

## What is supervision?

by Sally Despenser

### Introduction

The purpose of this Information Sheet is to answer the following questions:

- What is clinical/counselling supervision and what is it for?
- Why is it necessary?
- What forms can it take?
- What sort of supervisor does the therapist look for (if there is a choice)?
- What is a supervision contract?

The Information Sheet is intended to facilitate the provision of appropriate supervision. It is relevant to therapists and supervisors in all settings. It is also relevant to training organisations and managers of therapy and counselling services.

This Information Sheet sets out the current BACP requirements for supervision. Discussion of the current status of supervision can be found in Henderson (2007a; 2007b; 2008; 2009a; 2009b).

The Information Sheet is being written (2011) against the background of preparation for Regulation. As part of this preparation, BACP has commissioned and published research into supervision (Gabriel, Jamieson & Khele 2007; Khele 2006; 2007). Further research is in progress. If there are changes consequent on Regulation, an updated version of this Information Sheet will be issued.

This Information Sheet should be read in conjunction with the Ethical Framework 2010 and Information sheet S1 How much supervision should I have? (2008; revised version pending 2011)

### What is supervision?

Supervision is a *formal* arrangement for therapists to discuss their work *regularly*

with someone who is experienced in both therapy and supervision. In some settings supervision may also incorporate elements of training and assessment. Whatever the chosen format, the supervisory relationship is at the heart of effective supervision (Millar 2007; Stafford 2008). The supervisor's goal is "to do whatever seems most likely to send the other person away more aware, more informed, skilled and encouraged than she was when she came in." (Houston 1990, p12).

In this Information Sheet, we draw attention to the distinction between *regular* supervision and ad hoc arrangements (see below "extra consultative support").

In line with the Ethical Framework we also distinguish between external and internal (line management) supervision. Employers have a responsibility to ensure that their counsellors have adequate counselling supervision (Mearns S1 2008). Choosing a line manager as supervisor can lead to difficulties since a conflict of interests may arise between the needs of the unit or institution (the priority of the line manager) and the needs of the therapist (Jacobs 2007; Ethical Framework 2010). Line management supervision can also inhibit the free presentation of material if there are fears about confidentiality and/or employment security. In a situation where line management supervision is mandatory, the *Ethical Framework* states that there must be access to other consultative support (EF 2010, p7, para 33).

In some therapeutic settings the interests of the organisation or other service providers will also feature (eg staff counselling, NHS counselling), and in many other settings the therapist may have to navigate conflicts of interest. The therapist's contract with their employer/ the service provider should address issues of confidentiality and clinical responsibility.

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You can read more about the impact of assessment, line management supervision and conflicts of interest in Lawton and Feltham 2000; Wheeler and King 2001; Despenser 2009b.

The purpose of supervision is

- to assist in the development of the reflective practitioner
- to support the therapist
- to maximise the effectiveness of the therapeutic relationship
- to monitor/ safeguard the interests of the client
- to maintain ethical standards as set out in the Ethical Framework

The supervision task is shared by supervisee and supervisor: to work together (Despenser 2009a; 2009b) to fulfil the purpose of supervision. This applies to all supervision formats (see below).

The focus of supervision is the therapy. This might include some or all of the following:

- what made the client come for therapy now
- the background (history, recent events)
- what the client wants
- all the feelings that arise from the therapy (which may also appear in the relationship between supervisor and supervisee – parallel process)
- the therapy process
- theory
- ethical considerations
- the setting
- boundaries
- managing risk
- the suitability of both the therapist and the setting for working with this client at this time
- organisational issues (Carroll & Walton 1997; Crowther 2003; Palmer 2008)
- the supervisor's reactions, comments and challenges.

Sometimes it appears (during supervision) that events in the therapist's life may be affecting their work, and that there is a danger of an overlap between personal and professional material. Although supervision may support the therapist, it is not a substitute for therapy.

Supervisors' styles vary (see below): however good supervision provides a space in which reactions, comments, challenges, feelings and two-way feedback can all be shared.

### Why is supervision necessary and mandatory?

"All counsellors, psychotherapists, trainers and supervisors are required to have **regular** and **on-going**

formal supervision/consultative support for their work in accordance with professional requirements." (Ethical Framework 2010 p 6, para 7).

### *Regular and ongoing formal supervision: a necessary resource*

By its very nature, therapy makes considerable demands upon therapists. The therapist may become over-involved, ignore some important point, become confused as to what is taking place with a particular client, or have undermining doubts about their own usefulness (which on reflection, may have multiple meanings). There may be complex and overlapping demands (Proctor & Inskipp 2009).

It is difficult, perhaps sometimes impossible, to be objective about one's work. It is invaluable to have **regular** consultation with a trusted professional with whom there is a formal agreement or contract (see below) which spells out the boundaries of confidential discussions. An ongoing relationship also allows both parties to notice when there is an apparent departure from the therapist's usual style of working: this may be an important clue about the impact of the client on the therapist, and/or the client's inner world.

In addition, good supervision will include elements of training and self development. Effective therapy requires the therapist to interweave and integrate theory and practice. Supervisors will encourage the therapist's development, continued learning and self-monitoring.

Note that there are also situations in which it is valuable (perhaps, but not exclusively, when a regular supervisor is not available) to get ad hoc help by consulting other colleagues or a BACP helpline. (Extra consultative support is discussed further below, and also see S1, How much supervision should you have?).

Therapists should not place total reliance on formal supervision as the only source of support, information and knowledge for themselves and their work. Good reflective practitioners also take responsibility for developing a Referral Resource network of people who can provide them (in confidence) with specialist knowledge and information when they need it, (for example a GP, psychiatrist, solicitor, Child Protection specialist). Good professional and personal relationships and a healthy life style are also important resources.

### *Extra consultative support*

In addition to regular supervision with a designated supervisor and ideally with the knowledge of that

designated supervisor, in some situations the therapist may choose to access extra consultation with other professionals and colleagues. Some examples include:

- Unusually heavy case load
- Traumatic case material
- A cluster of difficult cases
- Any aspect of risk
- Unusually strong reaction to the client
- Technique and theory from another modality
- Where specialist knowledge is required
- If organisational matters cannot be discussed with an internal supervisor
- If personal matters need separate consultation

(Note that time used for informal supervision cannot be counted towards the baseline minimum – see below “How much supervision” and S1.)

### Choosing a supervisor

1. Not all therapists are able to choose their supervisors.
2. It may be difficult to work with a supervisor who comes from a very different theoretical background or professional training.
3. The less experience the therapist has, the more experience the supervisor should have.
4. Supervisor qualifications, requirements and courses are currently (2011) being researched (BACP Supervision Practice Research Network; BACP Supervision Forum; Khele 2006; 2007; Henderson 2008; Townend and Wood 2007).

### A checklist of questions for a therapist to ask when choosing (or meeting a new) a supervisor

- Their training and experience as therapist and supervisor
- Their qualifications (including supervisor qualification)
- Are their training and experience compatible with, and relevant to me and my settings?
- What is their theoretical orientation?
- Are they suitable for me at this stage in my professional development?
- Do I think we will be able to establish rapport? (Houston 1990, 1995)

### The supervisee might also ask the supervisor

- Can you describe your supervision style?
- Can we talk about how I present my work?
- Are you likely to know any of my clients? What should we do if this happens?

- Other more detailed questions will arise when a contract is discussed (see below)

### Questions the supervisor may ask the therapist

- What is the main focus of your work? (one-to-one, couples, families, groups)
- Is it short or long term work that is being undertaken?
- In what setting/s?
- Who is clinically responsible for your work?
- What are your arrangements for psychiatric (or other) backup?
- Are you on a course? What is the supervisor’s relationship to the course? Will the supervisor be asked to assess you or write a report?
- If you are employed, what is the supervisor’s relationship with your employer (if any)?
- Who is paying?

### The supervision contract

When the contract is made, there is an opportunity to clarify in more detail the expectations of both/all parties regarding tasks, roles and responsibilities.

For clarity, a written contract is preferred. It should cover an agreed timespan, and provide intervals for review. It will cover such practical arrangements as:

- fees (if relevant)
- venue, and privacy of venue
- length of contact time and frequency of contact
- confidentiality
- contact in an emergency or for consultation between meetings
- cancellation policy
- accountability (to define responsibility between therapist, client, supervisor, organisation/ employer, training course)
- how to monitor and report if there are concerns about professional competence and fitness to practise
- supervisee notes, supervisor notes (ownership, storage, use, research)
- if supervisee is trainee on a course 3 way contract between supervisor/supervisee and training institution. Responsibilities of supervisor to course, responsibility for writing assessment as well as to supervisee
- if the supervisor is in training, use of material for coursework etc
- any special needs (eg language and communication; mobility)

An example of a supervision contract is given in Despenser (2009b).

## How much supervision

For **accredited counsellors**, the minimum amount of supervision required to achieve and maintain BACP accreditation is one and a half hours individual or equivalent per month for each month that counselling is undertaken. Only formal and regular supervision time is counted.

**Accredited counsellor training courses** require supervision of students at this ratio: 1 hour supervision for every 8 hours of client work/contact.

### *More supervision than the minimum*

As noted above, there are situations when extra consultative support will be needed in addition to the minimum or regular supervision arrangement.

These points are discussed in more detail in S1 How much supervision should I have? (2008; revised version pending 2011); (Henderson 2007a, 2007b, 2008).

### *Forms of supervision*

Some therapists use a combination of the formats listed below. Supervision may take place face to face, by telephone, teleconferencing, Skype or online (Casemore & Gallant 2007).

#### **One-to-one, Supervisor-Therapist**

A single supervisor provides supervision for one other therapist.

#### **One-to-one, Co-supervision**

Two participants provide supervision for each other by alternating the roles of supervisor and therapist. Normally the time available for supervision is divided equally between them. Note (as stated above): the less experience the therapist has the more experience the supervisor should have. The members should ideally be of equal status and similar theoretical orientation, and have similar training and experience. It is also important that “cosy collusion” does not inhibit challenge and plain speaking. Since less experienced therapists will need advice, guidance and support from a more experienced practitioner, this form of supervision is not recommended for the trainee or newly qualified therapist.

#### **Group supervision with designated supervisor**

There is a range of ways of providing group supervision (Houston 1990, 1995; Proctor 2008). At one end of the continuum, the supervisor acts as leader, taking responsibility for apportioning the time between the

therapists, then focusing on the work of individuals in turn. At the other end of the range, the therapists will allocate supervision time between themselves using the supervisor as a technical resource. The group can be a rich source of ideas, different perspectives, varied experience and parallel process.

In group supervision, the total time in the group must be apportioned between each of the supervisees in order to comply with BACP requirements for minimum supervision hours. See S1 (2008, revision pending 2011).

#### **Peer group supervision**

Three or more therapists share the responsibility for providing each other's supervision within the group. The members should ideally be of equal status and similar theoretical orientation, and have similar training and experience. Peer group supervision is not recommended for the trainee or newly qualified therapist (for the reasons explained above).

Experienced therapists may find peer group supervision sufficient so long as there is broad experience and perspective within the group. It is also important that “cosy collusion” does not inhibit challenge and plain speaking.

In peer groups it is essential that there is a clear and shared understanding about where the final responsibility for clients' welfare rests.

The total time in the group must be apportioned between each of the supervisees in order to comply with BACP requirements for minimum supervision hours. S1 How much supervision should I have? (2008; revised version pending 2011).

#### **Finding a suitable supervisor**

It is recognised that supervisors may be difficult to find, especially in areas away from major cities and overseas. There may also be other access difficulties: for example, by reason of permanent or temporary mobility (or other personal) problems. In these situations, supervision may be provided by a combination of occasional face to face meetings and telephone/internet consultations (Casemore & Gallant 2007).

BACP supervisors may be found in the online BACP Find a Therapist Directory by choosing the word 'supervisor' using the dropdown arrow. Many supervisors also advertise in the Noticeboard section in Therapy Today, in both print and online versions.

If no therapists specifically working as supervisors are available, it is suggested that an accredited therapist e.g. UKRC, BACP or UKCP (preferably with experience

in supervision) might be suitable. These can also be found in the BACP online directory.

## Conclusion

Supervision or 'consultative support' is essential for effective therapy. All BACP members working as therapists are bound by the Ethical Framework (2010 p6, para 7) to monitor their therapy work through ongoing supervision.

## About the author

Sally Despenser is an accredited counsellor and supervisor, and the author of several BACP online learning modules.

## References and further reading

BACP (2010) *Ethical Framework for Good Practice in Counselling and Psychotherapy*. Lutterworth: BACP.

Proctor, B. (1997) Supervision for counsellors in organizations: *Handbook of counselling in organisations*. (Chapter 10) Carroll, M., Walton, M. (eds) London: Sage.

Casemore, R., Gallant, M. (2007) Supervision: viewed from a distance *Therapy Today* 18(10) 44–45.

Crowther, C. (2003) Supervising in institutions: *Supervising and being supervised*. Wiener, J., Mizen, R. Duckham, J. (eds), Basingstoke: Palgrave Macmillan.

Davys, A., Beddoe, L. (2010) Best practice in professional supervision: a guide for the helping professions. London: JKP.

Despenser, S. (2009a) Getting the most from supervision. *Therapy Today* 20(8): 28–31.

Despenser, S. (2009b) Preparing for supervision and getting the most out of it. Lutterworth: BACP online learning module.

Dryden, W., Thorne, B. (1991) *Training and Supervision for Counselling in Action*. London: Sage.

Feltham, C., Dryden, W. (1994) *Developing Counselling Supervision*. London: Sage.

Gabriel, L., Jamieson, A., Khele, S. (2007) Perceptions of supervision. *Therapy Today* 18 (6) 39–41.

Gilbert, M.C., Evans, K. (2000) *Psychotherapy supervision*. Milton Keynes: Open University Press.

Hawkins, P. and Shohet, R. (1989) *Supervision in the Helping Professions*. Milton Keynes: Open University Press.

Henderson, P. (2007a) Stocktaking. *Therapy Today* 18(1) 38–40.

Henderson, P. (2007b) Stocktaking: the feedback. *Therapy Today* 18(4) 44–46.

Henderson, P. (2008) Gatekeepers for the profession. *Therapy Today* 19(10) 38–39.

Henderson, P. (2009a) *A Different Wisdom: Reflections on Supervision Practice: Volume 1*. London: Karnac.

Henderson, P. (2009b) *Guide to Supervision Supervisor Training: Issues and Approaches: Guide to Supervision Volume 2*. London: Karnac.

Houston, G. (1990) *Supervision and counselling*. London: Rochester Foundation.

Houston, G. (1995) *Supervision and counselling (revised and enlarged edition)*. London: Rochester Foundation.

IAPT Improving access to psychological therapies 2008 UCL Clinical Psychology CORE: <http://www.ucl.ac.uk/clinical-psychology/CORE/supervision-framework.htm>.

Inskipp, F., Proctor, B. (2009) *Making the most of supervision* 2nd edition. Twickenham: Cascade.

Jacobs, M. (1996) *In Search of Supervision*. Buckingham: Open University Press.

Jacobs, M. (2007) Dual roles – blurring the boundaries in professional relationships. BACP information sheet G3. Lutterworth: BACP.

Khele, S. (2006) *Continuing professional development and supervision in professional bodies*. Lutterworth, BACP.

Khele, S. (2007) How others do it. *Therapy Today*, 18(7) 41–42.

King, G. (2008) *Using Supervision: Key Issues for Therapy in Action*. 2nd Edition.

Reeves, A. (ed) London: Sage.

Lawton, B., Feltham, C. (Eds) (2000) *Taking supervision forward*. London: Sage.

Mearns, D. (2008) How much supervision should you have? BACP information sheet S1. Lutterworth: BACP (revised version pending 2011).

Millar, A. (2007) Encouragement and other Es. *Therapy Today* 18(2) 40–42.

Page, S., Wosket, V. (1994) *Supervising the Counsellor: a cyclical model*. London: Routledge.

Palmer, V. (2008) The shadow in organisations. *Therapy Today* 19(3) 39–40.

Proctor, B. (2000) *Group supervision*. 2nd edition. London: Sage.

Scaife, J. (2010) *Supervising the reflective practitioner: an essential guide to theory and practice*. London: Routledge.

Stafford, D.E. (2008) Supervision – the grown-up relationship? *Therapy Today* 19(9) 38–40.

Townend, M., Wood, W. (2007) E-learning the art of supervision. *Therapy Today* 18(6) 42–44.

Wheeler, S. King, D. (eds) (2001) *Supervising counsellors: issues of responsibility*. London: Sage.

Wheeler, S., Richards, K. (2007) *The impact of clinical supervision on therapists and therapists, their practice and their clients: A systematic review of the literature*. Lutterworth: BACP.

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It should be noted that this Information Sheet offers broad guidance, which sets out professional good practice, but it should not be substituted for legal and other professional advice, including supervision, applicable to your particular circumstances.

BACP is aware that law and practice are always in a process of development and change. If you have evidence that this Information Sheet is now inaccurate or out of date feel free to contact us. If you know of any impending changes that affect its content we would also be pleased to hear from you.