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Creating a healthy work environment for the well-being of a cognitive behavioural psychotherapist

Stwarzanie zdrowego środowiska dla jakości życia psychoterapeuty poznawczo-behawioralnego

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Abstract

The work of a cognitive behavioural therapist is associated with a number of factors contributing to the feeling of satisfaction as well as many concerns. Studies show that psychotherapists are vulnerable to the effects of distress which, if left unattended, lead to burnout and serious professional impairments. Even though it has been emphasised that self-care of a psychotherapist is more of an imperative than an option, all too often professionals ignore their needs. Among the most common self-care myths cognitive behavioural therapists believe in, one may find the assumptions that self-care is optional, the knowledge how to look after oneself is equivalent to managing it, and coping is identical to being a therapist. Responsibility for oneself is usually an optional topic during education and supervision processes. Even though articles on that subject are widely available, it is important to analyse the problem of self-care, and to propose ways for creating a healthy work environment for cognitive behavioural therapists. In the article, the core ideas concerning the cognitive behavioural model of therapy are presented, and the cognitive behavioural model of burnout is described. In addition, the role of self-care in professional activity among cognitive behavioural psychotherapists is examined. The data on the role of awareness, balance, flexibility, and health in increasing self-care practices among psychotherapists is presented, and the importance of a proactive approach to self-care is highlighted. Furthermore, the main ideas that should be incorporated in training courses and supervision are given, together with the description of the role of supervision in psychotherapeutic work.

Keywords: cognitive behavioural therapy, self-care, well-being, proactive approach, supervision

Streszczenie

Praca psychoterapeuty poznawczo-behawioralnego powiązana jest z wieloma czynnikami prowadzącymi do odczuwania satysfakcji, jak również z wieloma troskami. Badania pokazują, że psychoterapeuci są podatni na stres, który zignorowany prowadzi do wypalenia i poważnych szkód natury profesjonalnej. Mimo że troska terapeuty o siebie uznana jest raczej za obowiązek niż alternatywę, profesjonaliści często bagatelizują własne potrzeby. Pośród najbardziej popularnych wśród terapeutów poznawczo-behawioralnych mitów dotyczących troski o siebie znajdują się przekonania, że: troska o siebie jest nieobowiązkowa, wiedza o tym, jak zadbać o siebie, jest równoznaczna z taką dbałością, radzenie sobie jest tożsame z byciem terapeutą. Odpowiedzialność za siebie jest zazwyczaj traktowana jako przedmiot fakultatywny podczas procesu edukacji i superwizji w psychoterapii. Mimo że istnieją artykuły traktujące o tym problemie, ważne jest przeanalizowanie zagadnienia troski o siebie i omówienie propozycji nakierowanych na stwarzanie zdrowego środowiska pracy dla terapeutów poznawczo-behawioralnych. W artykule zaprezentowano podstawowe założenia modelu terapii poznawczo-behawioralnej. Przeanalizowano rolę troski o siebie w procesie podejmowania działań zawodowych przez terapeutów poznawczo-behawioralnych. Przytoczono dane dotyczące samoświadomości, równowagi między życiem profesjonalnym a osobistym, łatwości przystosowywania się i zdrowia w grupie psychoterapeutów. Opisano poznawczo-behawioralny model wypalenia zawodowego. Podkreślono znaczenie aktywnego podejścia do troski o siebie. Uwzględniono główne zagadnienia, które powinny być brane pod uwagę w ramach szkolenia i superwizji, jak również opisano znaczenie superwizji w pracy psychoterapeutycznej.

Słowa kluczowe: terapia poznawczo-behawioralna, troska o siebie, jakość życia, aktywne podejście, superwizja

CBT THERAPIST WORK ENVIRONMENT

Cognitive behavioural therapy (CBT) is a counselling model exploring the links between thoughts, emotions, and behaviour (Beck, 1964). It is assumed that the perception of events influences people's emotions and behaviours. In other words, in the CBT counselling model it is believed that people's feelings influence the way they construe a given situation (Beck, 1964). The main aim of CBT therapy is to help patients to develop more adaptive beliefs and behaviours. The method is widely empirically researched, and it has strong evidence of efficacy and effectiveness (Hofmann et al., 2012). It has been used successfully in the management of a range of problems including depression, anxiety disorders, addiction problems, eating disorders, marital problems, or mental illness. Cognitive behavioural therapy is a model of therapy with a well-established empirical background, and growing amount of data proving that its methods produce changes in the functioning of clients.

In CBT, the cognitive model is incorporated as a framework for understanding a person's experiences and ways of functioning. There are three levels of cognition outlined in the cognitive model, including core beliefs (i.e. deepest beliefs about self, others and the world, learned early in life), dysfunctional assumptions (i.e. maladaptive, rigid conditional rules for living), and negative automatic thoughts (i.e. thoughts involuntarily activated in certain situations) (Beck, 1964). The above-mentioned three levels of cognition are fundamental to the cognitive model. The conceptualisation (i.e. conceptual framework including the description of patient's problems) is based on the cognitive model. There are several core principles for CBT to rely on. It is believed that thoughts, feelings, physical sensations and actions of an individual are interconnected. According to this theoretical basis psychological problems emerge in part because of faulty ways of thinking, and in part because of learned patterns of unhelpful behaviour. Throughout their psychotherapy, individuals suffering from psychological problems can learn to cope better with their problems, and change their thinking patterns. The methods of work incorporated in CBT aim at teaching clients to recognise their distortions in thinking, and to revaluate those misstatements. The techniques used in CBT also involve efforts aimed at changing behavioural patterns (e.g. learning to relax the body, facing fears instead of avoiding them). Cognitive behavioural therapy techniques help to better understand behaviours and motivations of others, and to cope with difficult situations. During CBT sessions, psychotherapist works together with their clients to develop an understanding of the problem and to establish the best management strategy. It is important to teach the client to be their own therapist (i.e. to learn how to recognise and revaluate distortions in thinking as well as how to modify behavioural patterns), and to concentrate on current problems instead of discussing one's past history in detail.

The knowledge of CBT acquired throughout a professional therapist's training underlines the role of teaching patients to care for themselves, to notice problems, and to resolve them. At the same time, professionals fairly often ignore their own needs, and seem not to notice their own problems. The effects of disregarding their own needs by CBT professionals may be hazardous both for the patients and for the professionals themselves. Motivation and ability to care for others may be compromised without appropriate concern for themselves, and may ultimately lead to burnout.

CBT MODEL OF BURNOUT

Burnout understood as a state of (mental and/or emotional) exhaustion resulting from excessive involvement in emotionally demanding situations lasting for significant amount of time (Schaufeli and Greenglass, 2001) may be described in terms of the cognitive behavioural model. According to the CBT model, factors connected to the subjective view of the workload should be taken into consideration, especially considering the fact that not all workers develop symptoms of burnout in certain situation (Tyrrell, 2010). Past experiences and general views shared in the society generate personal beliefs about burnout. Based on those (negative) beliefs, one inspects themselves in search for any signs of emotional fatigue or excessive stress, leading to hypervigilance. As a consequence, a person starts to be overly aware of their fatigue (Moss-Morris et al., 2005), and directs their attention towards any signs of poor coping. All of the noticed signals are interpreted as dangerous endorsements of burnout rather than regular signs of normal tiredness. Such identified sensations cause negative automatic thoughts resulting in intensified attempts to avoid stressors. Stress-avoiding individuals believe that their activity will prevent burnout, but avoidant behaviours obstruct the possible discovery of the real coping capacity they have. Another consequence of avoidance is connected to self-efficacy. Since an individual withdraws from professional activities which are perceived as stressful, an estimation of their performance will decrease, leading to a reduction of perceived self-efficacy. Consequently, the negative thoughts experienced by an individual are strengthened (Tyrrell, 2010).

At this point, it is important to distinguish between maladaptive safety behaviours and positive self-care actions. Safety behaviours may be defined as any actions accountable for preserving non-adaptive thoughts of an individual. They prevent people from recovery and limit their individual capacity to cope. Self-care actions are intended to support an increased exposure to stressors, and enhance the use of adaptive coping strategies. It is worth mentioning that an excessive or inappropriate use of behaviours considered as adaptive coping strategies may lead to the shift towards non-adaptive safety behaviours (Thwaites and Freeston, 2005). In other words, there is a danger of becoming caught and maintain a vicious circle of maladaptive coping strategies preserving burnout symptoms (Tyrrell, 2010).

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BURNOUT PROBLEMS AMONG PSYCHOLOGISTS AND PSYCHOTHERAPISTS

Burnout is described as a stress phenomenon connected to job issues, where mental distress may be accompanied by physical health problems. One of the most popular burnout definitions was proposed by Freudenberger (1974), who stated that burnout was the obsolescence of motivation associated with failure of earning desired results (especially in the face of one's devotion to the cause). Burnout manifests itself after a longer time of inappropriately handled work stresses strengthened by some other improper life habits. As it was emphasised by Maslach (2003), burnout typically affects people working directly with others, and it is connected to the goodness of fit between workers and their job setting. Burnout is characterised by three main elements: emotional exhaustion (i.e. depletion of empathy and emotional resources), depersonalisation (i.e. cynicism and negative feelings toward other people), and reduction of personal accomplishment (Green et al., 2014; Maslach, 2003). Research has shown that burnout is most prevalent among social work professions (Lizano, 2015), clinicians, and mental health professionals (Ray et al., 2013). Studies suggest that for psychotherapists the most relevant is the emotional exhaustion component of burnout (Di Benedetto and Swadling, 2014; Rupert and Kent, 2007; Rupert and Morgan, 2005).

Psychologists and psychotherapists are exposed to a wide range of emotionally intense experiences (Råbu et al., 2016) leading to work-related stress. The prevalence of burnout in this occupational group remains at the approximate level of 44.1% (Rupert and Kent, 2007). Factors responsible for high levels of stress among psychologists and psychotherapists include problems associated with working in public health services, keeping long waiting lists for clients, and meeting many clients with chronic problems. The above-mentioned elements may reduce the level of self-efficacy, and impair the sense of well-being among professionals.

The most often mentioned casual factors associated with burnout among psychologists and psychotherapists include emotionally taxing work demands, imbalance between job resources and job demands, effort-reward disproportion, personal beliefs, and coping mechanisms. Moreover, professionals often minimise their own vulnerability to burnout. They have a tendency to inhibit emotions, set up standards higher for themselves than for other people, deny personal needs, and refuse to seek support or help (Kennerley et al., 2010). Studies have shown that there are two maladaptive schemas most commonly found in psychotherapists: unrelenting standards and self-sacrifice (Simpson et al., 2019). In other words, psychotherapists quite often share the belief that they must strive to meet excessively high internalised standards of performance in order to avoid criticism (unrelenting standards maladaptive schema). It is also quite common for psychotherapists to believe they are responsible for taking care of others, whilst minimising their own needs, in order to avoid causing pain to others or feeling guilty for being selfish (self-sacrifice schema) (Saddichha et al., 2012). The above-mentioned maladaptive schemas may lead an individual to repeatedly cope with difficult situations in a non-adaptive and non-flexible manner. In effect, the needs of a person using those maladaptive schemas are not met, the opportunities for successful work are reduced (Young et al., 2003), and the menace of burnout increases.

BURNOUT IN PSYCHOLOGISTS AND PSYCHOTHERAPISTS – STUDY RESULTS

Studies conducted to date have revealed that the majority of professionals experience stressors impairing their professional functioning (Cushway and Tyler, 1996, 1994; Rupert and Morgan, 2005; Simpson et al., 2019). The work of psychologists and psychotherapists requires compassion for patients with many overwhelming negative emotions, which is considered to be a factor increasing the proneness to burnout (Farber and Heifetz, 1982).

Based on their analyses, researchers have indicated that emotional exhaustion in professionals is usually connected to maladaptive schemas of unrelenting standards, self-sacrifice habits, seeking for approval from authorities and colleagues, and high self-internalised expectations towards one's professionalism (Rafaeli et al., 2011; Simpson et al., 2019). Intensive maladaptive beliefs connected to the idea of professional help were also found in a group of trainee psychologists (Kaeding et al., 2017; Saddichha et al., 2012; Wyman, 2011). The symptoms of burnout were identified in psychologists who were experiencing difficulties in setting boundaries and limits with their colleagues and patients (Much et al., 2005). Factors of emotional exhaustion and depersonalisation were observed in a group of professionals who perceived others as unstable, unreliable, and unavailable when support was needed, especially while working with distressed, abused or abandoned patients (Steel et al., 2015). Research shows that professionals who had problems with emotional connection with their clients experienced numbing and detachment (Wilkinson et al., 2017).

Working with clients in crisis may influence the emotions of the specialist. Feelings of exhaustion and depersonalisation may be observed, especially in view of the fact that the professional's emotional investment into the relationship with the client is usually very intense. Burnout is understood as an effect of depletion of personal resources leading to a decline in the affective, behavioural and physical state. An excessive expenditure of energy resources is a result of chronic stress. It may give rise to feelings of psychological fatigue, and compromise the immune system and physical health (Leiter and Maslach, 2001). Furthermore, it can be manifested as increased smoking or drinking (Maslach, 2003). Studies investigating the influence of burnout on psychological well-being have proved that there is a significant negative relationship between emotional exhaustion

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and job satisfaction. A similar trend was found for the relationship between cynicism and job satisfaction (Koeske and Kelly, 1995). A positive relationship was identified between burnout, depression and anxiety, and a negative correlation between emotional exhaustion, depersonalisation and life satisfaction was found in longitudinal studies. Importantly, it was shown that burnout might also decrease marital satisfaction.

Studies exploring behavioural well-being in connection with burnout have shown a positive relationship between depersonalisation and medication use, and a negative association between emotional exhaustion, nutrition and exercise practices (Puig et al., 2012). Impaired professional functioning of mental health workers is usually accompanied by their reduced competence, and may be associated with depression (Rupert et al., 2015). In other words, burnout in mental health professionals may lead to serious personal as well as professional impairments and consequences (McCormack et al., 2018).

OTHER SPECIFIC CHALLENGES IN THE WORK ENVIRONMENT OF CBT THERAPISTS

In addition to the risk of burnout, CBT therapists, especially at the beginning of their therapeutic work, are prone to several common challenges (Beutler et al., 1994). At the outset, therapists are quite likely to meet (and treat) a client with a diagnosis that they have never worked with before. In such cases, the feeling of incompetence or the fear of being perceived as incompetent is relatively high. Sometimes therapists report their concerns about not being able to relate to the things their clients experience (Zimmerman and Bambling, 2012). Occasionally, it is difficult to properly conceptualise the client's problems, which may lead to being overwhelmed (Beutler et al., 2003). CBT most typically involves the use of manuals and treatment protocols. Therefore, clinicians may feel rigid and inflexible in their line of work. Sometimes the complexity of the client's lives may seem hard to focus and too staggering to propose an adequate line of treatment (Dunkle and Friedlander, 1996). At the same time, it is possible for CBT therapists, especially at the beginning of their professional career, to expect unrealistic effectiveness of proposed treatments. Therapists usually complain about difficulties emerging from therapeutic relationships with clients presenting with complex problems. At times, it may be hard for the therapist to manage emotions occurring during their interactions with clients. There are situations when it is extremely difficult to separate "work" emotions from "after-work" feelings, especially when working with clients who pose a threat to themselves or others (Sandell et al., 2006).

The above-mentioned objections can be perceived as excessively daunting, leading therapists to dysfunctional thoughts about themselves and the therapeutic process itself. Young professionals may, therefore, feel afraid that their clients "will find out" (that the therapist does not know what they are doing, since they are using a new method of treatment or have not worked with a particular problem before). Novice therapists tend to worry about not being prepared enough as well. They know numerous tools and techniques that could be used in a particular situation, but at the same time they are concerned that the most important information (e.g. psychoeducational material or intervention) will be missed by them, so the client will not improve as much as they could.

CBT therapists are aware of their great responsibility associated with working with another person, especially with individuals suffering from emotional and/or behavioural problems. In simple terms, the psychotherapeutic process can be described as an interaction between people in which both the client and the specialist have their (sometimes dysfunctional) beliefs. It is possible that patients entrust professionals with their innermost feelings and concerns they have never shared with anyone before. Sometimes clients come to therapists after prior negative experiences with other professionals and previous psychotherapies (Newman and Kaplan, 2016). When working with their clients, psychotherapist often find themselves confronted by emotions, stories about difficult experiences and memories, and different (sometimes challenging) behaviours. For that reason, even without experiencing burnout, being a CBT therapist can be a demanding and exhausting task.

ROLE OF SELF-CARE IN PSYCHOTHERAPISTS' WORK

Burnout can result in serious impairments leading to health problems and a decrease in well-being. It can also have implications for the quality of clinical work performed by professionals. It is, therefore, important to help and assist professionals who are at risk of burnout (Kuyken et al., 2003). Among job factors contributing to a reduction in the risk of burnout, one may find opportunities for development, supervision, autonomy, and positive feedback (Hobfoll, 2002; Maslach and Leiter, 2005). Personal resources that are important in facing burnout include resilience and self-efficacy. Study results show that professionals should be encouraged to participate in supervision, peer consultations or other supportive professional relationships (Simpson et al., 2019). It is important to encourage psychotherapists to expand their self-awareness of personal factors (especially in the area of coping mechanisms, and schemas), so that they will be able to identify and fulfil their own needs.

In psychotherapy specialists, self-care usually refers to the so-called personal practice, defined as engagement in different types of activities aiming at personal development or skill enhancement (Bennett-Levy and Finlay-Jones, 2018). Personal practice is usually connected to skilfulness, and emerges from four different types of motivation: personal problems, personal growth, self-care, and skill development (Bennett-Levy and Finlay-Jones, 2018). Processes devoted

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to personal practice usually include both personal and professional aspects of psychotherapist functioning. It helps to expand both personal and occupational self-reflections in five domains: development and well-being; self-awareness; beliefs and attitudes; reflective skills; and technical skills. Personal practice is usually fulfilled throughout personal therapy, meditation-based programmes, therapy self-practice, and self-reflection programmes. Professionals engage in personal therapy mostly when facing personal problems or seeking personal growth. They report positive impacts of this procedure on well-being, self-awareness, and interpersonal skills. Meditation-based programmes are usually employed in order to enhance self-care, and improve professional skills. Positive effects of these methods are similar to those obtained for personal therapy. Self-experiential programmes called self-practice, and self-reflection methods, are aimed at enhancing therapeutic skills in which they remain successful (Bennett-Levy and Finlay-Jones, 2018).

Self-care increases both personal and professional well-being of psychotherapists (Pereira et al., 2017; Rupert et al., 2015). It helps to highlight the often unnoticed aspects of self-awareness, such as emotions, physical reactions or motivations. It is useful in recognising interpersonal beliefs and attitudes impeding professional relationships. Through concentration on reflective skills, it encourages self-questioning, logical analyses of thoughts, and reflection on the personal and professional aspects of one's life. There is empirical evidence suggesting that the promotion of self-care, professional well-being, and resilience to stress among mental health professionals are possible by means of compassion (Patsiopoulos and Buchanan, 2011). Self-compassion is understood as an adaptive form of self-relation including mindful awareness of suffering, treating oneself with understanding during difficulties, and relating personal experiences to a wider perspective. High self-compassion is connected to higher levels of empathy, forgiveness, altruism, and superior quality of relationships. Negative correlations have been found between self-compassion, excessive perfectionism, rumination, thought suppression, depression, anxiety, and stress. Self-compassion may promote healthy emotion regulation (i.e. holding a balanced, non-judgmental approach to negative emotions). It encourages the expression of warmth, concern, and care toward the self.

The mental hygiene of a psychotherapist may include self-help therapy, relaxation and activation, use of different art techniques, and self-rewarding activities. It is beneficial for the well-being of the specialist to redirect their attention to small successes or things that they are happy about. The flow feeling that one is able to experience when engaging in a preferred activity helps to stay focused and concentrated, brings a sense of ecstasy, and a sensation of serenity, and helps to boost intrinsic motivation. Remembering to provide self-comfort during work is indispensable. Effective self-helping techniques for psychologists and psychotherapists may include bibliotherapy, temporal seclusion, nature experiencing or a short "recap of the day" filled with positive information and successes.

PROACTIVE SELF-CARE APPROACH IN CBT THERAPISTS

CBT therapists are equipped with a set of skills that are needed for dealing with stress. The significance of effective stress management is underlined in the ethical codes for psychologists and psychotherapists, but at the same time as many as 70% of trainee and professional psychologists report severe levels of distress (Cushway, 1992; Hannigan et al., 2004). Psychologists regularly deal with the emotional distress of other people, and experience emphatically high levels of negative affects themselves. Professionals learn to tolerate ambiguity, and tend to master in establishing and maintaining effective therapeutic relationships. Working with different clients suffering specific problems quite often leads to feelings of hopelessness and self-doubt (Norcross and Guy, 2007), which may be challenging in face of high performance expectations (D'Souza et al., 2011).

Cognitive behavioural therapists retain skills and abilities which are helpful in maintaining their personal and professional well-being. One of the most powerful yet simple tools routinely used by cognitive behavioural therapists is the automatic thoughts worksheet. Based on this simple technique, one may identify negative automatic thoughts and emotions. It is thus possible to test automatic thoughts and find a more adaptive understanding of a situation. In a further perspective, the automatic thoughts worksheet may be helpful in discovering an adequate solutions for the problems at hand. It is important to conceptualise not only the client's, but also the professional's role in the situation, especially when facing problems in the psychotherapeutic process. It is important to be able to "tell a story" about the main concerns and problems regarding dubious processes. A potentially crucial factor for the self-content of a psychotherapist is setting realistic goals and expectations about the psychotherapeutic process.

Generally speaking, problems and difficulties which can be identified the in professional life of CBT therapists must first be addressed in order to be resolved. It is important to leave some time for self-reflection (concerning cognitive, emotional and behavioural reactions). Next, the problem and the needs of a specialist should be reflected upon. A helpful tool during that process is identifying both the strengths and weaknesses (not only the latter). Due consideration of professional's emotions may be crucial at this point, together with an answer to the question "what would I recommend to my client in this situation?". Every now and then, one's professional life overlaps with the private sphere. Therefore, an awareness of personal life with its problems and shortcomings is vital. Creating a safe and comfortable professional environment involves formulating problems and discussing them with clients. It may also mean looking for support, either intrinsic (e.g. identification and challenging dysfunctional thoughts) or extrinsic (e.g. intervision or supervision).

Being a cognitive behavioural psychotherapist and taking care of oneself means to develop and improve necessary

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skills and knowledge. It is important to find the time and resources for reading, attending workshops and conferences or visiting websites in order to use the most recent knowledge about the treatment of certain disorders. Regular supervision is also necessary support for carrying out safe and ethical work. Helping others is very emotionally demanding in nature. Therefore, it is important to address the emotions experienced by the professional using CBT techniques (i.e. identifying, clarifying, understanding, planning, and trying a solution). This way of acting helps to normalise the specialist's emotions resulting from interactions with clients, and to find adequate solutions to identified problems. In other words, proactive self-care attitudes of cognitive behavioural therapists are associated with management of CBT strategies and tools not only during sessions with patients, but customising them in personal situations as well. Creating a safe working environment for professional means to tend to one's emotions, to meet one's needs, and to use regular supervision. The basic rule underlying the proactive approach of cognitive behavioural therapists is not only to be familiar with self-care procedures, but to actively engage in their administration.

Another crucial construct which is important in the discussion concerning proactive self-care of psychotherapists is the concept of self-efficacy. It refers to the perceived belief of being able to cope effectively with impending situations and problems (Bandura, 1997). High levels of self-efficacy are correlated with high confidence in obtaining positive outcomes of one's behaviours. Self-efficacy is arises from four sources: mastery, persuasion, physiological and affective states, and vicarious experiences (Bandura, 1997). Self-efficacy partly determines the amount of effort invested in an action. In counselling, it is connected to the professional's faith in their capabilities to effectively counsel a client (Larson and Daniels, 1998). It is associated with a lower level of anxiety, a higher level of performance, and a better perceived quality of counselling sessions (Wilkerson and Ramirez Basco, 2014). It is crucial to underline that the therapist's self-efficacy cannot be interpreted as a global trait. Instead, it should be considered as a dynamic set of self-beliefs susceptible to current performance and activity (Lent, 2005). It has been proved that self-efficacy increases with repeated practice (Kozina et al., 2010), and with active participation in the supervision process. In general, supervision helps professionals improve their skills and self-efficacy, increases their confidence in delivering CBT, and assists them with handling the demands of complex problems (Wilkerson and Ramirez Basco, 2014).

ROLE OF SUPERVISION

Supervision is considered to be a crucial form of support offered to psychotherapists. It creates an opportunity to discuss problems relating to difficulties associated with the therapeutic process. It may serve as an auxiliary platform of learning and development. It is a helpful tool for managing personal and professional resources, and workload. Engagement in the supervision process correlates with the level of job satisfaction. Among the main functions of supervision, one finds education, support, and administration. The supervision process allows professionals to better understand their clients and the therapeutic process itself. It encourages embracing the specialist's needs – both in the personal and professional domains. It is also viewed as a useful tool for monitoring work settings according to appropriate ethical and professional standards (Shinwell, 2009). The process of supervision promotes hardiness and sustainability, and elicits assertive reactions in the field of professional–client interactions. It enhances resilience through engagement in practising self-caring methods and focusing on the controllable aspects of the therapeutic process (e.g. professional's knowledge). Supervision can be understood as augmentation of self-care efforts, since it includes a discussion about cognitive and emotional coping skills, and helps psychotherapists to organise their own framework for resilience. The supervision process is often used for the normalisation of needs for professional growth and transformations. It is also helpful in identifying and modifying the professional's dysfunctional beliefs concerning their impact on the therapeutic process (Thompson et al., 2011).

Supervision in CBT takes the form of regular and systematic cooperation between the supervisee and the supervisor. Throughout the supervision process, both the professional's therapeutic competencies and the value of the therapeutic process itself are improved. The supervisee improves their knowledge, abilities and skills, and learns how to use information coming from their own reactions, and how to respect their own limits in order to prevent burnout. The supervisor's role is to consult, teach, strengthen the supervisee's abilities useful in counselling, and to monitor professional and ethical issues. The supervision process is based on the same rules as the therapeutic process. It includes concentration on the professional's thoughts, emotions, bodily reactions, and behaviours. In general terms, supervision aims at increasing the psychotherapist's development. The role of the supervisor is to support the supervisee, to help them enhance their professional responses during therapeutic sessions, and to model the required attitudes toward patients. If necessary, the supervisor's role is to give constructively critical feedback (Prasko et al., 2012). Even though supervision is not therapy, there are certain similarities between the two processes. The main role of supervision is to provide the supervisee with a secure, accepting environment to strengthen their professional growth, and prevent them from burnout (Keegan, 2013).

CONCLUSIONS

Practising CBT is not an easy task, for it is associated with a broad range of responsibilities and concerns. Sometimes it is important to face the therapist's dysfunctional beliefs (e.g. "I cannot upset my patient," "I have to help everyone"),

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which increase the burden of being a CBT specialist. It is important to identify common myths about the self-caring processes, and to modify them. Self-care is a necessity, not an option for psychotherapists. In order to feel better, it is not enough to know how to look after oneself. Self-caring processes need to be practised in different situations. Being a therapist is not equal to being a person who can cope. The effects of life events and chronic stresses are the same for psychotherapists as for other people. Therefore, it is crucial not to lose sight of one's own needs, and to value personal well-being. It is imperative to recognise the value of CBT for personal development, especially since it is beneficial for enhancing skills, addressing personal problems, and fostering development. It is essential to remember that an increase in the self-caring processes the specialist is engaged in helps to improve the quality of work done by the professional with their clients.

Conflict of interest

The author does not report any financial or personal affiliations to persons or organisations that could adversely affect the content of or claim to have rights to this publication.

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