

Supervision within the counselling professions

**Good Practice in Action 043
Research Overview**

Updated January 2018

Copyright information:

Good Practice in Action 043 Research Overview: *Supervision within the counselling professions* is published by the British Association for Counselling and Psychotherapy, BACP House, 15 St John's Business Park, Lutterworth, Leicestershire, LE17 4HB.

T: 01455 883300 **F:** 01455 550243

E: bacp@bacp.co.uk **www.bacp.co.uk**

BACP is the largest professional organisation for counselling and psychotherapy in the UK, is a company limited by guarantee 2175320 in England and Wales, and a registered charity, 298361.

Copyright © 2016–2018 British Association for Counselling and Psychotherapy.

Permission is granted to reproduce for personal and educational use only. Commercial copying, hiring and lending are prohibited.

Design by Steers McGillan Eves.

Contents

Context	5
Using the research overviews	5
1 What is supervision?	6
2 Context of supervision in the counselling professions	6
3 How the literature was identified	7
4 Synopsis of research related to supervision	8
5 Why is research important for our professional group?	10
6 Impact of supervision research on therapeutic practice	11
7 Supervision research as it relates to professional ethics	12
8 Research on supervision within the counselling professions	12
8.1 Scope of supervision work	13
8.2 Lack of supervision models	14
8.3 Lack of evidence to clarify the purpose of professional supervision	15
8.4 Client outcome as a measure of supervision efficacy	16
8.5 Supervision as a means for mitigating countertransference	16

8.6	Necessity and value of supervision in trauma work	17
8.7	Supervision as developing self-regulation and the internal supervisor in the practitioner	18
8.8	Supervision as relationship-based education	18
8.9	Self-reflection as imperative in supervision	20
8.10	Effective supervision in Cognitive Behavioural Therapy (CBT)	20
8.11	Supervision of practitioners within a service	21
<hr/>		
9	Implications of research evidence on research and practice	22
<hr/>		
	About the author	23
<hr/>		
	References	23
<hr/>		
	Appendix 1	26
<hr/>		
	Appendix 2	27

Context

This resource is one of a suite prepared to enable members to engage with the current BACP *Ethical Framework for the Counselling Professions* (BACP, 2018) in respect of supervision within the counselling professions.

Using the research overviews

BACP has developed the *Good Practice in Action* series, that are free for BACP members to download. It is hoped these will support good practice in the counselling related professions. They are all reviewed both by member-led focus groups and experts in the field and are based on current research and evidence.

BACP members have a contractual commitment to work in accordance with the current *Ethical Framework for the Counselling Professions*. The *Good Practice in Action* resources are not contractually binding on members but are intended to support practitioners by providing general information on principles and policy applicable at the time of publication, in the context of the core ethical principles, values and personal moral qualities of BACP.

Specific issues in practice will vary depending on clients, particular models of working, the context of the work and the kind of therapeutic intervention provided. As specific issues arising from work with clients are often complex, BACP always recommends that you discuss practice dilemmas with a supervisor and/or consult with a suitably qualified and experienced legal or other relevant practitioner.

In these resources, the word 'therapist' is used to mean specifically counsellors and psychotherapists and 'therapy' to mean specifically counselling and psychotherapy. The terms 'practitioner' and 'counselling related services' are used generically in a wider sense, to include the practice of counselling, psychotherapy, coaching, pastoral care.

1 What is supervision?

Supervision in the context of the BACP *Ethical Framework for the Counselling Professions* (BACP, 2018) is a universally accepted feature of the training, accreditation, and ongoing development of therapeutic practitioners in the UK:

Supervision is essential to how practitioners sustain good practice throughout their working life. Supervision provides practitioners with regular and ongoing opportunities to reflect in depth about all aspects of their practice in order to work as effectively, safely and ethically as possible. Supervision also sustains the personal resourcefulness required to undertake the work. (Good Practice, Point 60)

Supervision ensures that practitioners have a solid grasp of the theoretical and philosophical underpinning of the therapeutic approach they practice. It also ensures that they learn to reflect upon their practice, particularly to gain sensitivity to potential ethical issues or dilemmas.

Supervision can also ensure that trainees recognise the level of education and training needed to reach the standards of proficiency as required by The Health and Social Work Profession Order 2001 under Section 60 of the Health Act 1999 (Health and Care Professions Council, 2016). Thus, supervision is essential for ethical practice and the professional development of those who want to embark on a career in the counselling professions, which includes psychotherapy, coaching and pastoral care (BACP, 2018). Supervision, with its 'gatekeeping' function, is one mechanism by which the counselling professions ensure that clients are not harmed (Wheeler and Richards, 2007).

2 Context of supervision in the counselling professions

All BACP members are committed within the *Ethical Framework for the Counselling Professions* to have regular supervision and to periodically review their therapeutic work in practice. (see Good Practice, points 60-73 for further information). In the body of research and literature there is a delineation between trainee supervision and professional (post qualification) supervision (Milne et al., 2002); while trainee supervision prepares students for professional practice, regular and ongoing supervision of practising counsellors provides an effective means of enhancing the quality of counselling and psychotherapeutic services provided, as well as updating practice by continued professional development (BACP, 2018).

Supervision demonstrates accountability and candour as part of BACP members' commitment to clients (BACP, 2018). In terms of good practice, BACP's *Ethical Framework for the Counselling Professions* (2016) states that:

Any professional or personal interests that conflict with putting a client's interests first will be carefully considered in consultation with a supervisor, an independent experienced colleague or, when appropriate, discussed with the client affected before services are offered. (Good Practice, point 8)

In terms of working to professional standards, it is stated that:

We will keep skills and knowledge up to date by reviewing our knowledge and skills in supervision or discussion with experienced practitioners. (Good Practice, Point 14d)

3 How the literature was identified

A search of Google Scholar, PubMed and PsycInfo was carried out using the search terms 'supervision' AND 'counselling' OR 'psychotherapy.' As there were numerous hits using these search terms, the search was refined using inclusion and exclusion criteria.

Only studies published in English between 2002 and 2015 were included, together with the *Ethical Framework for the Counselling Professions* (2018) and BACP Good Practice resources and competence frameworks. Those studies with particular focus on supervision practice within the UK were preferred. However, relevant studies from other countries published in English were also included. Studies which were descriptive and those which used qualitative, quantitative and mixed methods were also included. Articles analysing data on and describing professional supervision (e.g. supervision of practitioners post qualification), including literature reviews, were included, as were the supplementary guidance resources from BACP.

4 Synopsis of research related to supervision

A total of 25 papers were found to meet the inclusion criteria. Much of the research into the practice of professional supervision has been done with widely varying aims, practice contexts, modalities, methodologies and results. The field of supervision research first examined and probed whether or not professional supervision was implemented among the varied modalities of counselling professions. Consistently, research suggests that supervision is implemented but that its implementation varies widely across regions, local councils, health trusts, professional bodies and organisations (Owen-Pugh and Symons, 2011). Supervision varies in respect of the number of hours required, whether it is done individually or in groups, and whether the emphasis of supervision should be on professional development, continuing professional education, personal support of the practitioner as part of self-care in practice, or as part of caseload management (Schoenwald et al., 2013).

Gradually, professional (post qualification) supervision research has moved towards informing the growing debate about the necessity and efficacy of supervision in supporting experienced counsellors and psychotherapists (Wheeler and Richards,

2007). There is evidence that professional supervision enhances support and selfcare for counsellors in their practice (Vallance, 2004). However, the most active debate engendered by professional supervision research is focused on how supervision among professional counsellors ensures good client outcomes (Reiser and Milne, 2014).

Research in respect of professional supervision (post-qualification) has also moved towards describing what comprises good professional supervision (Wheeler and Richards, 2007), including a determination of what competences good supervisors ought to have, and what outcomes constitute the criteria for evaluating professional supervision. The author considers that this movement shows that research is offering (if somewhat obliquely) proof that supervision is justified within the counselling professions.

Increasingly, as professional supervision research has grown and developed, a gradual shift in perspectives about professional supervision has occurred. Early research on supervision such as the work of Milne et al., (2002) emphasises that supervision is a mentoring or apprentice relationship between a counsellor or psychotherapist who has been in practice for a number of years and those who are still training to be counsellors or psychotherapists, or those who have just been accredited. Milne et al., (2002) emphasises that the thrust of supervision is ongoing training to ensure that professionals grasp recent developments in the theoretical framework and philosophical underpinnings of a chosen counselling or therapeutic approach (Milne et al., 2002; Barker and Hunsley, 2013).

Professional supervision is also thought of as establishing norms – that is, monitoring to ensure efficient caseload management, and adherence to ethical codes as these are modified to keep pace with societal and legal developments (Wheeler and Richards, 2007). Increasingly, supervision is relied upon for its restorative function – to ensure that those in the counselling professions find support and guidance that will enable them to continue with their counselling work (Rustin, 2010). Professional practitioners can experience stress in relation to their work with clients: empathic and compassionate practice can result in fatigue and burnout. Supervision, according to the evidence gathered within this overview, is primarily the means by which therapists care for themselves, ensuring that their work with clients does not come at the expense of their own mental health and wellbeing. As Wheeler and Richards (2007) conclude, this thrust within supervision helps ensure good client outcomes: healthy practitioners ensure unharmed clients.

The question that occupies much of supervision research, then, especially between 2000 and the present, is no longer: Is professional supervision effective and necessary? The evolving trend in the literature is to ask: In what new ways is professional supervision proving to be beneficial? In what fields or modalities of practice has it proven itself effective and necessary? What basic features of professional supervision are necessary for it to be beneficial? What outcome measures can best explain and rationalise professional supervision? This emphasis on research already presumes that supervision is necessary and desirable and that it has been accepted as such in the counselling professions.

More importantly, literature has raised the all-important question: How, if at all, does professional supervision impact on client outcomes? This research overview aims to answer the question of how, and in what ways, professional supervision ensures good outcomes for the supervised counsellors and their clients; how supervision protects supervised counsellors from burnout, professional stagnation, and even from the emotional and affective consequences of work with trauma victims; how supervision within a service differs from supervision in other contexts; and how relationships between supervisors and supervisees impact on the work of supervision.

5 Why is research important for our professional group?

Regardless of what modality practitioners practice in, the effect of supervision on their work cannot be ignored, and for practitioners to understand the ways in which supervision impacts clients, knowledge and theoretical understanding of supervision are necessary. BACP encourages members to engage in research that is pertinent to their practice as one of the best ways to understand where they are placed in the broader field of psychotherapeutic work.

BACP's *Ethical Framework for the Counselling Professions* states:

We value research and systematic inquiry by practitioners as enhancing our professional knowledge and providing an evidence-base for practice in ways that benefit our clients. (Good Practice, point 84).

According to the NHS England *Five Year Forward View For Mental Health* (<https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>), mental illness is the single largest cause of disability in the UK. The cost to the economy is estimated to be around £100 billion annually (roughly the cost of the entire NHS). Formed in 2015, the Mental Health Taskforce aims to improve mental health outcomes by ensuring that those with mental health problems are accessing quality care, and by 2021 the NHS intends to have moved towards an equal response to mental and physical health. With government devolution of NHS resources (as seen in Manchester in 2015 when NHS England and Greater Manchester announced a shared plan for £6 billion health and social care funding), it is increasingly likely that psychological therapies (including Improving Access to Psychological Therapies (IAPT)) services will be independently commissioned by GP-led clinical commissioning groups (CCGs). This is also partly driven by the government ambition to achieve parity of esteem between mental and physical health as outlined in the Government's response to the Mental Health Taskforce's Five Year Forward View For Mental Health report (HM Government, 2017). Whatever the outcomes of these far-reaching and ambitious projects, there is likely to be an increase in referrals for patients who need treatment of some form for psychological/mental illness, and in turn those treating them will benefit from good supervision.

You can find further guidance and information on supervision using the search term 'supervision' on BACP's website www.bacp.co.uk, and within the Ethics and Standards pages at: <https://www.bacp.co.uk/events-and-resources/ethics-and-standards>

6 Impact of supervision research on therapeutic practice

As the increase in the raft of referrals for psychological care rises, counsellors and psychotherapists are fast becoming part of primary healthcare services. Thus, counsellors cannot set themselves apart from the broader determinants of health and wellbeing. Therefore, any long-held views about 'uneasy relationships with the medical/scientist practitioner-clinician' (Wheeler and Elliot, 2008:1) must be banished. There is a need to move towards brokering a therapeutic/scientific relationship that builds on the expertise of each specialty for the benefits and improved outcomes of clients. The growing trend of counselling practice in primary care is an example of the counselling profession thriving in healthcare provision.

The need for integration of practice, theory and research has never been more important than now when the emphasis is on evidence-based practice. If therapists do not move towards using and integrating evidence-based research into their practice, they risk exclusion from some of the driving forces in health today, and as Wheeler and Elliott predicted 'may find themselves permanently outside the healthcare system' (Wheeler and Elliott, 2008:133). Government initiatives such as IAPT increase the need for awareness and use of research resources, and therapists should have some basic understanding of the best ways in which using research will benefit the therapeutic relationship. As Green and Youngson assert, counselling practice that is within reach should be reasonably 'science-informed' (Green and Youngson, 2005:2).

7 Supervision research as it relates to professional ethics

According to the *Ethical Framework for the Counselling Professions* (BACP, 2018), our commitment to clients includes a commitment to 'work to professional standards by keeping our skills and knowledge up to date' (Commitment, Point 2b) and within the good practice section members of BACP 'value research and systematic inquiry by practitioners as enhancing our professional knowledge and providing an evidence-base for practice in ways that benefit our clients' (Good Practice, Point 84). Professional competence will only be achieved and maintained by engagement at some level with clinical research.

Furthermore, there is a definite trend towards the development of 'embedded' clinical/psychotherapeutic practice in the domain of social work, charity or aid and rescue work, educational services and even religious practice. Online therapeutic practice through the internet is a fairly new trend where ethical issues presented may be unprecedented. People who offer and provide counselling, psychotherapy, pastoral care or coaching in these areas are included in the definition of 'practitioners' who are required to be accountable under the *Ethical Framework* and thus need to be informed and made aware of the developments in supervision.

8 Research on supervision within the counselling professions

The following themes were identified within the literature:

- scope of supervision work
- lack of supervision models
- lack of evidence to clarify the purpose of professional supervision
- client outcomes as a measure of efficacy of supervision
- supervision as a means for mitigating countertransference
- necessity and value of supervision in trauma work
- supervision developing an internal supervisor in the supervisee

- supervision as relationship-based education
- self-reflection as imperative in supervision
- effective supervision in Cognitive Behavioural Therapy
- supervision of counsellors within a service.

8.1 Scope of supervision work

Supervision, as considered in the *Ethical Framework for the Counselling Professions*, is:

A specialised form of professional mentoring provided for practitioners responsible for undertaking challenging work with people. Supervision is provided to ensure standards, enhance quality, stimulate creativity and support the sustainability and resilience of the work being undertaken.

(*Ethical Framework*: Glossary, 2018. See also, Commitment 6c, Good Practice, points 14d, 33d, 37b, 53, 55d, 60-73, 83e and 93).

The research considered within this overview shows that supervision may be important for three reasons: to ensure that practitioners adhere to the theoretical concept underlying their approach to therapy; to ensure that practitioners have support with ethical dilemmas and care of themselves; and to ensure that they keep up to date with developments in their field. These factors were seen as increasing the practitioners' ability to sustain their work. As Wheeler and Richards (2007) show, supervision impacts on a practitioner's self-awareness, skills, self-efficacy, and theoretical orientation in order to enhance client outcomes.

In 2002, Townend et al. surveyed supervision among cognitive behavioural therapists in the UK and found that participants perceived supervision as providing support, education, and evaluation. Wheeler and Richards (2007), however, warn against making supervision a substitute for additional and further training. They point out that it is only a resource and support but does not take the place of academic or theoretical training.

Townend et al. (2002) noted that supervision was based on a written contract between the supervisor and the supervisee. It was not a casual meeting where members of the same profession talk about common problems and difficulties. They found that most supervision relationships began with agreed agendas or goals that have been produced in writing. On average, the counsellors surveyed underwent one hour of supervision for every 26 hours of clinical work. They also noted that access to supervision was a problem for 21 per cent of respondents due to issues such as distance, workload, and occupational stress. One common additional problem noted within this study was in respect of dual relationships, e.g. when the supervisor had another relationship with the supervisee in addition to the supervisory relationship.

The observation that the work of supervision in the UK is variable was evident in early studies (Davy, 2002; Vallance, 2004), but this observation is still present in later studies such as that of Owen-Pugh and Symons (2011). The latter study observes that the practice of supervision in the UK is also varied in content and availability. However, their study showed that most of the supervision practices they investigated complied with the minimum expectation that supervision be normative or educative, formative or ethics-based, and restorative.

Owen-Pugh and Symons considered that the educative purpose of supervision was to ensure that a counsellor's practice conformed to the theoretical approach to therapy, while the normative purpose of supervision was to ensure that the counsellor's practice conforms to the ethical standards and framework of the profession. They considered also that the restorative purpose of supervision was to ensure that counsellors were supported in their clinical work so that they could maintain their own emotional and psychological health while undertaking therapeutic work.

Darongkamas et al. (2014) point to the 'parallel process' for which supervision provides opportunity. This parallel process can enable practitioners to explore the emotional and affective responses that have occurred within the client–counsellor relationship within the ongoing supervisor–supervisee relationship where these affects are often replicated, giving opportunity for discussion within supervision and enabling a greater level of understanding of the client work.

8.2 Lack of supervision models

A literature review of studies of supervision practices from 1994 to 2010 found that current supervision practices were based on past training and experience of the supervisor (Barker and Hunsley, 2013). The authors recommend that more research be conducted to devise professional supervision models that are theoretically informed and based on an empirical evidence-base.

Because of this perception of the lack of professional supervision models, some research proposes models for supervision. For instance, a study by Darongkamas et al. (2014) showed how Cognitive Analytic Therapy can be used as a model for different types of supervision in different contexts and modalities of practice. This model emphasised re-formation, or the process of re-examination of events, but also included intervention (problem-solving), exploration of the therapeutic relationship (self-awareness), focusing on the emotional responses of the supervisee, and self-reflection.

8.3 Lack of evidence to clarify the purpose of professional supervision

Davy (2002) notes that while there is a lively debate on which ingredients comprise good supervision, there is little evidence that clarifies the purpose of it. He notes that this lack is made up for by emotional rhetoric. While this review is 15 years old, the same observation is made in more recent studies such as that by Schoenwald et al. (2013).

Schoenwald et al. (2013) assert that while the practice of supervision is prevalent, there is a wide variation in the rationale, objectives and the desirable ingredients of effective supervision. Some supervision practices focus only on the educative and normative purposes of supervision, making supervision a purely pedagogic exercise.

Other supervision practices focus on the restorative purposes of supervision, with supervisees being treated as clients. Some supervision practices include role-playing, modelling, reflection, feedback, and conceptualisations. The author laments the lack of validated measures to evaluate the efficacy of any supervision model. At best, the existing evidence is mixed.

According to Schoenwald et al. (2013), if professional supervision is meant to affect aspects of therapy, it remains unclear which aspects are impacted by the process.

There is a poor definition of the client outcomes that ought to be measured, with no mention of what these client outcomes are. Only 'client satisfaction' was mentioned as a measure, but this study points out that 'client satisfaction' as a measure of good supervision is highly subjective and is usually based upon the supervisor or the supervisee's self-report.

Just like Davy (2002), the study by Schoenwald et al. (2013) indicates the need for a firmer theoretical underpinning for supervision and more robust measures for determining its efficacy in bringing about favourable client outcomes.

Vallance (2004) poses the question of what the main focus of supervision should be: is it the development of counselling skills, knowledge-base and awareness, or should it instead be the safeguarding of the wellbeing of the client by ensuring the quality of the therapeutic relationship? Vallance (2004) recognises that supervision benefits counsellors by promoting their emotional wellbeing, reducing their work-related stress, and preventing burnout and professional stagnation.

Schofield and Grant (2013) observe how widely clinical supervision has been adopted and valued as a mechanism for professional support and development despite the very limited evidence of specific impact on the supervisee or their client. They assert that there is very little evidence on the positive impact of supervision to a counsellor's wellbeing and echo the common call for more in-depth research into the process of supervision and what constitutes effective supervision practice.

8.4 Client outcome as a measure of supervision efficacy

Reiser and Milne (2014) pose the question: Is client outcome the acid test of efficacy of supervision? They don't believe so, suggesting there is a lack of established methodology for obtaining proof of client outcomes. More importantly, they argue that supervision is meant only to ensure clients' safety from harm. In other words, while supervision is meant to ensure safe and effective practice, it cannot always guarantee good client outcomes. They believe that supervision only ensures that the counsellor's practice is faithful to the conceptual framework of the therapeutic theory embraced by the counsellor, and that beyond this it would be difficult to measure or speculate what impact supervision may have on client outcomes. Reiser and Milne (2014) join the plea for a more explicit conceptualisation for professional supervision.

Vallance (2004) proposes that the benefit to clients may be indirect; that is, supervision itself does not translate to measurable client outcomes. He concedes that direct benefit to clients may not be possible to measure and concludes that client welfare is achieved in supervision through enabling the development of ethical counselling practitioners.

8.5 Supervision as a means for mitigating countertransference

In their qualitative study of supervision dyads, Zaslavsky et al. (2005) aimed to identify, describe and examine how supervision addresses countertransference. They demonstrate the relational nature of supervision and its empathic interaction and conclude that it is this nature of the supervisory relationship that enables a direct approach to dealing with countertransference. They indicate that during supervision, there is countertransference when the supervisee identifies with their client, exhibits blind spots about their client, and manifests emotional and behavioural disturbances. When supervisors observe these blind spots in supervisees, the authors consider, that this can initiate an exploration of the countertransference between the therapist and their client.

This study considers professional supervision to be a cognitive-affective process where the supervisor and supervisee listen to each other, attempt to understand the anxieties of the client, judge the intensity of the responses, recognise boundaries, and increase self-awareness of any countertransference. When these are achieved, they consider that supervision can then move toward greater autonomous expressions of creative capacity in coping.

8.6 Necessity and value of supervision in trauma work

Etherington (2009) emphasises the usefulness, efficacy, value and necessity of supervision among counsellors doing trauma work with adult victims of abuse. She explains how she has witnessed counsellors experience empathic strain and empathic stretching, which then result in empathic withdrawal, empathic recession, empathic enmeshment, and empathic disequilibrium.

Specifically, she considers supervision allows therapists to balance their workload by emphasising that a balance was needed between empathy and objectivity. It is during supervision, she believes, that therapists attain deeper self-knowledge, learn protective strategies, and discover how to establish clear boundaries with clients. Through supervision they can find meaning in their experiences and make sense of them, which will then promote post-traumatic growth and resilience in the counsellor.

Thus, she sees supervision as indispensable in trauma work.

West (2012) cites three reasons why supervision of counsellors working with victims of trauma is necessary: it sustains empathy in the counsellor for the client; it allows the counsellor to continue providing 'difficult' or 'unco-operative' clients with a therapeutic environment; and it minimises the impact of the client's trauma on the counsellor. Supervision is recommended as a means of support and self-care for counsellors working within the field of trauma, with the aim of preventing secondary trauma. This idea of supervision being a protective factor against secondary trauma is also supported in a literature review conducted by Wheeler and Richards (2007).

Taylor and Furlonger (2011) add the observation that when counsellors empathically engage with trauma survivors, the counsellor's schemas of safety, dependency, trust, power, esteem, and intimacy are disrupted. Supervision enables therapists to develop self-awareness and professional boundaries, which further enables them to proactively address their trauma-related responses.

8.7 Supervision as developing self-regulation and the internal supervisor in the practitioner

In an experimental study conducted by Panhofer et al. (2011), counsellors were asked to write a narrative about their experiences in supervision and, based upon their responses in the narrative, they were taught dance and free movement exercises to express their supervision experiences. The idea of clinical supervision as a learning process that requires the involvement of the whole 'embodied' self was explored, with the premise being that verbal supervision, much like all verbal communication, doesn't always pay attention to the whole self. The author suggests dance and music as a way of self-supervision, thereby internalising supervision.

Panhofer (2011) observed that much supervision is administrative and involved periodical reporting to a line manager about issues and problems arising in therapeutic work. However, BACP's *Ethical Framework for the Counselling Professions* states that: 'Good supervision is much more than case management. It includes working in depth on the relationship between practitioner and client in order to work towards desired outcomes and positive effects.' (Good Practice, Point 51).

Music and dance in supervision, on the other hand, allowed the development of the therapist's 'internal supervisor', perhaps in the same manner as reflection and self-awareness could also develop an 'internal supervisor'. This internal supervisor recognises ineffective response patterns and initiates change in those response patterns.

It is important to note, however, these subjective findings led the researchers to recommend that dance supervision can only enrich formal supervision, but not replace it.

8.8 Supervision as relationship-based education

Milne et al. (2002), in a mixed methods study, examined how skills learned during supervision could be translated into practice. The authors reflect how despite the formal provision of supervision it is a relation-based education; it is a relationship that is work-focused in which the supervisor manages, supports, develops and evaluates the work of supervisees. The supervision relationship is what enables control of the quality of counselling practice, and the maintenance of counsellor competence and capability.

The concept of supervision being a relationship between two counselling professionals, which Milne et al. (2002) propose, has already been adopted by BACP (BACP, 2014). Indeed, the training curriculum for clinical supervisors refers to supervision as an 'alliance', 'bond', and 'relationship' (BACP, 2014).

Borders (2012) reported a study of supervision in Australia that investigated and described how supervision is structured. Supervision in Australia is referred to as 'peer consultation' or 'peer supervision' and such a structure is often leaderless.

Counsellors in dyadic, triadic and group models take turns acting the role of supervisor and supervisee. Thus, all members of the peer consultation have the opportunity to reflect and observe. Consequently, members learn and hone skills in both listening, conceptualising and giving feedback.

The Australian model of peer supervision as described by Borders seems to be more democratic and egalitarian than the structure and model in the UK, where the supervisor usually has documented education, training, competence and skills in supervision (BACP, 2014). At first glance, this Australian study does not appear to be related to supervision practices in the UK, however, it does give a contrasting picture of a more informal supervision model, whereas the structure and model in the UK often gives the supervisor the role and responsibility of making written assessments and evaluation of the supervisee. Sometimes, however, as Gentry (2015) comments, the supervision provided by the organisation may include a reporting function, especially in services or counselling organisations where the supervisor is sometimes also the line manager of the service.

The conclusion drawn from a synthesis of the studies mentioned in this section indicate that, compared with the Australian model of peer consultation, the supervision practices in individual or group supervision in the UK create a more formal supervisory relationship where the supervisor is not on an equal footing with the practitioner/supervisee who has additional training and competence in supervision practice on top of their own counselling practice. While peer supervision is also practised in the UK, Gentry considers that peer supervision usually only occurs within the context of counselling services or organisations and peer evaluations usually in respect of pre-qualification supervision within training settings. (Gentry, 2015).

Darongkamas et al. (2014) observed that supervision work has a political or power context. The study showed that while the educative or mentor relationship where the supervisee is a learner is necessary in pre-qualification supervision, this type of relationship in supervision may not always be appropriate for post-qualification professional supervision. Indeed Bager-Charleson (2015) emphasises that when choosing a supervisor, the trainee counsellor must choose one who can answer their questions, with whom they feel understood, who they can learn new things from, and who inspires and facilitates learning; in other words, someone with greater experience in the field, as opposed to a peer.

Bager-Charleson also considers potential personality clashes and cites Carroll and Gilbert (2005) who describe unhelpful supervisory relationships, for example supervisors who constrict creative exploration and innovation, who make the supervisee feel overwhelmed or

undermined, or who treat the supervisee as a client, so the supervisee does not derive the benefit of training. In all these examples, there is an element of paternalistic control which may not be present when supervision is more democratic as that described by Borders (2012) under 'peer consultations'.

8.9 Self-reflection as imperative in supervision

The study by Milne et al. (2002) suggests a paternalistic character of the relationship between the supervisor and supervisee, where the linchpin is the supervisor. This study reflects the development of the conceptualisation of the supervisory relationship, which developed from a teacher–student relationship to a relationship between equals.

Prasko et al. (2012) suggest that supervisees do not go into a supervision relationship to passively absorb learning, but that the ability to self-reflect is developed during supervision. They consider that while a supervisor may lead the supervisee to perform intellectual and affective activities to explore experiences and reach new understandings and appreciation of those experiences, the supervisee has to critically assess those emotional and cognitive experiences internally. The authors conclude that as the supervisory relationship deepens, the supervisee is able to observe their own behavioural reactions, thus achieving better personal insight and positive change.

Prasko et al. further assert that when supervision fails to promote self-reflection and the habit of inner dialogue in the supervisee, the supervision fails to enable the supervisee to develop and mature professionally.

8.10 Effective supervision in Cognitive Behavioural Therapy (CBT)

Unlike other methodologies, CBT (and its supervision) has received much research interest. Milne et al. (2002) reflect upon the supervision of CBT practitioners and try to describe the principles that constitute successful supervision within this context.

Among the principles are agenda setting, goal setting, and collaboration toward attaining goals. These principles have already been adapted by BACP as shown within the BACP *Good Practice in Action* resources on supervision (Bamber, 2015; Gentry, 2015; Bager-Charleson; 2015, Mitchels; 2016). This process is referred to as 'contracting', which becomes the basis for the work to be undertaken during supervision. Just as BACP practitioner members are committed by the *Ethical Framework for the Counselling Professions* to 'give careful consideration to how we reach

agreement with clients and contract with them about the terms on which our services will be provided' (Good Practice, Point 31), so are supervisors. They are also committed to contracting with their supervisees in order to communicate their expectations, and the costs, commitments, and benefits the supervision relationship will bring (Bager-Charleson, 2015). The contract is the basis for the supervisory relationship and it defines boundaries as well as providing the supervisee with the opportunity to determine the focus of the supervision (BACP, 2014).

Roth et al. (2010) analysed 27 randomised controlled studies examining the efficacy of CBT for depression and anxiety disorders. While this study did not solely focus on supervision, it did note that supervision of therapists who provided CBT interventions was part of the investment in therapist training to ensure their expertise and competence, as well as adherence to CBT as a therapeutic approach. Supervision was indispensable to trainee therapists who took part in these clinical trials.

8.11 Supervision of practitioners within a service

Gentry (2015) describes supervision of practitioners within a service such as a charity, agency or organisation. She points out that supervision within a service has a specific context and setting that sets it apart from the supervision of an individual practitioner. It carries with it the responsibility of maintaining the standards of both the counselling professions and the standards of the agency or organisation, enhancing the creativity of counsellors, and enabling their sustainability and resilience. Supervision also carries with it the task of managing caseloads, as well as working in-depth with counsellors in order to help them maintain client relationships and achieve desired outcomes. She highlights that within services managers may also work as line managers (see also Townend et al., 2002) which does pose an ethical challenge. The *Ethical Framework for the Counselling Professions* commits members to supervision that is 'much more than case management' (Good Practice, Point 61) and states that any dual or multiple relationships should be avoided or reviewed regularly (for more information see Good Practice, Points 33 a, b, c and d).

Rustin (2010) reflects upon the complexities of supervision within a service where a supervisor is also a case manager, clinical trainer, team colleague, or personal mentor of the supervised counsellors working in the service. On the one hand, lifelong attachments can be created, with supervisors becoming prime role models. On the other hand, the supervision relationship is often fraught with much painful frustration because of duality of relationships. The supervisor who evaluates the counsellor's work may also have to decide whether the counsellor's employment is terminated or they are promoted.

9 Implications of research evidence on research and practice

Some ideas around supervision, which were mere conceptual proposals in early literature (such as the use of contracts and goal setting), have been fully implemented and expressed as good practice within the *Ethical Framework for the Counselling Professions* and other more recent BACP literature (Bager-Charleson, 2015; Bamber, 2015). The idea of supervision as a relationship which was first broached in the earlier literature has not only been adapted and implemented in more recent literature but has also been expanded and specifically applied to supervision in a range of different therapeutic contexts.

Far from being a fixed concept or practice, supervision is still actively evolving. The literature shows that the nature and character of the supervisory relationship is moving from paternalistic or 'expert/novice' to a more egalitarian relationship, especially in professional (post qualification) supervision work.

The literature also shows that supervision work within the context of service organisations or agencies poses some ethical dilemmas for both supervisors and supervisees, due to the risk of dual relationships. Therefore, further work is needed in this area to ascertain firm supervision guidelines.

The benefit of supervision for counsellors doing trauma work is well documented, but the benefit of supervision in clinical trials for other areas of work, or specific therapeutic approaches, is still nascent. The specific practices in supervision that have proved to be effective in restorative work are varied and are still expanding and developing as a result of the creativity that supervision fosters.

About the author

Dr Nicola Davies is a psychologist, person-centred counsellor, and professional writer. She has extensive experience in conducting systematic reviews for the Department of Health and other government organisations.

References

- BACP (2014) *Counselling supervision training curriculum. BACP professional standards: a curriculum framework for counselling supervision training*. Lutterworth: BACP.
- BACP (2018) *Ethical framework for the counselling professions*. Lutterworth: BACP.
- BACP (2018) *Ethical framework for the counselling professions: Glossary*. Lutterworth: BACP.
- BACP (2015) GPiA 011 Commonly Asked Questions: *Monitoring the supervisory relationship from the perspective of a supervisee*. (Content Ed S. Bager-Charleson). Lutterworth: BACP.
- BACP (2015). GPiA 008 Commonly Asked Questions: *How to choose a supervisor*. (Content Ed J. Bamber). Lutterworth: BACP.
- Barker, K.K., Hunsley, J. (2013) *The use of theoretical models in psychology supervision development research from 1994-2018: A systematic review*. *Canadian Psychology – Psychologie Canadienne* 54(3): 175–185.
- Borders, L.D. (2012) *Dyadic, triadic and group models of peer supervision/consultation: What are their components, and is there evidence of their effectiveness?* *Clinical Psychologist* 16(2): 59–71.
- Carroll, M., Gilbert, M. (2005) *On being a supervisee: creating learning partnerships*. London: Vulkani.
- Darongkamas, J., John, C., Walker, M. (2014) *An eight-eyed version of Hawkins and Shohet's clinical supervision model: the addition of the cognitive analytic therapy concept of the 'observing eye/I' as the 'observing us'*. *British Journal of Guidance and Counselling* 42(3): 261–270.
- Davy, J. (2002) *Discursive reflection on a research agenda for clinical supervision*. *Psychology and Psychotherapy – Theory, Research and Practice* 75: 211–238.

Etherington, K. (2009) *Supervising helpers who work with the trauma of sexual abuse*. *British Journal of Guidance and Counselling* 37(2): 179–194.

BACP (2015) GPiA 009 Fact Sheet: *How to choose a supervisor for your service*. (Content Ed J. Gentry). Lutterworth: BACP.

Green, D., Youngson, S. (2005) *DCP policy on continued supervision. Discussion paper*. Leicester: British Psychological Society.

Health and Care Professions Council (2015) *Health and Social Work Profession Order 2001* [online]. Available at: [https://www.hcpc-uk.org/Assets/documents/10004784HCPC-ConsolidatedHealthandSocialWorkProfessionsOrder\(July2014\).pdf](https://www.hcpc-uk.org/Assets/documents/10004784HCPC-ConsolidatedHealthandSocialWorkProfessionsOrder(July2014).pdf) (accessed 17 December 2017).

HM Government (2017) *The Government's response to the Five Year Forward View for Mental Health*. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/582120/FYFV_mental_health__government_response.pdf (accessed 17 November 2017).

Milne, D.L., Pilkington, J., Gracie, J., James, I. (2002) *Transferring skills from supervision to therapy: a qualitative and quantitative n=1 analysis*. *Behavioural and Cognitive Psychotherapy* 31(2): 193–202.

BACP (2016) Good Practice in Action 032 Legal Resource: *Supervision in England, Northern Ireland and Wales*. (Content Ed B. Mitchels) Lutterworth: BACP.

National Health Service, England (2016). *Five Year Forward View For Mental Health*. <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf> [Accessed 17 November 2017]

Owen-Pugh, V., Symons, C. (2011) *Evaluation of Roth and Pilling's competence framework for clinical supervision*. Report to BACP. Leicester: University of Leicester Institute of Lifelong Learning.

Panhofer, H., Payne, H., Meekums, B., Parke, T. (2011) *Dancing, moving and writing in clinical supervision? Employing embodied practices in psychotherapy supervision*. *Arts in Psychotherapy* 38(1): 9–16.

Prasko, J., Mozny, P., Novotny, M., Slepecky, M., Vyskocilova, J. (2012) *Self-reflection in cognitive behavioral therapy and supervision*. *Biomedical Papers-Olomouc* 156 (4): 377–384.

Reiser, R.P., Milne, D.L. (2014) *A systematic review and reformulation of outcome evaluation in clinical supervision: applying the Fidelity Framework*. *Training and Education in Professional Psychology* 8(3): 149–157.

Roth, A.D., Pilling, S., Turner, J. (2010) *Therapist training and supervision in clinical trials: implications for clinical practice*. *Behavioural and Cognitive Psychotherapy* 38(3): 291–302.

- Rustin, M. (2010) *The complexities of service supervision: an experiential discovery*. *Journal of Child Psychotherapy* 36(1): 3–15.
- Schoenwald, S.K., Mehta, T.G., Frazier, S.L. (2013) *Clinical supervision in effectiveness and implementation research*. *Clinical Psychology-Science and Practice* 20(1): 44–59.
- Schofield, M.J., Grant, J. (2013) *Developing psychotherapists' competence through clinical supervision: protocol for a qualitative study of supervisory dyads*. *BMC Psychiatry*, 13(12).
- Taylor, W., Furlonger, B. (2011) *A review of vicarious traumatisation and supervision among Australian telephone and online counsellors*. *Australian Journal of Guidance and Counselling* 21(2): 225–235.
- Townend, M., Lannetta, L., Freeston, M.H. (2002) *Clinical supervision in practice: a survey of UK cognitive behavioural psychotherapists accredited by BACP*. *Behavioural and Cognitive Psychotherapy* 30(4): 485–500.
- Vallance, K. (2004) *Exploring counsellor perceptions of the impact of counselling supervision on clients*. *British Journal of Guidance and Counselling* 32(4): 559–574.
- West, A. (2012) *Supervising counsellors and psychotherapists who work with trauma: A Delphi Study*. *British Journal of Guidance and Counselling* 38(4): 409–430.
- Wheeler, S., Elliot, R. (2008) *What do counsellors and therapists need to know about research?* *Counselling and Psychotherapy Research* 8(2): 133–135.
- Wheeler, S., Richards, K. (2007) *The impact of clinical supervision on counsellors and therapists, their practice and their clients: A systematic review of literature*. Lutterworth, BACP.
- Zaslavsky, A., Nunes, M.L.T., Eizirik, C.L. (2005) *Approaching countertransference in psychoanalytical supervision: A qualitative investigation*. *International Journal of Psychoanalysis* 86: 1099–1131.
- BACP Good Practice in Action Resources are available at:
<https://www.bacp.co.uk/events-and-resources/ethics-and-standards/good-practice-in-action>

Appendix 1

Databases searched

PsycInfo

PubMed

Google Scholar

Journal titles

Arts in Psychotherapy

Australian Journal of Guidance and Counselling

Behavioural and Cognitive Psychotherapy

Biomedical Papers – Olomouc

BMC Psychiatry

British Journal of Guidance and Counselling

Canadian Psychology

Clinical Psychologist

Clinical Psychology – Science and Practice

Counselling and Psychotherapy Research

Journal of Child Psychotherapy

International Journal of Psychoanalysis

Psychology and Psychotherapy – Theory Research and Practice

Training and Education in Professional Psychology

Appendix 2

Models, principles, and frameworks of supervision consulted

1. Roth and Pilling's competence framework in supervision (Owen-Pugh and Symons, 2011)

Owen-Pugh, V., Symons, C. (2011) *Evaluation of Roth and Pilling's competence framework for clinical supervision*. Report to British Association for Counsellors and Psychotherapists. Leicester: University of Leicester Institute of Lifelong Learning.

2. Hawkins and Shohet's clinical supervision model (Darongkamas et al., 2014)

Darongkamas, J., John, C., Walker, M. (2014) *An eight-eyed version of Hawkins and Shohet's clinical supervision model: the addition of the cognitive analytic therapy concept of the 'observing eye/I' as the 'observing us'*. *British Journal of Guidance and Counselling* 42(3): 261–270.

3. BACP curriculum framework for counselling supervisor training (BACP, 2014)

BACP (2014) *Counselling supervision training curriculum. BACP professional standards: a curriculum framework for counselling supervision training*. Lutterworth: BACP.

4. Improvisation, free play and choreography as 'embodying' supervision (Panhofer et al., 2011)

Panhofer, H., Payne, H., Meekums, B., Parke, T. (2011) *Dancing, moving and writing in clinical supervision? Employing embodied practices in psychotherapy supervision*. *Arts in Psychotherapy* 38(1): 9–16.

5. Leaderless peer consultation (Australian model) (Borders, 2012)

Borders L.D. (2012) *Dyadic, triadic and group models of peer supervision/consultation: What are their components, and is there evidence of their effectiveness?* *Clinical Psychologist* 16(2): 59–71.

6. Fidelity Framework (Reiser and Milne, 2014)

Reiser, R.P., Milne, D.L. (2014) *A systematic review and reformulation of outcome evaluation in clinical supervision: applying the Fidelity Framework*. *Training and Education in Professional Psychology* 8(3): 149–157.