

My overriding aim in supervision is to support the professional practice of the supervisee to develop their individual style of working within their level of competence and training and to ensure client well being as the most important criteria.

I offer supervision to individuals and groups at any stage in their professional development. I am happy to supervise practitioners trained in modalities different from my own. I offer bespoke and in house supervision trainings.

Below is a slightly modified form of an assignment I produced as part of my Diploma in supervision with the Wittington school of Counselling and Psychotherapy.

'Supervision is a basic requirement once the student is ready to begin working with clients and, we believe, should continue throughout a counsellor's career. It provides both the student counsellor and the qualified counsellor with a continuing overview of their competency in their work, an opportunity for the continuing development of understanding and skills, a forum to find support, challenge and encouragement and a necessary monitoring of the work the counsellor is doing with their clients. It is also a place to look at any practical or ethical issues that may arise in the counselling and

to ensure that good boundaries are being applied.' (Sills et al 1995: p.193).

This description of supervision seems to present a fairly consistent viewpoint as expressed by a large number of books on counselling and therapy when discussing the topic of clinical supervision. This view seems to be reflected in most contemporary codes of ethics that therapists subscribe to as part of the conditions of membership of their professional organizations which demand that their members are in regular supervision at a level appropriate to their work load and experience. Ethical codes generally cite client welfare as the rationale for requiring mandatory supervision for all practitioners and those preparing to start practise.

Most training programmes identify and teach the significance and value of supervision. Practitioners who have trained in such a culture will hopefully embrace supervision amongst their core values and beliefs.

Hawkins and Shoet, (2000, p.23) identify three primary reasons which make appropriate supervision desirable, worthwhile and indeed necessary.

Firstly it provides an arena for the worker to get some central support for themselves in the work they are doing, secondly it is an essential part of ongoing professional learning and development and finally, according to Cherniss and Egnatios (in Hawkins and Shoet, 2000), there is evidence that good supervision correlates with job satisfaction

There is amongst many professionals, a general consensus as to what is meant by a recognised training in counselling and psychotherapy. If uncertainty prevails then there is a wide range of books available to provide information, guidance and opinion. For some, supervision appears to be much less well defined and this is interesting given the credence it is given within the literature. There is the sense that therapy is a profession moving towards higher levels of professionalism and as Page and Wosket(1994: p.3) observe *'the role of the counselling supervisor is one of the developments to have emerged out of this professionalisation of counselling'*

As the necessity of and demands for supervision become increasingly accepted and acknowledged then a need to examine the whole area becomes increasingly appropriate and desirable. Equally appropriate and desirable is some investigation of the training and beliefs of the supervisor in order to establish the suitability of a therapist chosen or given professional supervisor. A therapist working in private practice will almost certainly be paying a significant amount of money for their supervision whilst a therapist working in an agency may well receive supervision paid for by the agency but the appointed supervisor will likely hold significant influence on the practitioner's work and also on their perceived professional credibility in the future. The supervisor is clearly an important figure in therapeutic work at a number of levels and therefore justifies and invites examination. Equally deserving of examination is the process that is described as supervision. Its nature, structure, perceived purpose and rationale are all relevant.

The therapist's experiences, expectations and needs from supervision are also vital to the equation.

The complexity of the task of evaluating supervision are becoming clearer; should the focus be on the supervisor and their individual competences, the supervision and its impact upon all those involved (client, therapist, supervisor and possibly also an agency or paymaster) or on other aspects which may be neither one or the other.

Being a supervisor carries with it enormous, possibly unanticipated responsibility. Alonso (1985 in Carrol 1996;1) asserts *'Psychotherapy supervisors serve as the keepers of the faith, and the mentors of the young'*. Given the level of influence that this description suggests, it is interesting to consider how a supervisor came to be in the position that they are in.

My starting point as a supervisor.

Quite early in the development of my private counselling and psychotherapy practise, I decided to offer my services free of charge to a local counselling agency. I offered up to six sessions to volunteers working within the organisation. My reasons for doing this were to support the work of the agency, gain some additional counselling experience and raise my profile as a counsellor locally. After about a year of seeing volunteers, I was contacted by the agency to say that one of their supervisors had left at short notice and offered me the opportunity to take on three supervision groups with

three volunteers in each. This work would be paid at a nominal rate.

I explained that I was still relatively new to practise (two years) and was somewhat anxious about taking on supervision work that she had not been trained for. I was also excited by the possibilities this opportunity might provide. The agency assured me that my level of skills and competence had become well known and respected within the agency and as a result I was considered to be professionally appropriate to supervise the volunteers. I started the work and relied heavily on my own experiences of being supervised and my therapeutic training as the basis for my model of supervision. Although I was able to provide support and challenge to my supervisees, I was aware of being untrained in supervision and this affected my confidence in the work and the quality of supervision I could offer. In time, partly in my own consistently excellent supervision, I began to identify my own training needs which I then addressed, and as a result was able to engage more fully in her work and thereby to enjoy the work more deeply.

This case study provokes a number of questions including to what extent if any can a potential supervisors competence be predicted from their level of counselling competence and is there a need for specific supervision training or is experience as a counsellor, however brief, adequate.

Carroll (1996:1) describes his entry into supervision and reflects on his personal process *'Flattered by a request, which in my view placed me firmly amongst the ranks of the*

experienced counselling fraternity' and also acknowledges his professional inadequacy *'I was supervising as I had been supervised, not very well'*. Carroll goes on to articulate the shortcomings of his own received supervision and asserts *'Counselling training and experience were not enough on their own. I needed an underlying philosophy of supervision, a model to guide me, structures to inform the supervisory work and formats that made supervision interventions sensible and systematic rather than accidental'*(1996: p.2).

Carroll's and my own experience illustrate the need for adequate training of supervisors in the same way as the need for adequate training of therapists is almost universally recognised as an absolute necessity. I consider myself to have been the fortunate recipient of good quality of supervision and feel my supervisees also benefited from this. Others may not be so lucky!

There has been an historical tendency to focus on the perceived similarities between therapy and supervision and maybe this is one of the reasons why the need for training had not been more fully addressed.

Writers have expressed concern about supervisors who are inadequately trained for the work, for example Hart (in Page and Wosket, 1994 p.32) observes *'Few supervisors have received formal training and even fewer have been given a conceptual framework for organising their supervisory activities'*. This is clearly an appropriate concern to be raising, and it is interesting to consider what the response would be if an individual were to undertake counselling and therapeutic work without the appropriate level of training

choosing instead to rely upon prior training in a similar but significantly different field.

'This may seem a natural progression because outwardly counselling and supervising seem remarkably similar. Two or more people come together, identify their respective roles and endeavour to assist those in the consumer role, whether clients or supervisees, with difficulties they bring to that setting. This is done using a range of interpersonal and therapeutic skills. Some of these skills are fundamental to both roles: being able to listen, hear, empathise, reflect, form and maintain a healthy and appropriate relationship, support, challenge, make connections and intervene at a level appropriate to the recipient. All this takes place within agreed boundaries of time, place, regularity, confidentiality and payment' (Page and Wosket 1994: p.18).

Similarities as described above provide an important foundation for effective supervision however I feel that some examination of the differences is also valuable.

There is a long held assumption that good therapists will inevitably make good supervisors and this may quite simply not be true. What may be true however is that in situations where supervision is needed but there is an absence of suitably trained supervisors then a competent therapist may be enticed into the role. This may be a case of expediency

taking priority over excellence and is comparable to Carroll's experience (above).

The supervisor's task tends to be less emotionally demanding than that of therapist as it will generally be less focused on the client's emotional containment. It will be generally understood that in supervision it is the supervisee's responsibility to manage and contain their own distress with the support of the supervisor as appropriate. The supervisor is required to assess, evaluate and sometimes judge the client work being presented and on occasion to be prescriptive about what should or should not be done. The task also includes being supportive, encouraging and affirming of the work being done with clients.

What needs to be avoided is the desire of the supervisor to compete with the competencies of the supervisee which would likely undermine the therapist's work. The supervisor should also exercise vigilance to ensure they neither collude with or support any examples of unethical, unsafe or undesirable practise which are presented by the supervisee. Either of these options will inevitably have a detrimental effect on both the client and the on-going professional development of the therapist.

In order to supervise effectively the supervisor therefore needs to be not only competent at a professional level in as much as they need to have some fundamental understanding of the task of supervision but also needs to have undergone some level of personal work as part of their training and ongoing personal and professional development.

Page and Wosket (1984) observe that if the focus of supervision is wholly on the therapist and his/her level of competence then there is a sense in which the supervisor's own level of development is ignored *'It is as if the supervisor is an expert who has arrived at a plateau of understanding'* (p 8) This is inconsistent with my own belief that a practitioner is in a constant formative process of development and discovery. One potential problem that may arise from this lack of attention to the supervisor's developmental needs is if the supervisor has no model from which to respond to any perceived incompetence he/she may become aware of. If a supervisor can recognise a lack of competency as a training need rather than as a source of shame eliciting a response of secrecy and denial, then not only does this facilitate the supervisor's own development but also models good and healthy learning behaviour to the supervisee and avoids the development of 'Pseudo-competence'. This is discussed fully by Clarkson (1994) and challenges much that may be deeply ingrained in practitioners which if not addressed will potentially leave them trapped by their own lack of knowledge rather than potentially liberated by their curiosity and desire to learn.

One of the functions of supervision which is both vital and essential to ensure the efficacy and integrity of the work is the attention to ethical aspects of the therapists client work. *'There is hardly any supervisory issue that does not bring in its wake at least general if not specific ethical considerations or problems. Each one of these brings an opportunity for growth in understanding and appreciation for the complexity of being human'* (Clarkson, 2000, p.175). This assertion may give some insight into the complexity if

the process that can be over simplified by the label 'supervision' An important first step of this process is for the supervisor to establish the code of ethics the therapist subscribes to and to determine that they are compatible with the supervisors professional ethics. Whilst recognising the importance of codes of ethics, acknowledgement also needs to be made of situations that may arise where codes of ethic are not enough in themselves to adequately address a dilemma. *'Sooner or later everyone comes across a conflict or ambivalence where the code is not sufficient guidance'* (Clarkson, 2000, p.154). What is appropriate is to acknowledge the complexity of much that is presented in therapy and to be willing to explore in ever increasing depth the core values of the therapist and the supervisor and most importantly how they impact on the actions and inactions within the therapeutic work. As the issue of ethical issues in supervision begin to be examined then it becomes apparent that whilst the distinction made in the literature between supervising trainee and experienced therapists has much to contribute to the focus of supervision there is a clear need for all therapists to be in adequate supervision at every stage of their work and regardless of their length of experience. *'Veterans as well as trainees may consistently avoid certain areas in supervision'* (Clarkson, 2000, p.174). *'There is a growing conviction that psychotherapy supervision is important, not only for training, but also as part of our continuing development'* (Clarkson, 2000, p.176).

In order to maintain standards of clinical work, supervisors may have to confront in their supervisees attitudes and beliefs which they may feel uncomfortable about either in

their supervisee or indeed in themselves. Given that society is riddled through with a range of prejudices, many people have to some extent been affected by some aspects of discrimination which may over time have become deeply internalised. It is vital that the supervision encounter is an arena where discriminatory attitudes and behaviours can be challenged, examined and owned in a non-judgemental and non-threatening way in order to raise awareness of prejudice and to promote anti-discriminatory practise.

Challenging possible discrimination in Supervision.

I was supervising the work of a newly qualified counsellor working in the voluntary sector. I will refer to her as 'Sarah' although that is not her name. She presented in supervision a young lesbian client who was seeking support to work on her low self esteem. What became apparent was that whilst Sarah described herself as being 'absolutely fine' working with a lesbian client, she was also extremely keen to 'explain' the client's sexuality based on her reported difficult relationship with her mother. Sarah had allegedly been told in training that 'almost all lesbians have had difficult relationships with their mothers'. In my experience counsellors do not generally offer explanations for heterosexuality and seeking an explanation for homosexuality suggest some level of homophobia and heterosexism. This may also collude with the client's internalised prejudices. Until challenged in supervision Sarah had no idea that she had any prejudice towards sexual minority groups and through challenge with

acceptance gained much valuable insight. This experience also enable me to recognise more fully my own passion for promoting anti-discriminatory practise and I undertook some specific training in the area of gay affirmative practise. For a fuller discussion of this area see Davies and Neal (1996, 1999, and 2000).

'The profession of counselling is in a unique position to help end the discrimination against lesbian, gay and bi-sexual people. We all have the remnants of our early cultural assumptions within us and they are often institutionalised into our society. By developing honest, non-blaming, non-shaming supervisory relationships we can make a contribution to our own development, that of our supervisees and of course their clients'. (Hitchings; in Carroll and Holloway, 1999, p.77).

Whilst the above discussion has focused on sexual orientation as a possible source of discriminatory behaviour, equal gravitas needs to be given to other possible areas of prejudice and discrimination such as race and culture, disability, gender, age, disability and social class.

'Race is visible, and while one does not want to over-emphasize difference of race, it would be a mistake to ignore it' (Grant in Carroll and Holloway 1999 p. 20).

'As supervisors, we must come to understand our own 'gendered world' as it has informed the social context in which we have lived and now live' (Nelson and Holloway in Carroll and Holloway, 1999 p.33).

'For any of us working with disability, remember we are either healing or harming...therefore in our supervision work we should be practising healing' (Spy and Oyston in Carroll and Holloway 1999, p.52).

Wosket(1999) describes ways in which therapeutic work can benefit greatly by the therapist being willing to bring their self to the therapeutic encounter as their principal tool and identifies the role of supervision in this process. *'The essence of supervision is to encourage counsellors to bring more of themselves to their interactions with clients'* (1999,p.221). *'The supervisor has a vital role to play in helping supervisees to live in and with their feelings, to make sense of them and to use them as a guide'* (1999, p.215). If this becomes accepted as being a principle function of supervision, then this may release the supervisor from the possible tyranny of needing to be seen as having some expertise on a client that they have likely never met! As the relationship between supervisor and supervisee develops, the potential learning for both therapist and supervisor can increase and multiply.

'Supervision that is to encourage the therapeutic use of self by the counsellor will emphasise attention given to the person of the counsellor as he or she lives in a relationship with the client'. 'The counsellor will be principally encouraged to examine their own needs, drives, motivations and personal responses to clients as a way of developing'. (Wosket, 1999, p.209). The challenge for therapist and supervisor now becomes one of how they think about the human encounter in therapy and supervision, how they choose to express or inhibit themselves in this encounter and also affords some questioning of intent.

Carl Rogers recognised the value of developing the use of self as a therapeutic instrument *‘ I am inclined to think that in my writing perhaps I have stressed too much the three basic conditions (congruence, unconditional positive regard, and empathic understanding). Perhaps it is something around the edges of those conditions that is really the most important element of therapy – when my self is very clearly obviously present.’* (Baldwin,2000, p.30).

As the focus of supervision moves towards a recognition of the importance and potential of the use of the self as an instrument in both therapy and supervision then this facilitates a potentially exciting and fertile arena for on going development of both therapist and supervisor. The relationship between supervisee and supervisor can thus be seen as essential in the supervision process and will increase in efficacy as the supervisee becomes more experienced and as the supervisor becomes more familiar with the strengths and weaknesses in the supervisee’s work. *‘No theoretical model of supervision is idiot proof and bastard resistant’* (Blocher 1983 in Page and Wosket 1994 p.41). This emotive assertion by Blocher draws attention to something that needs to be at the core of supervision i.e. that however well grounded a supervisor is in a given theoretical model of supervision, with out some core personal qualities such as empathy, respect and integrity, then the quality of the supervision will almost certainly be adversely affected.

The supervisor and the supervisee need to have a working alliance that is supportive and challenging and a culture of work in which the supervisee can present and explore themselves and their work openly and with out fear of being bullied or belittled and at the same time remaining

committed to their own personal development in whatever form that they may take.

In my work as a therapist and supervisor I am constantly aware of the usefulness of a strong and well established supervisory relationship. I am certain that in order to provide the best possible quality of service to their client, therapists are well advised to remain in supervision throughout their working lives. This provides a regular and invaluable forum in which to monitor and maintain professional standards of work and practise. Although the requirements of supervision may well change as a therapist develops personally and professionally, the need for supervision does not diminish.

It is in the essence of the relationship between supervisor and supervisee that the work can best be expected to be reflected in the quality of the therapeutic work with clients, if a therapist attends supervision merely because it is a requirement of a course, an institution or a code of ethics then it may well be that little of the work done will have any ultimate benefit for the client work being supervised.

Supervisee's may choose to present their work in ways which paint a positive picture of their work and their skills but actually does not represent much of how they are in their practise. I value my relationship with my own supervisor greatly and consider this relationship to be a major asset in my work with clients. Being able to use this resource has sometimes presented huge challenges to me and fully utilising the available richness is an ongoing learning process. I enjoy and feel nourished by the support provided, value the learning and on a number of occasions

have got some clear indication of aspects of my own personal development I can benefit from addressing.

Steve Page (1999) concisely describes his observations and beliefs of the nature, functions and outcomes of supervision: *'A well-developed trusting relationship between counsellor and supervisor will help to minimise the temptation to divert supervisory attention from areas that need to be examined. Rather supervision, at its best, becomes a place where the counsellor of integrity can bring their concerns and share them without undue fear of censure. This is often a great relief and can result in revitalisation for the practitioner as well as increased clarity about the therapeutic process.'* (p.51). He goes on to assert *'At worst supervision can be irrelevant, bombastic, undermining, collusive or indulgent. At best it is a powerful influence in the continuing development of the counsellor and facilitates thorough and critical self-reflection'* (p.51).

Supervision is then a necessary and complex endeavour and requires personal and professional integrity on behalf of both supervisor and supervisee in order to maintain the quality of clinical work and ensure that the clients best interests are being served. Good supervision should facilitate a therapist developing their own individual style of practise through an on-going process of support, challenge and education.