Schema Therapy Supervision Rating Scale (STSV-RS)

(consented version 1- 2013-05-31)

Developed by Gerhard Zarbock in collaboration with: David Edwards, Neele Reiss, Joan Farrell, Ida Shaw, Chris Lee, Eckhard Roediger, Wendy Behary, Jeffrey Young, Arnoud Arntz. *May be used for teaching, training, research and certification. Copyright for publication in print is by the first author Gerhard Zarbock (gzarbock@ivah.de).*

The STSV-RS is a scale for the evaluation of schema therapy supervision based on the essential features of schema therapy identified by a group of experts (listed above). For supervisors, the STSV-RS can be used as a training tool and as a means for self-reflection and planning of supervision sessions.

The scale differentiates between adherence ("is this feature present at all?" –coded 0 or 1) and competence ("how well is it done?" –code on a 6 point scale). The scale evaluates supervision offered by a supervisor individually or to a group and applies to the supervision of individual / couples / family / group schema therapy in which supervision is based on any of the following presented by supervisees: verbal reports, typed summaries of formulation and process, patient responses to self-report scales, patient homework assignments, session recordings (audio / video).

Framework and basic concepts

Supervisor – supervisee relationship

One aim of supervision is the transformative personal development of the supervisees. To some extent, therefore, the supervisor-supervisee relationship should parallel the therapist-patient relationship and supervisors can expect to engage in limited reparenting, empathic confrontation and attuning to the supervisee's core needs. They also need to take care to protect supervisees from subjugation or surrendering to their own or the supervisor´s unrelenting standards.

Personal and professional issues are more intermingled in psychotherapy than they are in other professions. Limited reparenting therefore has the two-fold aim of fostering the personal and professional development of the supervisee. A supervisor should not therefore hide behind a purely professional role but should engage supervisees as a real person. This is essential if the supervisor is to combine offering professional training with acting as a good parent and offering mentoring and reparenting at a personal level.

Thus supervisors take on different roles in relation to supervisees, in response to what supervisees present at any time. Supervisors should be clear about what role they are in at any given moment since each has a specific emotional and interpersonal tone. Supervisors may need to meta-communicate about this to supervised and agree on role-switches. The main roles are:

- *Supervisor as Coach/Teacher* where the focusing is on training in the model and in schema therapy conceptualization and intervention strategies.
- *Supervisor as Mentor and Role-model* where the focus is on identifying/dealing with schema(s) and mode activation in the supervisor-supervisee relationship, which may involve using self-disclosure, empathic confrontation, limit-setting, etc.
- *Supervisor as Therapist/Limited Re-Parenting Agent* where the focus is on offering limited "self therapy" to supervisees around schema triggers and mode activation that occurs in their work with patients, which may involve using self-disclosure, empathic confrontation, limit-setting, etc., and encouraging supervisees to engage in personal therapy outside of supervision.

Goals of supervision

In accordance with the above goals for supervision can be separated into those related to the personal development of supervisees and those related to their professional development.

1. *Personal development of supervisee.* Here the goal is to train supervisees to
   a. ... identify their early maladaptive schemas/modes
   b. ... identify conditions under which their schemas and modes are triggered
   c. ... link schemas and modes to origins in their early experiences and unmet needs
   d. ... voluntarily shift from a dysfunctional mode into healthy adult mode

2. *Professional development of supervisee.* Here the goal is to train supervisees to
   a. … thoughtfully implement therapy staging: initial bonding, assessment of schemas and modes (via observation, inventories, reported life events etc.), schema education and conceptualization, cognitive mode mapping for schema linking, key experiential interventions for assessment and change, behavioral pattern breaking, self-regulation via the healthy adult mode, autonomy, and treatment termination;
   b. … develop an effective and well worked out (developmental) schema-/mode-based case conceptualization and use this skillfully to inform strategies for assessment and schema/mode healing/change;
   c. … develop competence in identifying, naming and making specific links between the patient's underlying modes, schemas, and core unmet needs in a manner that is genuine and validating of the patient's experience;
   d. … be able to evoke patient's emotions and validate them;
   e. … develop competence in the application of specific schema therapy strategies: mode/chair work, imagery re-scripting, emotion-focused work (imagery, empty chair, therapy relationship), cognitive strategies for confronting the detached protector mode, and behavioral pattern breaking (in-session role plays);
   f. … prevent harmful consequences to patients by skillfully regulating emotional intensity and, where appropriate, assessing for suicidal and/or self-harm tendencies, offering and executing a crisis intervention and safety plan, and using grounding techniques to promote patient safety and emotional preservation including "safe place" imagery, transitional objects and consistency in the quality of the therapy relationship;
   g. … offer limited reparenting to patients who are in emotional distress, in which they act as a "real person" not a technician, asking themselves "What would a healthy parent do in this situation?" and responding accordingly;
   h. … use empathic attunement, relevant and limited self-disclosure, and resonantly expressed gestures to create an interpersonal, emotional "healing enactment" with patients (not just rational/discursive talking);
   i. … set limits and empathically confront the patient;
   j. … identify schema/mode clashes within the therapeutic relationship and work effectively towards their resolution.

Supervision contract

Supervisors should offer supervisees a written supervision contract covering the following areas:

1	Goals,	7	Availability between sessions,
2	Specific schema therapy skills to develop in supervision,	8	Approach to possible problems and difficulties,
3	Supervision methods,	9	Evaluation of supervision,
4	Format and content of sessions,	10	Confidentiality,
5	Frequency and duration of supervision,	11	Nature of supervision record and how used,
6	Roles, responsibilities and boundaries,	12	Professional and ethical guidelines for supervision.

Source: Kavanagh, D. J., Spence, S., Sturk, H., Strong, J., Wilson, J., Worrall, L., & ... Skerrett, R. (2008). Outcomes of training in supervision: Randomised controlled trial. *Australian Psychologist*, *43*(2), 96-104. doi:10.1080/00050060802056534

Schema Therapy Supervision Rating Scale (STSV-RS)

<table>
<tr><td colspan="2">Supervisor name</td><td>Individual/group
(if group, give details of number etc)</td><td>Face to face / Skype / phone / etc</td></tr>
<tr><td>Supervisee</td><td>Code</td><td>Country</td><td>Treatment setting</td></tr>
<tr><td>Patient code</td><td>Individual /couple / group etc</td><td>Main diagnosis or presenting problem</td><td>Session number</td></tr>
<tr><td>Date:

Duration:</td><td>Recording (video, audio)</td><td colspan="2">N of cases presented
Source(s) of information (verbal report, typed summary, assessment results, video or voice recording etc)</td></tr>
</table>

Instructions to rater

1. Rate **adherence** separately for every third of the supervision session. For each third mark "1" if the described supervisor behavior was observable and "0" if you could not observe this behavior:

0 = not observed **1 = observed**

Example

Supervisor has the appearance of a good parent for the supervisee (warm, fair and caring).	(0)	1	0	(1)	0	(1)

2. Rate **competence** after having watched the complete tape. The more proficiently the supervisor performed the higher you should rate their behavior, based on the following:

1 = failed 2 = poor 3 = barely satisfactory 4 = satisfactory 5 = good 6 = excellent

Example

Supervisor has the appearance of a good parent for the supervisee (warm, fair and caring).	1	2	3	(4)	5	6

1. General supervisor behavior

01. Supervisor has a strong positive presence (confident, open and authentic).	0	1	0	1	0	1
	1	2	3	4	5	6
02. Supervisor presents a therapeutic role model (role engagement, friendliness, switching roles between being rational and emotionally focused).	0	1	0	1	0	1
	1	2	3	4	5	6
03. Supervisor establishes supervisor-supervisee bond (validation of feelings, active listening).	0	1	0	1	0	1
	1	2	3	4	5	6
04. Supervisor utilizes nonverbal communication (open arms, protective gestures, eye contact, soft voice tones).	0	1	0	1	0	1
	1	2	3	4	5	6

2.Limitedreparenting and empathic confrontation

05. Supervisor praises supervisee(s) for achievements, efforts and performances; looks more for supervisee's resources than for deficits; is oriented towards and facilitates positive change in supervisee.	0	1	0	1	0	1
	1	2	3	4	5	6
06. Supervisor responds like a good parent towards supervisee(s): warm, caring, fair, undemanding, providing safety, actively reducing experience of stress / performance and evaluation anxiety/ shame.	0	1	0	1	0	1
	1	2	3	4	5	6
07. Supervisor speaks about the capacities of the supervisee(s) and provides a facilitating atmosphere for self-reflection, learning and growth. Fosters a "we will make it together" feeling.	0	1	0	1	0	1
	1	2	3	4	5	6
08. Supervisor empathically comments on / confronts supervisees´ "non-optimal" therapeutic performances or mode switches (validates under-lying needs / impact of patient trigger, reduces shame and guilt, encourages finding a more appropriate therapeutic response).	0	1	0	1	0	1
	1	2	3	4	5	6

3. Session structure and general management of supervision

09. Supervisor balances structure and flexibility (going in with a goal but being ready to change the plan according to supervisee's needs, being patient).	0	1	0	1	0	1
	1	2	3	4	5	6
10.Supervisor responds to overall need of supervisee(s) (energy level, level of vulnerability, pressing concerns, personal crisis) or to some "elephant in the room".	0	1	0	1	0	1
	1	2	3	4	5	6
11. Supervisor collaboratively negotiates session agenda, content and other issues with supervisee(s), in a manner that also ensures that the needs of the patient are considered.	0	1	0	1	0	1
	1	2	3	4	5	6
12. Supervisor recommends that supervisees use all appropriate schema therapy interventions (cognitive, experiential, behavioral pattern breaking, interpersonal) depending on stage and focus of the supervised session.	0	1	0	1	0	1
	1	2	3	4	5	6
13. Supervisor pays attention to the order of activities within the supervised session (e.g., setting the agenda, patient progress, hot topics, skill training, reflections, summary, scheduling next appointment).	0	1	0	1	0	1
	1	2	3	4	5	6

Item						
14. Supervisor explains the rationale behind his or her evaluation, comment, technique or approach, using schema or mode terms (e.g., “If you do it that way this would be the outcome, if you do it this way this might be the outcome”).	0	1	0	1	0	1
	1	2	3	4	5	6
15. At the end of the session, supervisor gives a summary, homework, a take away message or a “provision for the journey”.	0	1	0	1	0	1
	1	2	3	4	5	6
16. Supervisee(s) present a video or voice recording and supervisor comments on *in situ* key therapy moments.	0	1	0	1	0	1
	1	2	3	4	5	6
17. Supervisor watches a live session and supervises *in vivo* by “plug in the ear” or other methods (e.g., time break and consulting).	0	1	0	1	0	1
	1	2	3	4	5	6
18. Supervisor demonstrates in detail a technique by using role play or an educational video segment (modeling), then asks supervisee(s) to re-enact it (taking the therapist role) to advance, shape supervisees´ performance.	0	1	0	1	0	1
	1	2	3	4	5	6
19. Supervisor uses or refers to case conceptualization, mode cycle flash cards or other protocol tools during supervision.	0	1	0	1	0	1
	1	2	3	4	5	6
20. Supervisor uses or refers to the STRS (individual) or the GSTRS (group) during supervision.	0	1	0	1	0	1
	1	2	3	4	5	6

4. Schema therapy supervisory skills

Item						
21. Supervisor labels patient’s modes/schemas and their changes and helps supervisee(s) find appropriate responses (validation of feelings and needs for VC; setting limits for IC; venting anger for AC, praise for HA and HC, disempowering PP, setting limits for Overcompensation, pro/con for DetProt).	0	1	0	1	0	1
	1	2	3	4	5	6
22. Supervisor comments on in-session processes regarding stress level, emotional tension, mode clashes between patient(s) and/ or supervisee(s).	0	1	0	1	0	1
	1	2	3	4	5	6
23. Supervisor comments on appropriateness of schema interventions according to session structure.	0	1	0	1	0	1
	1	2	3	4	5	6
24. Supervisor comments on appropriateness of schema interventions according to phase of therapy.	0	1	0	1	0	1
	1	2	3	4	5	6

25. Supervisor comments on relationship issues between supervisee(s) and/ or patient(s) using the mode model.		0	1	0	1	0	1
		1	2	3	4	5	6
*26. Supervisor highlights/supports/propos-es/role-plays one or more schema therapy interventions, for example: −reparenting behavior towards patient(s). −empathic confrontation/ limit setting −emotion focused work in which supervisee actively reparents, providing a corrective relational experience −imagery rescripting −chair work. −cognitive mode-/schema work −behavioral pattern breaking −play or other experiential techniques.	*Type of intervention*	0	1	0	1	0	1
		1	2	3	4	5	6
	Type of intervention	0	1	0	1	0	1
		1	2	3	4	5	6
	Type of intervention	0	1	0	1	0	1
		1	2	3	4	5	6
	Type of intervention	0	1	0	1	0	1
		1	2	3	4	5	6
	Type of intervention	0	1	0	1	0	1
		1	2	3	4	5	6
	Type of intervention	0	1	0	1	0	1
		1	2	3	4	5	6
27.Supervisor initiates that supervisor and supervisee(s) role play patients and interventions (e.g., chair work, imagery rescripting) to facilitate insight, perspective taking and a development of a “felt sense”.		0	1	0	1	0	1
		1	2	3	4	5	6

* For item 26, “highlight” means "Yes. That’s a good example of … that is good;" “propose” means: "Oh, there you could have introduced...;"“role play” means "let´s do a quick role play- how could you have started....?” Supervisee could take either role(therapist or patient).Where item 26 includes a role play intervention, this is contrasted with item 18 which includes an explicit switch into a didactic role on the part of the supervisor and with item 27, where there is an additional emphasis on promoting insight in the supervisee, e .g. into the patient’s experience / perspective. The same event could therefore be coded on Items 18, 26 and 27. For adherence coding of item 26 : any of the listed interventions suffices for a “1 “per third. For competence rating compute the mean of all interventions coded for item 26.

5. Overall evaluation of supervisor’s adherence to and competence in using the schema model

1 = failed 2 = poor 3 = barely satisfactory 4 = satisfactory 5 = good 6 = excellent

Supervisor´s overall performance as a specific schema therapy supervisor (adherence to the model, schema therapeutic competence, relationship skills, structure, knowledge, appropriateness of supervision style and content for supervisee).	1	2	3	4	5	6

6. Rater's additional comments

Rater name/code	**Date**
Signature	