schema might practise reassuring themselves of the stability and support in their current relationships.

(6) **Seeking professional help:** Working with a coach or therapist trained in schema therapy can be very beneficial in changing early maladaptive schemas.

Changing early maladaptive schemas is a process that takes time and patience. It is important to be kind to oneself during this process and to celebrate progress along the way.

Supervisors can employ various coping mechanisms to manage their early maladaptive schemas and their impact on supervision. Here are some strategies:

(a) **Mindfulness and Self-Reflection:** Regularly practising mindfulness can help supervisors become more aware of their current thoughts, feelings, and behaviours, including those related to schemas. Self-reflection can also help supervisors understand the impact of their schemas on their supervision style.

(b) **Self-Care:** Regular self-care activities can help supervisors manage stress and maintain emotional balance. This can include physical activities like exercise, mental activities like reading or puzzles, and emotional events like enjoying time with loved ones or engaging in hobbies.

(c) **Professional Development:** Partaking in professional development activities such as workshops, seminars, or courses can provide supervisors with new strategies and techniques for managing schemas.

(d) **Peer Support:** Connecting with other supervisors for support and guidance can be very helpful. This could involve formal peer supervision groups or informal discussions with colleagues.

(e) **Supervision of Supervision:** Just as therapists often engage in supervision to improve their skills, supervisors can also benefit from supervision of supervision. This involves meeting with a more experienced supervisor to discuss their supervisory work and receive feedback and guidance.

(f) **Therapy or Coaching:** Some supervisors may find personal therapy or coaching helpful in addressing their early maladaptive schemas, inner conflicts or interpersonal problems. This could involve individual therapy, group therapy, or coaching sessions focused on personal development. Therapy or coaching can be a powerful tool for supervisors to address their early maladaptive schemas, inner conflicts, or interpersonal problems. Personal therapy or coaching can provide a safe and supportive environment for supervisors to explore and understand their emotional patterns and behaviours. This understanding can increase self-awareness, a crucial first step in changing maladaptive schemas. This personalized attention can facilitate a deeper understanding of one's schemas and how they impact one's supervisory style. Coaching sessions focused on personal development can provide supervisors with practical strategies and tools for managing their schemas effectively. These sessions often involve goal-setting, problem-solving, and skill-building activities designed to promote personal growth and effectiveness in the supervisory role.

It is important for supervisors to seek support when needed and to remember that everyone has areas for growth and development.

Conclusion

Based on our article, it is clear that the supervisor's personality plays an important role in the supervision process in the context of CBT and schema therapy. Supervisors need to become aware of their personality traits and how they affect their ability to provide effective supervision. Further research could explore specific strategies and interventions to help supervisees better understand and manage their personality traits in the supervision context.

The personality of a supervisor plays a pivotal role in the supervision process within CBT and schema therapy. The supervisor's personality traits can significantly shape their supervisory leadership style, the therapeutic process, and the supervisee's professional development.

Exploring the complex interplay between a supervisor's personality traits and their influence on the supervision process in CBT and schema therapy is an ongoing area of research. Further studies are needed to understand these dynamics and develop effective management strategies. That will ultimately lead to more effective supervision practices, better therapeutic outcomes, and a more supportive environment for supervisees.

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