

Supervision

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I would like to thank the Executive of the Network for inviting me to be part of this panel speaking about supervision this evening. . I have provided a copy of my overheads to the Executive. You will be able to arrange photocopying with them. You can just sit back and relax. You might like to jot down any questions you may have and ask them during the panel discussion. here is an overview of my presentation.

Overview of presentation

- **My own background and experience in supervision**
- **Models of Supervision**
- **Why is supervision necessary?**
- **What aspects of Supervision are vital?**
- **Finding a suitable Supervisor?**
- **Is Supervision a lifelong commitment?**

My own background and experience in supervision

I have over twenty year's experience and ten years formal training as a clinical psychologist. I have worked in the government, non-government and private sectors. I currently run a busy private practice dominated by multi-problematic and severely distressed clients. Although I see clients with all sorts of presenting problems, I tend to attract people in my two major speciality areas namely, the treatment of multiple traumatisation and chronic pain. I have been supervising trainees and colleagues for over 15 years. These people have been at varying levels of expertise and experience. I am currently supervising several fellow psychologists and medical practitioners.

Prince Henry

My own introduction to being supervised was an absolutely terrifying experience. I was only just 22 years old and employed as the only consulting psychologist in an acute psychiatric unit in a major teaching hospital in Sydney. I was directly responsible to five consulting psychiatrists two of who were Professors of Psychiatry. Within weeks of securing this wonderful new job, I was directed to co-facilitate an inpatient psychotherapy group with an equally inexperienced and young, social worker. These sessions were audiotaped and we were watched through a one-way screen by sometimes up to 15 other staff each working day. The other staff including psychiatric registrars, medical residents and interns, occupational therapists, the senior social worker and psychiatric nursing staff. Immediately after the two-hour group psychotherapy session myself and by co-

therapist entered the observation room for the “verdict”. We would then be subjected in a totally unsystematic way to a barrage of what we “should” have done differently. No attempt was made to protect us or to comment on our strengths. The trick was to remain dry-eyed until you got out of the room. Well, it is one way to learn. Not the way I would condone, but we both learnt very quickly.

Since that time, I have had supervisors of various backgrounds and levels of expertise each of who have served a different purpose in my ongoing professional development. I also use a number of proactive strategies to constructively express my own feelings and reactions to the difficult clinical work I choose to undertake.

As part of my role as a Senior Psychologist and Acting Principal Psychologist with the Commonwealth Attorney Generals Department in the early 1990’s, I was part of a specialist team of four psychologists. We were responsible for monitoring and improving the quality of counselling services provided by family and marriage agencies across Australia. These agencies included Relationships Australia, Centacare, Anglicare among sundry other organisations. My work involved clinical evaluation of counselling and supervisory models and methods and recommending approval for new programmes. My job was to arrange a visit to an agency and then directly observe, listen to audiotapes or watch videotapes of counsellors and supervisors doing their work with their clients or supervisees. This work was all done with the informed consent of the clients involved but it was a requirement of ongoing funding. My colleagues and I saw our role as one of facilitating the professional standards of such agencies. We tried to provide constructive feedback about their strengths and what they could be doing differently. This feedback was provided both verbally and in the form of a written report. The agencies would then be re-visited at a negotiated time to follow-up on the recommendations arising from the prior visit.

I eventually left this position to work on my doctoral thesis and concurrently worked part-time at Relationships Australia. I left after the birth of our second child and I finished my PhD in 1995. I have been in private practice, here in Canberra, since that time. I provide regular presentations to professional groups at local, national and international levels. Recent forums include ISTSS in Canada, ESTSS in Istanbul, ASTSS in Australia, the Personal Services and Counselling standing Committee of the ACT Disaster Plan, APS, NALAG and the Fibromyalgia Support Group. I am currently the National Executive Officer and ACT Chairperson of the ASTSS. I am in the process preparing an advanced level workshop on therapeutic process issues in collaboration with national and international colleagues for the World Congress (ISTSS) meeting in Melbourne in March 2000. I am also actively contributing to the development of the initial and second level mental health response in the event of a disaster in the ACT. Over the past couple of

years, I have developed a particular interest in the relationship between trauma, dissociation and chronic pain. I also have a rich and rewarding personal, marital recreational and social life not only because I deserve it but because it is essential for me to be personally congruent with what I am attempting to teach my children, my clients, my students and my supervisees.

Models of Supervision

Distinction between having a chat, debriefing and a systematic supervision process

Supervision models vary according to their theoretical assumptions e.g., psychodynamic, person-centred, behavioural, systemic, eclectic or integrative supervision

and according to the role assumed by the supervisor e.g. teacher, case review consultant., collegial peer, monitor and therapist

Why is supervision necessary?

Three major tasks on the journey from novice to competent practitioner

1. acquisition of skills
2. the development of a capacity for independent activity.
3. the nurturance of a personally integrated therapeutic style

Argue that not only is supervision necessary but initial and ongoing personal therapy is an essential co-requisite. Research demonstrates that effective therapists tend to be relatively high-functioning individuals who manifest high levels of self-acceptance and hold a constructive view of human nature.

Mental health professionals need to be trained and regulated to protect clients especially in light of lack of accountability for the degree of integration and psychological health of the counsellor

Supervision is an essential aid to initial training and to ongoing professional development

What aspects of Supervision are vital?

Initial training needs to expose counsellors to their legal and professional responsibilities and ethical practice, limitations and dilemmas.

Supervisees need to understand the philosophical basis of professional responsibility, record -keeping, confidentiality and administration.

They need to explore relationships with other professionals in respect to particular cases and problems.

Counsellors need supervised practice in interviewing and history taking skills both generally and respect to particular

To develop familiarity with a range of treatment interventions and responsible awareness of the limitations of their training and knowledge.

Counsellors need supervised practice in report writing and orientation to professional resources to facilitate the development and maintenance of counselling skills

The supervisory relationship needs to be sound

Underpinned by sound conceptual models

Cover the basics of counselling process e.g. negotiating therapeutics contracts, ownership of healing process, ethical practice (confidentiality, boundaries of the relationship), creating integrity of psychological space and focussing on the needs of the client, reviewing progress towards goals, understanding the dynamics including the power differentials in therapeutic relationships.

Facilitating areas for potential growth, helping to develop self-knowledge and self-confidence and to provides relevant reading.

Helpful counselling behaviours need to be modelled during supervision.

Capacity to understand and comment upon the impact of counsellors own issues on therapeutic process

Microfeedback on observed rather than perceived performance during therapeutic interaction

Evaluation of process and outcome in supervision and counselling development

Finding a suitable Supervisor?

Shopping around

Research suggests that beginning therapists value support and technical direction whilst more experienced workers value supervisors who hold complex dynamic views of the human change processes. Experienced supervisees place increasing value on the assessment of personal issues and relationships that may affect the counselling process

The quality of the relationship between the supervisor and the supervisee determines whether supervision is effective irrespective of the particular model of supervision

The supervisors level of personal integration and congruence, experience and knowledge

Previous experiences of supervision

Managerial and assessment functions in supervision (transference and countertransference issues)

Ability to constructively handle conflict

Experience of the supervisory relationship mirroring the counselling relationship

Clear contracting of the supervisor's roles and responsibilities,

Supervisor's capacity to see many levels of the relationship simultaneously

Recognising the importance and use of individual learning styles in designing supervisory experiences

Willingness to use a range of educational, methods, means and media

Capacity to articulate and enact an overall strategy and professional development plan in which separate segments of the material to be covered are sequentially and developmentally arranged

Knowledge of how transference, countertransference and parallel process may be operative in the supervisory relationship

Suitability depends on the stage of development of the counsellor

Capacity to select priorities and key issues in the supervision session

Sensitivity to organisational and contextual factors, and timing and rhythm of interventions

Modelling self-care and ongoing personal and professional development

Is Supervision a lifelong commitment?

Yes. Changing needs of counsellor over a career in terms of shift from skills acquisition to exploration of alternative conceptualisation of human change processes and how personal issues impact on complex therapeutic processes

Changing nature of demands with ongoing growth as a worker