FEATURE

SUPERVISION: NECESSARY OR NOT?

A CASE FOR

Our profession rightly demands that we are to be accountable and maintain certain standards for the safety of our clients and ourselves, writes **Jude Adcock**

WORDS

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> **My mission in life is not merely to survive, but to thrive; and to do so with some passion, some compassion, some humour, and some style**
> – Maya Angelou[1]

Isn't it marvellous that we're fortunate enough to be in a profession that cares so much about the mental health of its clients, counsellors, psychotherapists and supervisors, that it deems one-to-one supervision necessary – and, for BACP, mandatory.[2] We need to have passion, compassion and humour to support us in our work. And we need to thrive, not just survive. Our profession rightly demands that we are to be accountable and maintain certain standards for the safety of our clients and ourselves.

I'm proud to be part of our exciting and evolving profession. And, of course, this is exactly what it is: a profession. And we are professionals. We have professional training, join professional bodies, and, like many other professionals, are expected to work to professional standards. We don't have to wear a suit and tie or teeter around on painful stilettos (unless we want to) – although let's not forget the ubiquitous 'counsellor's scarf' – but we are no less professional for it (and probably a lot more comfortable). Yet this is no ordinary profession. It requires dedication and commitment, not to mention sanity, as we journey often with our clients into the darkest recesses of their psyches.

As I write, 'locked down' at home during the devastating coronavirus crisis, I'm certainly reminded of this. Clients and supervisees are now forced online, key frontline workers are needing our support, anxiety is running high, and I, as a vessel for the fears of many others, am having to resource myself particularly wisely. Part of this self-care is held within the intrinsic knowledge that I will be spending individual time regularly in the company of two highly qualified and experienced supervisors, one of whom is arts based.

My supervisors are 'professional human containers' and they too benefit from a different wisdom in their own one-to-one supervision. The need for supervision does not diminish with experience, but the needs, as for counsellors, do evolve. Even the most skilled of supervisors can benefit from a fresh pair of eyes, a discussion, a new perspective. It is what Henderson describes as 'consultative supervision'.[3] Whether in a group or one to one, the mature collegiate space lends itself to deeper philosophical reflection while attending to the blind spots any one of us can experience.

Carroll's discussion on the spirituality of supervision illustrates this point perfectly.[4] He describes the difference between 'functional' supervision and a 'philosophy of supervision'.[4] The functional aspect we might associate more with the newly trained or relatively

inexperienced therapist or supervisor, where techniques, methods and ethical principles are considered and applied, in accordance with one's particular theoretical or supervisory framework. Whereas, for the more seasoned practitioner, with clinical governance and a baseline understanding of the law already in place,[3] supervisees' needs take on a deeper purpose.

By attending to the philosophy of supervision, we are focusing on the 'being of people';[4] in other words, reflecting deeply on life's meaning, purpose, values, relationships, and, essentially, our own vulnerability. Supervision can facilitate this exploration beautifully, and, if we are open to receive it, can become a way of thinking about life, not just a perfunctory requirement. I'm with Socrates, the classical Greek philosopher, who was said to utter the famous dictum: '…the unexamined life is not worth living'.[5]

Good one-to-one supervision is a place where we can become relationally responsive,[6] where we may fully participate by engaging our whole being, where we can be culturally and ethnically responsive, and where, again drawing from the Ancient Greeks, the aphorism 'know thyself' is never more pertinent. I believe supervision constitutes an essential part of our requisite continual professional development (CPD). To borrow from Shohet and Shohet's exciting new book, I am indeed 'in love with supervision'.[7]

From personal experience, it's a privilege not only to recognise my own development from a fledgling trainee to a more mature practitioner, but also to have witnessed the development of my original training supervisor from a novice, yet perfectly competent supervisor, into what I would describe as an accustomed and sagacious elder with a paradoxically razor-sharp edge. What this means in practice is sharing my time with two supervisors (separately) who feel solid, encouraging and wise, but also, and crucially, challenging.

My supervisors know me, know how I work, and understand my vulnerabilities. When I'm feeling 'less than', they encourage me to recognise my strengths, and they know how to contain me beautifully when I have the occasional anger-fuelled outburst about injustices in the world. I can have my mini eruptions, safe in the knowledge that I will be accepted and supported to explore them.

> **My supervisors know me, know how I work, and understand my vulnerabilities**

Together, using our right-brain hemispheres, we creatively explore the realms of experience and imagination.[8] We might use metaphor, imagery and stories while describing the colours and textures of my work with clients and supervisees. This nourishes my very being, bringing balance and harmony to my therapist self. I invite you to consider how this precious and unique experience could not be beneficial to me and my clients?

This is not to say that everything in the supervisory garden always smells sweetly. A couple of years ago, my long-standing supervisor's behaviour towards me began to feel strangely distant. Being the only child of acrimoniously divorced parents and a highly critical father, one thing I know about myself is that my radar for people's change in behaviour towards me is always on high alert. It won't surprise you then to read that I felt this very slight shift acutely. Discussions involving feelings have never gone well with my father, but here was a man with whom I felt safe, and here was an opportunity for significant growth (whichever way it went, I assumed there would be growth!).

I grappled with my default fears, then remembered our supervisory purpose. We had a relationship far bigger than me reciting my client load each month while hoping for a bit of insight. Good supervision is so much more than this. Together, over time, we had developed a long-standing, mutually respectful and collegiate relationship. Unsurprisingly then, instead of being met by my critical father, I was met with warmth, humility and groundedness. My supervisor had begun to sense he was starting to feel rather too paternal towards me, likely evoked by my transferential desire to feel 'properly' fathered and accepted while working with a particularly evocative client. And so, as he had seemingly 'backed off', my risk of taking this dilemma to him paid off. This is the gold of one-to-one supervision.

Meeting the critic

From a more pessimistic perspective, individual supervision is deemed by some as expensive, elitist and as not guaranteeing the elimination of malpractice.[9] Surely, not expecting to pay for supervision would be like bringing a new puppy home and not expecting to feed it? Good supervision is for everyone. It feeds us, and we owe it to ourselves and our clients to have high quality nourishment. It is also a known cost when we enter the profession.

While we may not be able, as in any profession, to completely eliminate dangerous or substandard practice, without supervision I suspect we would unjustifiably be increasing the risk. I think we must be accountable, but that is not to say we should feel 'snoopervised'.[3] Incidentally, the other helping professions may, historically, not have had the same requirement for mandatory supervision, but I take a positive view of this – thankfully ours does. Discussions with colleagues in the fields of social work and nursing tell me their professions are catching up, also referenced by the Care Quality Commission.[10]

Critics might also suggest that supervision is based on a perceived power differential and hierarchy; that supervisors are there to 'catch out' the less experienced trainee. Of course, there is a natural 'power' imbalance between

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10 Care Quality Commission. Supporting information and guidance: supporting effective clinical supervision. London: CQC; 2013.

the relatively inexperienced trainee in placement and the supervisor who has years of professional training and experience. Isn't this what we would expect? It doesn't mean we are trying to catch them out.

As a trainee, and indeed for some time after, I didn't want another 'me' supervising me. I wanted a supervisor who could share with me their knowledge, experience and ethical guidance while modelling the development of co-created meaning.[11] What I struggle with is why this might be viewed with cynicism? As if the supervisor is automatically getting some need for control and power met. As with any profession, there might be those whose need to control interferes with ethical practice, and they may be found in any form of supervision.

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I read with interest an article in a previous issue of *Private Practice*[12] where a supervisee wanted to compare and discuss Freud's tripartite structure of personality – ie the id, ego and superego – with 21st century ideas of sanity, identity and confidentiality with their supervisor. The response they experienced led them to wonder what the supervisor might be fearful of; why had they been met with such disdain? A supervisor doesn't have to like or agree with a supervisee's reveries, but any supervisor worth their salt surely needs to embrace thought provoking dialogue? And every supervisee can challenge them. Maya Angelou speaks to me again: 'If you don't like something, change it. If you can't change it, change your attitude. Don't complain.'[1]

Research and supervision training

One view is that supervision training often lacks the development of critical thinking and an awareness of current research findings.[13] In 2007, a systematic review of the literature took place, looking into the impact of supervision on therapists. It noted that research on supervision in the UK is scarce, and therefore recommended that a strategic UK supervision research agenda was urgently required.[14] Thirteen years later, I can't find any evidence this has taken place, although a significant amount of supervision research has since been conducted in our and other helping professions.[15]

Supervision research, I suspect, like a lot of empirical research, happens informally, and therefore is undocumented in our day-to-day work. Perhaps those, particularly in academia, who note the omission of research into the impact of supervision, could take a dynamic stance and instigate research projects to address the areas they feel to be unsubstantiated. I do know that I, and many others, willingly pay their hard-earned money to supervisors who have specifically undertaken dedicated supervision training, keep up to date with current mental health trends, and are passionate about standards in our profession.

Back in 1987, it was documented that good therapists are not necessarily good supervisors, and that supervisors should be trained to do that specific job, as it requires a different skill set.[14] When devastating situations arise, such as a client's suicide, or crisis management is needed, supervisees benefit from the time and reflective space offered within a one-to-one supervisory relationship. Supervisors aren't generally psychic (as far as I know) and therefore can't be expected to read a supervisee's mind.[17] However, a therapist who has undertaken supervision training is likely to have developed an ability to 'sense' and explore the implicit. The supervisor needs to be skilled in recognising any unconscious enactment resulting from parallel process. They need sensitivity and a deep level of understanding to skilfully encourage the supervisee, whose vulnerability may be fuelled by shameful feelings of inadequacy. The skilled supervisor is able to use theory to inform interventions, such as Hawkins and Shohet's seven-eyed model of supervision.[17] Without a suitable model, the supervisor may feel directionless, and be vulnerable to one of the many pitfalls supervision training alerts us to.[18]

Development of the internal supervisor

We commit so much of ourselves, our time and our money to training, personal therapy and various CPD activities, why on earth would we not consider one-to-one clinical supervision? Yes, there is the financial consideration, but are we not wanting to develop our skills from 'tunnel vision' to 'super-vision'?[6] Of all the helping professions, the counselling profession boasts the most progressive andragogical approach, with supervision training focusing on theoretical understanding and supporting the lifelong practice of adult education.

Aside from formal supervision, I think personal responsibility is desirable for all of us in the helping professions, as we endeavour to meet the diverse array of challenges faced within 21st century mental health and wellbeing. 'Who you are, is how you supervise'[19] stresses the relevance of responsibly developing our own internal supervisor. Incidentally, a timely article acknowledging responsibility in supervision can be found in April's *Therapy Today*.[20]

An illustration comes to mind. An arts-based supervisee, who works solely with children and young people, was running a small private practice. We had discussed at length the disturbing fact that often the issue for young clients is found within the home and with a parent/carer. For this supervisee, here named Sam, this was never more evident than with an already challenging parent who began flouting contractual boundaries, such as time keeping, in place to safeguard the young client, and indeed other clients using the counselling service. The parent had become particularly demanding and critical of Sam's work with the child. Sam felt harassed by the parent, who had initiated the sending of inappropriate emails bemoaning all Sam's 'failings'. After a couple of particularly difficult emails, Sam contacted me for crisis management.

Unsurprisingly, Sam's confidence, not to mention self-esteem, started to suffer, risking her patience with the parent. With the young person's welfare paramount, we had already worked through some of the relational issues. We spent time reflecting on what was

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bacp.co.uk/cpd/cpd-hub/supervision/

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As a registered member, you must:

- understand the role and value of supervision and ensure you have appropriate supervision in place
- keep an up-to-date record of your supervision
- be able to demonstrate the impact of supervision on your practice
- submit your supervision records for audit on request
- submit details of your supervisor, on request, and give authority for them to disclose audit information to the Registrar.

We don't give a specific number of hours, as different members will have different requirements. You must take responsibility for your own supervision needs. You should have supervision at a frequency and duration that allows you to discuss all aspects of your work in all work contexts, when necessary, and enables you to develop a constructive supervisory relationship. You should also review your supervisory arrangements regularly. You can find more information in our Good Practice in Action resources, right:

GPiA 011 Commonly Asked Questions: *Monitoring the supervisory relationship from the perspective of a supervisee*

GPiA 008 Commonly Asked Questions: *How to choose a supervisor (counsellors)*

GPiA 010 Fact Sheet: *Monitoring the supervisory relationship from the supervisor's perspective*

GPiA 032 Legal Resource: *Supervision within the counselling professions in England, Northern Ireland and Wales*

GPia 043 Research Overview: *Supervision within the counselling professions*

GPiA 054 Commonly Asked Questions: *Introduction to supervision in the counselling professions (members)*

GPiA 084 Clinical Reflections for Practice: *Ethical mindfulness within supervision and training*

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happening for Sam and how the disruption might be interfering with the therapeutic task. It was difficult not to feel angry with the parent, who wanted Sam to 'fix' their child, but habitually sabotaged the work by undermining Sam, sometimes in front of their child.

I encouraged Sam to reflect on her feelings while considering what we could learn, together, about the familial situation, from the parent's behaviour and their certain projection onto Sam. With renewed confidence, and a sense of professional authority, Sam was able to sensitively raise her concerns with the parent. The parent disclosed she had recently been suffering with poor mental health, was struggling to cope as a single parent of an angry child whose father was largely absent, and felt criticised by her own mother's implication that she was a failure.

11 van Oojen E. Clinical supervision made easy (2nd edition). Ross-on-Wye: PCCS Books Ltd; 2013.
12 Western J. Sanity, identity and confidentiality. Private Practice 2019; September: 16–19.
13 Feltham C. Clinical supervision in the 21st century: a place of fear of love? [Online.] https://www.brightontherapypartnership.org.uk/clinical-supervision-21st-century (accessed 5 April 2020).
14 Wheeler S, Richards K. The impact of clinical supervision on counsellors and therapists, their practice and their clients: a systematic review of the literature. Lutterworth: BACP: 2007.
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The 'attack' that Sam had been experiencing had caused her to feel undermined and question her ability to work effectively with her young client. This had also clouded her capacity to consider what might be going on for the parent to be acting in such a way. The collaborative nature of supervision had provided a safe space for Sam to explore the situation and her own vulnerabilities. Sam found a new depth of empathy towards the parent, signposting her to the support she could access for herself. Crucially, Sam's relationship with her young client also improved. Subsequent supervision enabled Sam to use the experience to integrate her practice within a theoretical framework, and therefore support the development of her own internal supervisor (not to be mistaken for the *internalised* supervisor).[4]

> Good supervision provides a co-created and creative safe space where caseloads, fears and creativity can be explored

Group, peer or one to one?

A discussion on group or peer versus one-to-one supervision warrants an article on its own; however, it's relevant to mention it briefly. There are pros and cons to all types of supervision, but its value has to be contextual within the limitations of what it can offer, just as our supervisee's caseload must be considered within the context of their working environment. I have been part of groups, but have I gained as much from this experience as from my individual supervision sessions? Emphatically 'no', and neither have many of my colleagues and supervisees. When discussing group supervision with an experienced colleague, she recalled a powerful memory of feeling 'like a young bird in a nest attacked by crows'. Instead of feeling fed, it felt as though the crows were 'flying at the nest trying to peck at the young bird'. From this point forward, my colleague managed the situation by only taking to the group non-verbal clients with whom therapeutic intervention was arts based, of which the group had no experience. Creative indeed, but far from ideal.

We may well wonder what was going on within this group for her to experience it in such a disturbing way. While, undoubtedly, there can be some valuable benefits, such as differing perspectives on our own work and a richness of learning from colleagues' caseloads, group supervision cannot compete with the depth of stimulation available in good one-to-one supervision. In this space, time is not rushed, there is no unconscious competing with others, and no bombardment of conflicting or unhelpful views.[21] Another potential problem in group supervision, which I have experienced at first hand, is when a group member, who has a lot to say, takes over the session. If the group lead isn't able to manage the group dynamic, it can end with members feeling unheard, and, without putting too finer point on it, a bit miffed.

This brings me to one key component of the group, which is always there bubbling away, but not always considered: the family dynamic. A group naturally recreates the family dynamic, and aspects of the group may provoke or evoke something from childhood. Each member unwittingly plays a role. For example, the peacemaker, scapegoat, avoider, organiser, joker, and so on. If a group contains, for example, two extroverts vying for attention, there could be trouble, and it's a well-known fact that there is only room for one angry person in a room. If a group member leaves or another one starts, this inevitably alters the group dynamic. What may have felt safe may no longer do so. Groups are a complicated business and while they may offer a wealth of variety in experience, I suggest there are more pitfalls than the benefits one might find within a one-to-one supervisory relationship.

Summary

To answer this article's question, yes, I believe supervision is necessary and should be mandatory. In a profession with so many variables, it supports our work and quite rightly keeps us accountable. Good supervision provides a co-created and creative safe space where caseloads, fears and creativity can be explored. Particularly in individual supervision, it is a place where a deep and profoundly expansive relationship can grow; where the 'pause button' may be pressed, in order to explore what's going on in the supervisee-supervisor transference, and therefore in the client work. Good supervision is never about disempowerment or superiority. I am my own ship, and my supervisors support me by our navigating the sometimes-treacherous waters together. ●

20 Hitchcock S. This month's dilemma: supervision. Therapy Today 2020; 3(31): 46-49.
21 Feltham C, Dryden W. Developing counsellor supervision. London: SAGE Publications; 1994.

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