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**SUPERVISION AND COUNSELLING PSYCHOLOGY: AN INVESTIGATION INTO
CURRENT PRACTICE; AN EXPLORATION OF THE SUPERVISION NEEDS OF
QUALIFIED PRACTITIONERS WITH A CASE STUDY; AND PEER
SUPERVISION: WHAT DOES IT OFFER FOR THE EXPERIENCED
PRACTITIONER?**

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Submitted in fulfilment of the requirements for the DPsych degree

City University
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London

February 2003

CONTENTS		Page
ABSTRACT		12
SECTION A	GENERAL INTRODUCTION	13
1	Overview	14
1.1	The research report	14
1.2	The case study	14
1.3	The literature review	15
2	Personal statement	15
SECTION B	RESEARCH	16
	Supervision and counselling psychology: an investigation into current practice	
CHAPTER ONE	INTRODUCTION	17
1	Overview	17
1.1	Definitions	19
1.2	The present situation	19
1.3	Supervisor characteristics	21
1.4	Development and reflection	22
1.5	Supervision and the relationship	24
1.6	Models of supervision	25
1.7	Formats of supervisory arrangements	27
1.8	Training in supervision	28
1.9	Approaches to supervision training	30
1.9.1	American views	30
1.9.2	British views	31
1.10	Supervision of supervision	32
CHAPTER TWO:	POST-QUALIFICATION SUPERVISION RESEARCH	34
2	Supervision research	34
2.1	American studies	35
2.1.1	Counsellors	35
2.1.2	College counsellors	36
2.1.3	Psychiatrists	37
2.1.4	Licensed psychologists	38
2.2	British studies	40
2.2.1	Educational psychologists	40
2.2.2	Counselling psychologists	42
2.2.3	Primary care counsellors	43
2.2.4	Psychotherapists	44
2.2.5	Summary of criticisms	45

CHAPTER THREE:	BACKGROUND TO THE STUDY	46
3	Background	46
3.1	Aim of the study	47
CHAPTER FOUR:	METHOD	49
4	THE PILOT STAGE	49
4.1	The survey instrument	49
4.1.1	Action taken as a result of the pilot study	50
4.2	THE MAIN STUDY	51
4.2.1	The survey instrument	51
4.2.2	The mailing list	52
4.2.3	The returns	52
4.2.4	The data	52
CHAPTER FIVE:	RESULTS AND DISCUSSION	57
5.1	Overview	57
	Part One	57
5.1.2	Return rates	57
5.1.3	Demographic characteristics	59
5.1.4	Orientation	63
5.1.5	Employment	66
5.1.6	Supervision	69
5.1.7	Supervisor qualifications	77
5.1.8	Ethics and disclosure issues	79
5.1.9	Supervisor's orientation	83
5.1.10	Satisfaction with supervision	85
5.1.11	Psychologists as supervisors	87
5.1.12	Training in supervision	89
5.1.13	Ethics, competence and training	92
5.1.14	Models of supervision	96
5.1.15	Supervision of supervision	102
5.1.16	Rewards and stresses	104
5.1.17	Views on supervision training	113
5.1.18	Supervision tasks	114

5.2	Part Two	122
5.2.1	Other comments	122
5.2.2	Problems in supervision	122
5.2.3	Need for training	124
5.2.4	Supervision of supervision	124
5.2.5	Comments on the questionnaire	124
5.2.6	Dissemination of research findings	125
5.3.	Limitations to the study	126
5.3.1	The questionnaire	128
CHAPTER SIX:	SUMMARY AND CONCLUSIONS	131
6.	Summary	131
6.1	Further research	135
6.2	Recommendation	136
6.3	Epilogue	137
SECTION C	SUPERVISION CASE STUDY	138
	An exploration of the supervision needs of qualified practitioners with a case study	
1	Introduction	139
1.1	Overview	139
1.2	Theoretical underpinnings	141
2	Background to the case study	143
2.1	The case	144
3	Supervision	147
4	Discussion	148
5	What was learned	151
5.1	Recommendations	152
5.2	Implications for training	153
SECTION D	LITERATURE REVIEW	154
	Peer supervision: What does it offer for the experienced practitioner?	
1	Introduction	154
1.1	Definitions	156
2	Participants in peer supervision	157
3	The purpose of peer supervision groups	158
4	The focus of peer supervision	158

4.1	Mode of presentation	159
4.2	Case-centred versus process-centred	160
5	Size and duration of groups	162
6	Stages of group development	162
7	Guidelines for setting up and running a peer supervision group	163
8	Benefits and limitations	164
9	Conclusion	166
APPENDICES		168
APPENDIX A:	PILOT	168
1	Pilot covering letter	169
2	Pilot mailing letter	170
3	Pilot supervision questionnaire	171
APPENDIX B:	MAIN SURVEY	176
1.	Covering letter	176
2.	Supervision questionnaire	177
3.	Second mailing letter	183
APPENDIX C:	Tables of results	184
APPENDIX D:	Results for supervisors and non-supervisors	189
APPENDIX E:	Transcribed data	206
APPENDIX F:	Limits to the questionnaire	225
APPENDIX G:	Hawkins' and Shohet's Double Matrix model and Hess' Supervision Field	226
APPENDIX H:	Summary of supervision models	227
REFERENCES		228

LIST OF TABLES

Table 1	Categories of supervision models	25
Table 2	Summary of demographic data	59
Table 3	Frequencies and percentages of different orientations rated at “5” (very greatly)	63
Table 4	Summary of mean ratings and standard deviations for all frameworks for all respondents	64
Table 5	Percentages of mean time spent in different work contexts for all respondents	67
Table 6	Breakdown of time spent in work contexts for all respondents	67
Table 7	Number of years in supervision in five-year bands for all respondents	70
Table 8	Past and present supervision arrangements for all respondents	71
Table 9	Size of peer and led supervision groups for all respondents	72
Table 10	Hours of supervision per month for all respondents: group and individual combined	73
Table 11	Individual supervision hours per month for all respondents	73
Table 12	Payment method for individual and led group supervision for all respondents	76
Table 13	Mean ratings for nine areas of supervision for all respondents	76
Table 14	Frequency of supervisors’ practitioner qualifications for all respondents	77
Table 15	Supervisors’ qualification in supervision: all respondents	78
Table 16	Frequency and percentages for supervisors’ main orientation for individual, group and co-supervision: all respondents	84
Table 17	Frequencies, percentages, means and standard deviations of satisfaction with supervisors for all respondents	86
Table 18	Supervision training institutes	94
Table 19	Length of time in supervision training	95
Table 20	Frequencies and percentages of supervision qualifications	96
Table 21	Frequencies of supervision models and numbers of respondents without supervision training	97
Table 22	Frequencies and percentages for supervision formats	99
Table 23	Frequencies and percentages of respondents having supervision of supervision	102
Table 24	Frequencies and percentages of most rewarding aspects of supervision	105
Table 25	Most rewarding aspects of supervision: Frequencies in five categories	105
Table 26	Frequencies and percentages of most stressful aspects of supervision	110
Table 27	Most stressful aspects of supervision: Frequencies in five categories	110
Table 28	Frequencies and percentages of ratings of importance of training in supervision for all respondents	113

Table 29	Frequencies and percentages of comparative ratings by all respondents or the importance of supervision for trainees and Chartered Counselling Psychologists	114
Table 30	Mean ratings and standard deviations for supervision for all respondents	116
Table 31	Classification of 16 tasks of supervision according to Carroll's Tasks and Functions system	
Table 32	Summary of frequencies of open-ended responses based on Carroll's seven tasks of supervision	117
Table 33	Summary table of qualitative data categories from General Comments section	122

LIST OF APPENDIX C TABLES

Table C.1	Age bands of all respondents	184
Table C.2	Other qualifications	184
Table C.3	Years working as a counselling psychologists in five-year bands – all respondents	185
Table C.4	Other theoretical frameworks	185
Table C.5	Other areas of work	185
Table C.6	Other contexts of client work	186
Table C.7	Frequency of contexts of client work	186
Table C.8	Other purposes of supervision	186
Table C.9	Supervisors' other practitioner qualifications	186
Table C.10	Supervisors' other supervisor qualification	187
Table C.11	Frequency of supervisors' other main orientation	187
Table C.12	Frequencies, percentages, means and standard deviations of number of supervisees	188
Table C.13	Frequencies, percentages, means and standard deviations of hours spent supervising per month	188

LIST OF APPENDIX D TABLES

Table D.1	Age bands of supervisors' and non-supervisors' groups	189
Table D.2	Mean ages of male and female supervisors and non-supervisors	189
Table D.3	Qualifications of supervisors and non-supervisors	189
Table D.4	Years working as a counselling psychologist – supervisors and non-supervisors	190
Table D.5	Summary of mean ratings and standard deviations for supervisors and non-supervisors for all frameworks	190
Table D.6	Areas of work for supervisors and non-supervisors	190
Table D.7	Contexts of client work for supervisors and non-supervisors	191
Table D.8	Percentages of mean time spent in different work contexts for supervisors and non-supervisors	191

Table D.9	Breakdown of time spent in work contexts for supervisors' group	191
Table D.10	Breakdown of time spent in work contexts for non-supervisors' group	192
Table D.11	Frequency of client hours per week in five-hour bands for supervisors and non-supervisors	192
Table D.12	Number of years in supervision in five-year bands for supervisors and non-supervisors	193
Table D.13	Past and present supervision arrangements for supervisors' group	194
Table D.14	Past and present supervision arrangements for non-supervisors' group	194
Table D.15	Size of peer and led supervision group for supervisors and non-supervisors	194
Table D.16	Payment method for individual and led group supervision for supervisors' and non-supervisors' groups	195
Table D.17	Mean ratings for nine areas of supervision for supervisors and non-supervisors	196
Table D.18	Summary of ratings for areas of supervision	197
Table D.19	Frequency of supervisors' practitioner qualifications for supervisors' group	198
Table D.20	Frequency of supervisors' practitioner qualifications for non-supervisors' group	198
Table D.21	Supervisors' qualifications in supervision: supervisors' group	198
Table D.22	Supervisors' qualifications in supervision: non-supervisors' group	198
Table D.23	Frequency and percentages for supervisors' main orientation for individual, group and co-supervision: supervisors' group	199
Table D.24	Frequency and percentages for supervisors' main orientation for individual, group and co-supervision: non-supervisors' group	199
Table D.25	Frequencies, percentages, means and standard deviations of satisfaction with supervisors for supervisors' group	199
Table D.26	Frequencies, percentages, means and standard deviations of satisfaction with supervisors for non-supervisors' group	200
Table D.27	Frequencies and percentages of ratings of importance of training in supervision for supervisors and non-supervisors	201

Table D.28	Frequencies and percentages of comparative ratings by supervisors and non-supervisors for the importance of supervision for trainees and Chartered Counselling Psychologists	201
Table D.29	Mean ratings and standard deviations for supervision tasks for supervisors and non-supervisors	202
Table D.30	Supervision tasks arranged according to mean ratings for all respondents, and including supervisors and non-supervisors	203
Table D.31	Aspects of supervision	204
Table D.32	Problems in supervision	204
Table D.33	Needs of supervisors	204
Table D.34	Training in supervision	204
Table D.35	Value of supervision	204
Table D.36	Challenges to survey	205

LIST OF FIGURES

Figure D.1	Years in supervision before grouping into five-year bands for all respondents	193
Figure D.2	Frequency of combined group and individual supervision hours per month in two-hour bands	195
Figure D.3	Hours per month spent supervising in five-hour bands	200

ACKNOWLEDGEMENTS

My thanks are due to the academic supervisors for their advice and encouragement, Professor James Hampton, Dr Michael Carroll, and Dr Malcolm Cross; to Justine Hodge who kindly redrew Figures 1A and 1B; to all of my supervisees who have taught me so much about supervision and to my peer supervisors who continue to act as a resource for my professional development.

Wendy Roseneil

DECLARATION

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ABSTRACT

The central theme of this thesis is the use of consultancy supervision among qualified practitioners of counselling psychology, counselling and psychotherapy.

The research section in this portfolio consists of a report of the results of a survey into the use of consultancy supervision among Chartered Counselling Psychologists. The survey aimed to provide baseline descriptive data regarding the respondents' use of supervision as part of their continuing professional development, and their role as clinical supervisors to other practitioners. The research questionnaire consisted of 31 items yielding qualitative and quantitative data. It asked respondents about the length and kind of preparation they had for their roles as supervisors and sought their views and experiences on the most rewarding and stressful aspects of their work, their theoretical models of supervision, their training experiences, supervision of their supervision, and their opinions on the various tasks of supervision. The report concludes with some suggestions relating to the development of supervision training for counselling psychologists in the future.

The case study focuses on supervised supervision with a practitioner with multiple roles in his work as a counselling services manager. The premise underlying it is that post-qualification supervision frequently demands a broader set of skills than training supervision, and in this case complex legal, ethical, competency, accountability and procedural issues arising in an organisational setting are addressed from a pluralistic theoretical perspective.

The literature review focuses on the use of peer supervision among qualified practitioners with a view to answering some key questions. These relate to the kind of practitioners who use the format, the size and duration of peer groups, what they are used for, the stages that they go through, how to set up and run a group, and their advantages and disadvantages.

SECTION A: GENERAL INTRODUCTION

SECTION A: GENERAL INTRODUCTION

1. Overview

The central theme in this portfolio is that of clinical supervision, with the emphasis on its application at the post-qualification level. Although in many ways still in its infancy in this country in terms of a research and knowledge base, the use of supervision is rapidly increasing among practitioners as a parallel result of the expansion of counselling and psychological therapies in the independent, voluntary and national health service sectors. The research component of this submission (Section B) reports on a survey of Chartered Counselling Psychologists to identify firstly, the extent of their use of clinical supervision for their own case work, and secondly, the extent of their work as supervisors to others. The case study (Section C) focuses on the use of supervision with an experienced counsellor in a complex case and aims to illustrate the multifaceted aspects of post-qualification supervision, in contrast to training supervision. The literature review (Section D) addresses a widely used but little researched supervision format — namely, that of peer supervision — with the aim of distilling some of the most significant findings from reports published during the last 40 years or so.

1.1 The research report

This study addresses the use of clinical supervision among a particular professional group – chartered members of the Division of Counselling Psychology of the British Psychological Society. It arose firstly, because of the recognition that there was little baseline data concerning the supervision activities and needs of this group, and secondly, that future planning regarding the training of supervisors could benefit from a descriptive study which included the views and experiences of professionals working in this field of applied psychology. The underlying premise is that while supervision shares many of the characteristics of psychological therapy, it is nonetheless a distinct discipline with its own theories and practices which have their roots in psychological knowledge. The research consists of the survey, the results and discussion set in the context of our current state of knowledge about supervision in Britain and the United States, and the results were subsequently presented at an annual training conference of the Division of Counselling Psychology of the British Psychological Society.

1.2 The case study

The impetus for this study came from the belief that post-qualification supervision presents different challenges for the supervisor from that of training supervision. There has been growing support for the view that a broader approach is needed to address the complex and multifaceted issues which the experienced practitioner is likely to experience in the context of their responsibilities which frequently extend beyond client case work. This case study describes the author's supervisory work with a counselling services manager where therapeutic, legal, ethical, supervisory, competency, accountability, and procedural issues all needed consideration within a systemic framework and from a pluralistic theoretical perspective. A feature of this case is that it represents supervised supervision in that the supervisee was himself a supervisor, and his supervisee was a trainee. The report concludes

with reflections on what was learned from the process and some suggestions for counselling training, as well as supervision training.

1.3 The literature review

This review continues with a different aspect of supervision through a study of the use of peer supervision as recorded in various writings and publications. Peer group work is remarkably popular among experienced practitioners as a mode of continuing professional development, yet little attention has been paid to it in the form of written accounts or empirical studies. This study aims to draw together some of the most significant writings and to distil answers to questions such as the kind of practitioners who use the format, why they do so, what happens in such groups, how big the groups are and how long they tend to last, the stages the groups go through, how to set up and run a group and the benefits and limitations of peer groups. It is hoped that some of these findings may be of help to practitioners planning to run such groups themselves, and that they may encourage other psychologists to carry out further research into this area.

1.4 Personal statement

This submission is a reflection of some 30 years' work as a practitioner and some 13 years' experience as a supervisor. My current working life consists of a mix of independent practice as a counselling psychologist and supervisor, running a counselling and psychological therapy service in primary care, and some part-time university teaching at post-graduate level.

My supervisory work includes both trainees and qualified practitioners and it is from this experience that I have developed my own ideas and debated them with colleagues. As a member of a peer supervision group for some 13 years and a participant in a co-supervision arrangement for several years, I have been inspired by what I have learned from these formats, and perplexed by the dearth of knowledge about them. My felt ignorance about supervision led to me taking a training course nearly a decade ago, but there still remained many unanswered questions. Becoming accredited as a supervisor with the British Association for Counselling and Psychotherapy a few years ago took me a step further with my questions, and this portfolio represents the latest stage of my enquiry into the subject.

It is my hope that some of these findings will be of value to my colleagues, and to the Division of Counselling Psychology in their plans to establish a framework for training counselling psychology supervisors during the next few years.

SECTION B: RESEARCH

**SUPERVISION AND COUNSELLING PSYCHOLOGY: AN INVESTIGATION INTO
CURRENT PRACTICE**

SECTION B RESEARCH

Supervision and counselling psychology: An investigation into current practice

CHAPTER ONE: INTRODUCTION

1 Overview

The impetus for this research originated several years ago when in the course of writing a paper on peer supervision, I discovered that very little had been published on supervision for qualified practitioners. Most of the papers and books at that time were on supervision for trainees and were produced in the United States. It was clear that there was a dearth of information and research into the needs of the qualified and experienced professional from the perspective of the provision of clinical supervision.

This study aims to begin to fill some of this gap, which seems essential if supervision is to maintain its central position in continuing professional development for counselling psychologists. This chapter will focus on why this research is needed and outline some of the key areas which have provided the basic themes for the study.

In the early 1990s when the British Psychological Society's Division of Counselling Psychology was first established, there was no formal requirement for accredited members of the division to be in a supervision or consultancy arrangement. However, it seemed to be widely accepted that members would do so as part of their continuing professional development. By the end of the decade this had changed with the publication of a new set of guidelines. These specified that there was an ethical requirement for practising members to be in supervision or consultative support (Division of Counselling Psychology for the Professional Practice of Counselling Psychology, 1998; Clause 2.1.2). This document spells out in considerable detail the criteria for supervision arrangements – indeed there are nine sub-clauses on the subject.

The same guidelines include criteria concerning competence, under the heading "Practitioner's obligations and responsibilities to self and to clients" (page 4, Clause 1.1). In particular, they state: "... practitioners will offer their best practice while recognising their current limitations in terms of training and ability and not practising beyond them." And later in the same clause it states: "The supervision/consultancy relationship is a key element in this process."

These guidelines are in turn based on the British Psychological Society's Code of Conduct (1993). This stipulates in the section on competence that psychologists need to "recognise the boundaries of their own competence and not attempt to practise any form of psychology for which they do not have an appropriate preparation, or where applicable, specialist qualification."

When these clauses are juxtaposed, it seems that there is potential for an ethical dilemma. For on the one hand we are required to be in clinical supervision / consultancy, and on the other we should not undertake psychological activities (such as supervision or consultancy, for example) without adequate preparation or qualification in this important field of work. As Shillito-Clarke (1996) points out, questions are raised about the amount and kind of training in counselling psychology specialisms one is

required to have in order to claim competence. The answers to such questions are a matter of debate and uncertainty, which need to be addressed and resolved in the interests of client protection, professional consistency and trainee development.

Formal training opportunities in supervision have been patchy until recently and there is no mechanism available for applied psychologists as a specific professional group to develop the skills and theoretical knowledge relevant to their particular discipline. With counselling psychology still in its infancy in Britain (although not in other countries such as the United States or Australia), it seemed important to look at its potential for development in the context of our own particular needs and history of psychological services (including counselling and psychotherapy). One aspect which has distinguished the practice of psychological therapy in Britain from the USA is the requirement for post-qualification supervision / consultative support for counselling psychologists, counsellors and many psychotherapists. Yet little is known about this particular area and still less about what counselling psychologists as a distinct professional group actually think about their roles both as supervisors and supervisees.

In view of this, there is an urgent need to establish a body of knowledge about supervision in the British context. Bernard and Goodyear (1992: 226) argue that if a science of supervision is to be developed, it needs to progress through three discrete stages. Citing Holloway and Hosford (1983), they maintain that the first step consists of descriptive observation of the phenomenon in its normal environment; the second is to identify the variables and to clarify the relationships between and among them; and the third step is where a theory begins to be developed based on the previous empirical evidence.

Following this three-stage model of research, it is clear that in order to identify the main issues in British supervision, one needs to begin by documenting what is actually happening in the field. By describing current practice and soliciting the views and experiences of practitioners both as supervisees and supervisors, a baseline picture can begin to be built up. This in turn can help to inform us about current and future training needs, as well as leading to the development of theoretical models concerning clinical supervision at the post-qualification level.

There is a clear case to be made for further requirements regarding supervision as part of continuing professional development to be put on hold for the time being, at least until we have a much broader picture about current practice and attitudes within our professional group. While it is important to identify training needs and other aspects of supervision, the most urgent aspect is to clarify the general state of our profession's receptivity to the idea of supervision, the degree to which they make use of it for their clinical and other work as applied psychologists, the extent to which they work as supervisors, and their views on how it affects the quality of their professional practice.

The method chosen to investigate the use of supervision among chartered counselling psychologists was a mailed survey questionnaire, which provided both quantitative and qualitative data. The mailed survey method was chosen as the one most likely to reach the largest number of chartered counselling psychologists, while acknowledging the methodological problems inherent in this research strategy

(and addressed in greater detail in Chapter Five of this dissertation). As a follow-up to the survey, a workshop was held at the 1999 annual conference of the British Psychological Society Counselling Psychology Division. Some of the results were presented on this occasion, with an opportunity for participants to discuss their experiences and views about their roles as supervisors. Results from this workshop are also included in this report.

The rest of this introductory chapter will focus on definitions of supervision and offer an overview of the subject in this country, including training in supervision. Specific sections cover the following topics: the present situation; supervisor characteristics; levels of supervision; continuing professional development; supervision and reflection; supervision and the relationship; models of supervision; formats of supervision; training in supervision; American and British views on training; and supervision of supervision. The sections aim to summarise the aspects most relevant to the present study in order to provide a context for it, while recognising that other aspects of supervision not directly connected with this research have to be omitted for reasons of space.

1.1 Definitions

There are many different definitions and interpretations of the term *supervision* as applied to counselling, psychotherapy and counselling psychology. One definition is that it is an arrangement in which a senior practitioner (the supervisor) meets a more junior practitioner (the supervisee) regularly, in order to discuss the therapeutic work of the supervisee, with the aim of promoting their professional development and the welfare of the client. However, this omits the widespread arrangement where peers meet to discuss their work and where there may be no hierarchical relationship implied. Such contracts are sometimes better known as *consultancy supervision*, or *peer consultation*. Numerous writers have offered variations and elaborations on the concept of supervision, some emphasising certain aspects more than others (such as the “overseeing” or hierarchical dimensions of the relationship, for example).

A more inclusive definition has been put forward by Scaife (2001: 4) when she describes supervision as an arrangement whereby two or more people undertake to meet formally in order to discuss their work with a view to furthering their personal and professional development and to providing the best possible service for clients. This definition makes it possible for both training supervision and post-qualification consultation to be included within one broad construct. For the purpose of this study, the focus will be on consultation as the working arrangement between experienced professionals, while other variations and formats will be discussed later in this chapter.

1.2 The present situation

Supervision has long been regarded as an essential part of the training experience for counsellors, psychotherapists and counselling psychologists in both Britain and the United States. It is now increasingly recognised as an important part of continuing professional development among qualified practitioners in this country and is explicitly required by an increasing number of professional

organisations, including the ¹British Association for Counselling and Psychotherapy (BACP) and the Division of Counselling Psychology (DCoP) as well as some member organisations of the United Kingdom Council for Psychotherapy. The requirement for supervision to continue throughout the practitioner's professional lifetime has inevitably led to an upsurge in demand for experienced individuals to offer supervision to others. On many counselling psychology courses nowadays it is mandatory for trainees who are aiming at chartered status to be supervised only by Chartered Counselling Psychologists, of whom there were 221 in April 1996. For this reason, an increasing number of accredited members of the Division also carry out training supervision with students, as well as consultative supervision with qualified practitioners from the same and other backgrounds in the helping professions.

Farrell (1996) argues that supervision is perhaps the most important means of training for this professional group, as well as for achieving quality control in practice. He proposes that there is a case for counselling psychologists to claim a “leadership role” in relation to the supervision of other mental health professionals. Robiner et al. (1990) have argued that psychology supervision needs to recognise the great professional diversity at post-qualification level. Areas which might be encompassed include termination and referral issues, ethics and money in private practice, working within limits of competence, accountability, financial management, marketing, quality assurance, evaluation, legal issues, and continuing education.

According to a report by Ladany et al. (1999), ethical violations by psychotherapy supervisors are common. Indeed, in their study 51 % of counselling and clinical psychology trainees reported at least one violation, with the most frequent being performance evaluation, followed by confidentiality issues, ability to work with alternative perspectives, maintaining respect and boundaries, expertise and competence in relation to the client group being supervised, disclosure issues, and modelling ethical behaviour and responding to ethical concerns. The report does not include data on the training of the supervisors, since it was concerned with the experiences of trainees, but it would be worthwhile following this study up with further research into this area.

Tanenbaum and Berman (1990) state that just as ignorance of the law is not a defence, neither is ignorance of ethical principles, and so it behoves the supervisor to become fully aware of the relevant ethical codes. Where the supervisor lacks knowledge, she or he needs to have access to others' expertise or to consultation with colleagues. Recognition of the limits of one's competence and not practising beyond these is as important for the supervisor as it is for the practitioner, and they argue that being a fully qualified psychologist does not automatically mean that one is qualified to supervise.

There has been an explosion of literature on supervision in the last 20 years, both in Britain and the United States. However, most of the research literature has focused on supervision during training and according to Lambert and Arnold (1987), much of it has been compromised by methodological problems. These include small sample sizes, failure to use realistic criteria, and inappropriate

¹ The British Association for Counselling changed its name to the British Association for Counselling and Psychotherapy in September 2000, hence both names are used in this dissertation.

procedures in experimental research studies, such as using unqualified supervisors in brief supervisory encounters. They make the case for more studies that are systematic and replicate the actual supervisory process. They also point out that there is little agreement among researchers and practitioners about the goals of supervision for the experienced therapist.

Robiner et al. (1990) recommend urgent attention to post-qualification supervision because of the rapid increase in the number of psychologists in recent years in the American context. They recognise the possibility that training standards might not be upheld consistently, that some graduates may be inadequately prepared for the complex therapeutic work they embark on, and that some may be emotionally ill-equipped or lack ethical awareness. Increasing specialisation beyond generic training means that psychologists are required to keep abreast of theory and practice issues and this places an additional responsibility on those in a supervisory role for practitioners who are well beyond the newly qualified stage.

Ronnestad and Skovholt (1993) point out that most of the research has been carried out in the US in academic or internship settings. They state with some irony: “Thus much supervision research is carried out by student researchers studying student supervisors supervising student counselors working with student clients.” They suggest that the effect of such an “inexperienced academic interchange” on the body of supervision knowledge which it generated is unknown, but that had mature researchers studied the work of experienced supervisors, different results might have been obtained. As will be seen from the research discussed in Chapter 2, the present study aims to fill a major gap in that it addresses supervision issues faced by the experienced practitioner. It also aims to build on the existing and admittedly small base of knowledge and research so far in the field of post-qualification supervision.

1.3 Supervisor characteristics

Although there is no single approach to supervision, Carifio and Hess (1987) have argued that its practice should follow some broadly agreed principles. Reviewing the available research at that time, they concluded that it was possible to describe a prototype “ideal supervisor”, who seemed to embody similar personal qualities to an “ideal” psychotherapist or counsellor. The salient characteristics would be high levels of understanding, empathy, respect and concreteness.

The ideal supervisor is also knowledgeable and experienced in both psychotherapy and supervision, able to structure sessions effectively and to agree clear goals where the supervisee’s competence is being evaluated. They are flexible in their teaching techniques, avoid confusing personal therapy with supervision, are able to give quality feedback to the supervisee. The supervisor avoids several important failings which research has highlighted (Rosenblatt and Mayer 1975; Allen et al., 1986; and Shanfield et al., 1993). These include being constrictive or dogmatic, being amorphous or unsupportive, expressing sexist, discriminatory or authoritarian attitudes; lack of interest and neglect; failure to pick up on supervisees’ cues; and using a lecturing style often irrelevant to the topic in

question.

Hawkins and Shohet (1989) believe that an important attribute of the effective supervisor is the ability to switch perspectives flexibly. They call this the “helicopter ability”, which involves being able to focus down on small details and then move back to take in the larger picture. In this ability to shift the focus, the supervisor adopts a systemic or holistic approach which may not be characteristic of particular therapeutic theories and practice.

Carroll (1996) summarises the characteristics of effective and ineffective supervisors and his list includes the attributes mentioned above. In addition, he points out that an effective supervisor is one who undergoes training for this role, while the ineffective one sees no reason for training. It seems reasonable to assume that supervisors with high satisfaction ratings from their supervisees will embody some of the main characteristics which have emerged so far from the literature and research. One of the questions in this survey aimed to discover the degree to which counselling psychologists are satisfied with their supervisor.

1. 4 Development and reflection

Relatively few authors have looked at the supervision needs of qualified practitioners as part of their continuing professional development. An exception to this is Elton Wilson (1994), who proposes a complementary model — Being and Doing — with the professional aspect as the “doing” side of the psychologist, and the personal aspect as the “being” side. Each aspect has a process available to help the individual maintain their optimum level of functioning — namely, supervision and personal therapy respectively.

The “doing” side involves practical experience of the job, attending conferences, reading literature, doing research, acting as a consultant to others, teaching and studying and so on. In this domain, she believes that consultancy supervision lies at the heart of support and continuing education in the post-qualification years in order to promote and maintain competence. The personal or “being” aspect includes family, friends, peer support, rest and so on, while the stresses include domestic difficulties, unmet needs, lack of intimacy, childhood issues, old defences, or loneliness. It is here, she maintains, that therapy can be of most significant benefit to support and maintain psychological well-being at times of personal stress and distress.

Elton Wilson argues that the practice of applied psychology needs to develop into a self-monitoring, flexible and accessible profession, and that the heart “lies in the person-to-person encounter between client and psychologist”. This places the relationship in a central position and it is crucial for the professional helper to remain as fully functioning on all levels as possible — emotionally healthy, stable and open — whether it is through personal therapy or supervision, or both.

Many authors have written about the importance of reflection in supervision and the way in which it

provides a place to step back and think about the actual therapeutic work. Hawkins and Shohet (1989) argue that supervision provides a very important way for members of the helping professions to take care of themselves. It enables the individual to remain open to new learning and can facilitate self-development and self-awareness. They also maintain that without the support of supervision, an individual may become tired, stale, defensive, depleted and emotionally drained to the point of “burnout”. Inskipp and Proctor (undated) use the term “restorative” to describe this aspect of supervision which provides opportunities for emotional discharge and the recharging of psychological batteries.

The reflective process emerged as a very important aspect of professional development in a study carried out by Skovholt and Ronnestad (1992). Their research involved 100 professional therapists and explored the way in which they develop over the career life span, from trainee to retirement. It offers great insight into the transitions, rewards and stresses of eight different stages of development. The authors named these stages conventional, transition to professional training, imitation of experts, conditional autonomy exploration, integration, individuation, and integrity. They argue that by improving our knowledge of the way in which professional therapists develop and change over their working lifetimes, we will be in a better position to improve the quality of education, training and supervision. Their research shows that continuous professional reflection is a central process in maintaining stability and progress, and in avoiding stagnation, burnout and possibly departure from the profession. As will be seen later in this report, the concepts of supervision and reflection may be seen as synonymous, or at least greatly overlapping.

This was a unique research project and helped the authors to build a theoretical model which takes account of the developmental stages and cycles of change. It goes much further than do the traditional developmental models to be described later in section 1.9 on models of supervision. Of their identified eight stages, the *individuation* and *integrity* stages are most relevant to the present study. The individuation stage typically lasts for ten to thirty years, before easing into the integrity stage which typically lasts for up to ten years. The former is characterised by deepening authenticity as a professional therapist, accumulating wisdom and increasing competence, flexibility, creativity, maturity, and reliance on an individual and personal conceptual system. The latter is also characterised by all of these, as well as deeper acceptance, autonomy, integration and the preparation for retirement from professional life.

These two stages are characteristic of the particular professional group chosen for the present study – that is, the mature and experienced psychologist. The authors found that the central development process at the mature stage is continuous professional reflection and includes reflective experiences which are thought about, often discussed with peers, supervisors and senior colleagues, and lead to further learning. In their view, a reflective stance is a prerequisite for professional development, without which there will be premature closure, pseudodevelopment and stagnation, leading to leaving the profession altogether.

There is other support in the literature for the view that reflection is central to the process of supervision. The concept was greatly developed by Schön (1983) who sees it as the means by which an individual grows and develops through their work, personal therapy, self-monitoring, and supervision or consultation. Mollon (1989 and 1997) sees supervision as a “space for thinking”, where peripheral elements of experience may move into the foreground in awareness. The forum provides a place for a dialogue in which the supervisee can begin to articulate thoughts and feelings of which s/he may have been only vaguely aware; to describe images, fantasies, impressions, or to ponder in a deep silence or reverie.

The reflective alliance (Page and Wosket, 1994) allows both supervisor and supervisee to reflect on the client and counselling process, as well as the supervision process. This in turn forms part of a larger and third stage which they call *space* in their five-stage model of supervision (the others being *contract*, *focus*, *bridge* and *review*). Morrison (1996) calls this concept the “room for discovering the unthought known”, an opportunity to explore freely and give voice to that which is known to the supervisee, but still needs to be put into words in order to be fully understood. Neufeldt (1999) has developed the concept of reflectivity further with specific exercises designed to encourage its use in supervision (reflection on action), as well as while actually working with a client (reflection in action), and ultimately the use of “reflection on reflection in action”.

1.5 Supervision and the relationship

The centrality of the relationship in supervision is a recurrent theme in the literature (Hess, 1987; Hawkins and Shohet, 1989 and 2000; Haber, 1996; Watkins, 1997; and Stoltenberg et al, 1998). Hawkins and Shohet (1989 and 2000) drew attention to the multi-faceted dimensions of supervision – educative, supportive and managerial, each of which might predominate in one context or another – and they have argued for the integration of these, together with a supervisory approach which they term “relationship-based”. This concept involves the relationships between client, therapist and supervisor, and also the broader context of relationships in which the supervision takes place, such as the agency, organisation, or social or political backgrounds. For Hess, the relationship is central in supervision and he describes it as one where “... one person’s skills in conducting psychotherapy and his or her identity as a therapist are intentionally and potentially enhanced by the interaction with another person” (Hess, 1987: 255 – 256).

Watkins (1997) has argued that supervision is rooted in a relational context, a viewpoint much expanded recently by Gilbert and Evans (2000). In his view, all approaches recognise this fundamental aspect, although they may vary in the emphasis they place on it. Haber (1996) has proposed that “the power of the personal encounter” is critical to the success of both the therapeutic and supervisory relationships. Embedded in this concept is the notion of respect for the other person, with a sensitivity to their emotional process, and a willingness to take responsibility to address issues in supervision which are essential for the maintenance of a respectful relationship. Hess (1987) summarised the findings of various writers who investigated the qualities of therapists which were valued by other therapists and lay people and concluded that the judgements focused essentially on relationship issues.

1.5 Models of supervision

One of the questions I wanted to explore in the study concerned the theoretical model(s) which counselling psychologists might be using as supervisors. I was interested in finding out how many supervisors would identify themselves with the major models described in this section.

Numerous models of supervision have been put forward over the last 20 years, so that the field has become established as a specialism in its own right. Bernard and Goodyear (1992) identify five major categories of theoretical models, while Carroll (1996) identifies three broad categories. The table overleaf summarises these authors' categories which are examples of the kind of models which might be referred to by survey respondents:

Table 1 Categories of Supervision Models

<u>Bernard and Goodyear</u>	<u>Carroll</u>
Psychotherapy-based	Counselling-based
Developmental	Developmental
Conceptual models	Social role
Personal growth	
Parallel process/isomorphism	

Bernard and Goodyear define *psychotherapy-based* models as those where the supervisor's theory of therapy forms the basis of the supervision, and informs their relationship with the supervisee in terms of, for example, personality growth and development, family background factors, and so on. These approaches include psychoanalytic and psychodynamic, cognitive-behavioural, systemic, Gestalt, person-centred and so on.

Developmental models are based on the notion of sequential stages and a hierarchical progression on the part of the individual learner, with these stages requiring different kinds of interventions by the supervisor (or supervisor of the supervisor). Bernard and Goodyear have summarised the various kinds of developmental models, of which there were 25 different ones in existence in 1989.

Research into developmental models has been extensively reviewed and discussed (Holloway, 1987, Stoltenberg et al., 1994, Watkins, 1995, and Stoltenberg and McNeill, 1997). Criticisms include inconsistencies between theory and model, complexity, lack of elegance and simplicity, over-reliance on self-report measures, lack of longitudinal studies (Carroll's 1996 study is one exception to this), and little evidence that supervisors modify their styles according to the stage of trainee development.

In spite of these criticisms, reviews carried out by Worthington (1987) and Stoltenberg et al. (1994) appear to lend support to the general notion of a developmental progression. The advantage of the

developmental model approach is that it can help us as supervisors to identify and adapt our styles with trainees. The main disadvantage is that it is largely limited to trainees and so far we have no conceptual developmental framework for the experienced practitioner. The only comprehensive work to date to guide us appears to be that conducted by Ronnestad and Skovholt (1992) and described earlier in this chapter. Stoltenberg et al. (1998) propose that supervisor development can be seen as following a parallel path to that of the supervisee. So, as the supervisee progresses through various stages, so does the supervisor and they each reach their respective integrated stages on both pathways.

Conceptual models of supervision vary considerably in their style and approach, according to Bernard and Goodyear (1992), but typical of these are Kagan's Interpersonal Process Recall (IPR) and Bernard's own Discrimination model. Kagan (1980) used video recordings of sessions to explore the supervisee's experience and insights in a way which ordinary case reporting does not allow. The Discrimination model is based on the concept of supervisory roles (therapist, teacher and consultant) and supervisory foci (process, conceptualisation and personalisation skills). The model acts as a map for the supervisor to locate the work in a session and to choose the appropriate role for the focus under consideration.

Bernard and Goodyear see *personal growth* in supervision as a separate conceptual approach which crosses several theoretical orientations, and can become the main focus of the supervisory process. They describe this perspective as being rooted in the notion that the personal development needs of the client cannot be met without attending to those of the supervisee. In other words, self-knowledge and being able to use the self in therapy are central in both supervision and therapy.

The authors suggest that it is best understood as providing a framework in which the supervisor offers a therapeutic relationship that facilitates both learning and personal development, an idea put forward earlier by Boyd (1978: 346). He proposed that supervisees expect to learn and hone their skills and to take responsibility for their growth and development, and that supervisors will help them to do these things. Inherent in this approach, however, is the risk of merging the boundaries of supervision and personal therapy, so the supervisor needs to be very clear about not turning the supervisee into a client.

Parallel process is the name given to a phenomenon known to many supervisors where the dynamics of the client-counsellor relationship seem to be mirrored or replayed in the supervisor-supervisee relationship. It is a process which initially gained attention in psychodynamic therapy (Searles, 1955, and Doehrman, 1976) and some supervisors make it the total focus of supervision. This concept has been extended by systemic therapists and renamed *isomorphism*. It refers essentially to the way in which two or more complex structures (or systems) can be seen to have corresponding or resonating parts, and where there are reverberating patterns which influence each other. Thus supervision can be seen as an isomorph of the therapy relationship, and in this context the dynamics of the supervisory relationship can offer clues and insights about the therapeutic one. As with parallel process, the isomorphic approach may be the sole focus in supervision, although many supervisors combine such concepts with other approaches to inform their work. In this respect, parallel process or isomorphism

may be one of a number of lenses through which the supervisory process can be viewed.

Returning to Carroll's three major groupings of supervision approaches, we can see that his *counselling-bound* models correspond to Bernard and Goodyear's *therapy-based* models, and the concept of *developmental* models is also common to these three authors. Carroll identifies his third category as *social role* models, which seek to elaborate on the roles undertaken by supervisor and supervisee (such as teacher-pupil). He cites various authors' models, such as Hess (1980) which identifies six types of relationship based on the same number of models (lecturer, teacher, case review, collegial and so on); Bernard's Discrimination model; and Holloway's (1995) Systems Approach to Supervision (SAS). Carroll also includes Page and Wosket's (1994) Cyclical Model of Supervision, which identifies the five stages in the supervisory process, each of which has five subsections, so that the locus of work can be pinpointed with considerable precision.

Carroll's own framework is an atheoretical and comprehensive model based on three dimensions — tasks, functions and purposes (see Appendix H). There are seven tasks identified — relating, teaching, counselling, monitoring, evaluating, consulting and administering. Three functions are identified — supportive, educative and administrative, and two purposes are identified — the welfare of the client and the personal and professional development of the supervisee. His model grew out of research into training supervision, hence its relevance primarily to this level rather than to post-qualification supervision. One of the topics explored in this survey was concerned with the tasks of supervision and the results yielded some interesting data about the relevance of Carroll's tasks to post-qualification supervision.

1.7 Formats of supervisory arrangements

In this section, the term “format” is used to denote types of supervision arrangements, to distinguish this from the term “model” which has been used so far in relation to theoretical concepts about supervision. One area that I particularly wanted to investigate in the study concerned the supervision formats preferred by counselling psychologists. I was keen to find out how widely these are used by my colleagues, what they thought of them and, in cases where it is paid for, who funds the supervision — the psychologist or the employer?

There are five main supervision formats in widespread use in Britain. These have been defined by the BAC (1993) and discussed by various authors in relation to their respective merits, including Hawkins and Shohet (1989 and 2000), Feltham and Dryden (1994), Carroll (1996), and Wilkins (1997).

The first is individual supervision, when a supervisee meets a more senior practitioner at regular intervals in order to discuss client work and commonly used both during training and after qualification. The second is co-supervision, where two practitioners meet to offer supervision to each other, usually by taking it in turns to present their work and by dividing the time equally between them. This model is more common among senior practitioners of comparable experience and as such is an

egalitarian or democratic relationship. Next, there is group supervision with a leader, where a number of practitioners meet with a more experienced leader to present their work. Fourth is peer group supervision, without a formal leader and where several practitioners of comparable training and experience meet to discuss their work. The fifth format is eclectic supervision, where a practitioner may use a combination of the above models to meet their supervision needs.

1.8 Training in supervision

Supervision training is a much debated subject, both in Britain and the USA, mainly because of its absence until relatively recently. This has changed to some extent and more courses are available now. Yet my impression is that course directors teach what they believe is important, and there is a lack of consensus about core subjects. I wanted to find out what psychologists thought about the issue of training in supervision, whether they had been trained if they were working as supervisors and, if so, for how long and what qualification they might have gained.

There has been an increasing groundswell of informed opinion criticising the lack of training for such a complex field of work in recent years. Watkins (1997: 604) asks why, if supervision is seen as so important in counselling and psychotherapy training and development, is so little attention paid to training in the skills of supervision itself? He asks: "Something does not compute. We would never dream of turning untrained therapists loose on needy patients, so why would we turn untrained supervisors loose on those untrained therapists who help those needy patients?" In his view, supervision training should have just as high a priority as psychotherapy training .

Thirteen years ago, Worthington (1987) pointed out that research indicated that on the whole, supervisors do not become more competent as they gain experience, although he acknowledged that there might be other differences between new and experienced supervisors. He suggested that since so many are untrained they may be perpetuating the mistakes they learned from their own supervisors. However, Ronnestad and Skovholt's comments cited earlier in section 1.3 concerning research with students providing the basis for much supervision theory need to be borne in mind here, too. McCarthy and her colleagues (1988) point out that one can no more learn to be a supervisor by simply being in supervision, than one can learn to be a therapist by simply being a client in counselling or psychotherapy.

According to Robiner and Schofield's (1990) review of research (citing Fitzgerald and Osipow, 1986), supervision is among the top five activities that occupy psychologists' professional time in the United States and more than two-thirds of counselling psychologists provide supervision. However, only a maximum of 15 % of psychologists at that time had undertaken any training at all in supervision, according to the studies they reviewed. One of the most important points supporting training has been made by Cormier and Bernard (1982: 489) when they argue that training is essential to promote legal and ethical awareness in supervisors. They say that most supervisors have had no training and that "... most ethical and legal violations result from the sins of omission rather than intentional malice on the

part of the supervisor”.

A recent study by Scott et al. (2000) indicates that the picture is beginning to change in the United States with regard to supervision training. They found that 85 % of counselling psychology courses included some supervision training, in contrast to 43 % of clinical psychology programmes. One of the most significant aspects distinguishing supervision training prior to qualification in the US context seems to be that advanced trainees are expected to conduct supervision with more junior students, while in Britain supervision is seen as a professional development only to be undertaken at post-qualification level and after several years of clinical experience.

The picture regarding supervision training in Britain has developed differently from the one in the United States. British writers seem to be more consistently unanimous about the necessity for training in supervision, probably because of the widespread requirement for supervision to continue throughout the practitioner’s professional life. Given that there are now thousands of established practitioners and that the number continues to grow, the demand for supervisors is likely to continue in parallel. These supervisors will emerge from the more experienced levels of practitioners and in most cases will begin to supervise without any initial preparation for the work.

The last few years have seen a growing number of training courses in supervision set up in response to the demand for more supervisors. Such courses last from a few hours or days, to one or two years part-time and offering certificates or diplomas. As already mentioned, there is no formally agreed universal core curriculum for supervision training and trainers are free to teach whatever approach or model they wish to their students. The most developed of these programmes aim to equip their graduates with the basic knowledge and skills to meet the BACP’s criteria for the accreditation of supervisors. However, to date no training courses in supervision have been established for the specialism of counselling psychology.

The BACP, to its credit, has carried out pioneering work in recent years concerning the accreditation of supervisors. Meanwhile, it is assumed that having chartered status within the Division of Counselling Psychology is sufficient to meet the complex challenge of being an effective supervisor, with its primary roles of educator, therapist and consultant at the very least, and up to seven tasks if one follows Carroll’s model.

Elton Wilson (1994) outlined a suggested checklist of seven competencies for recognition as a counselling psychology casework supervisor. These are: Diploma in Counselling Psychology; training in supervision by attending a course; a record of experience as a practitioner and supervisor; written material showing an understanding of supervision practice; audio or video examples of supervision work with process commentary; live assessment of supervision; and an emphasis on the relationship between supervisor and supervisee as parallel to the client-counsellor therapeutic alliance. At present, the typical pattern is for the more experienced practitioner to move into the role of supervisor as if it were a natural progression, on the questionable assumption that if one is a competent practitioner, then

one will also be a competent supervisor.

Challenging this assumption, Page and Wosket (1994) argue that the most important equipment for any supervisor is a conceptual understanding or model of supervision. Without this, they believe, the supervisor will find it difficult to articulate their understanding of the tasks and functions of supervision in anything but a rudimentary manner. Bernard and Goodyear (1992) call this the "no-model" form of supervision in which "the practitioner has not yet made a conceptual leap to supervision and has identified no assumptions, goals, or behaviours that are unique to supervision." They compare this with the erroneous assumption that a competent sportsman will automatically become a competent coach or sports commentator, and that he or she requires no further professional development to make that transition.

Holloway (1994) echoes this theme of the distinctive nature of supervision. She says that the goal of clinical supervision is to connect science and practice and that in this process supervision can be seen as one of the most complex of all activities associated with the practice of psychology. "Supervisors", she says, "themselves must embody the science-practice integration. They move between science and practice in a way that can be translated into the practice of psychotherapy." I would add that counselling psychology supervisors need specific training in this integration process in order to be of greatest value to their supervisees.

1.19 Approaches to supervision training

In spite of the lack of consensus about a core curriculum in supervision training, a number of writers have proposed how such supervision training could be organised. I hoped that the study would enable respondents to contribute their own ideas about what might be included in a course in order to build on the ideas of writers whose ideas are summarised in this section. These include approaches described by Hawkins and Shohet (1987 and 2000), Clarkson and Gilbert (1991), Watkins (1992), Page and Wosket (1994), Russell and Petrie (1994), Carroll (1995 and 1996) and Robiner et al. (1997).

1.9.1 American views

The American psychologist and supervision researcher, C. Edward Watkins, Jr. (1992) makes the case for integrating supervision training into existing counselling/psychotherapy curricula and argues that not doing so violates the ethical guidelines of the American Psychological Association. One might equally argue the same for current and future training of counselling psychologists in this country in relation to the BPS Divisional guidelines for ethical practice.

Russell and Petrie (1994) propose that supervision training be carried out in the form of a formal course of four hours per week over the period of one semester (20 weeks) for graduate students with at least one year of clinical experience. They advocate a combination of didactic and experiential work, covering theoretical models of supervision, research into supervision, and ethical and professional

issues, as well as practical supervisory experience.

Stoltenberg et al. (1998) argue that short training courses and workshops do not allow for effective skills development and integration of theory and practice over time. They use their IDM (Integrated Developmental Model) to maintain that careful matching of supervisor and supervisee in terms of their respective developmental levels is essential. They also offer a Revised Supervisee Levels Questionnaire based on their model to assist in the evaluation process so often required of supervisors.

Robiner et al. (1997) make a number of recommendations concerning psychology supervisor training. They propose standardised training, possibly along the lines of a manual (Neufeldt, 1994) before psychologists begin to supervise, with a recognised qualification in order to gain a license to practise as a supervisor. Training could cover competency areas such as clinical casework, consultation, research and supervision, and include skills and techniques, evaluation, the relationship between supervisor and supervisee, evaluation skills and processes, professional standards and responsibilities, ethical and legal considerations, and training in the development and use of psychometric measures for assessment and evaluation of supervisors, supervisees, clients and outcomes.

1.9.2 British views

Hawkins and Shohet (1989 and 2000) propose five different types of courses, depending on the training needs and context of supervision (such as team or group work, basic or advanced courses and so on). The core of a course is likely to include defining supervision and outlining specific maps, contracting issues including accountability, confidentiality, setting and focus, learning effective feedback and intervention/facilitation skills, and finally working with a theoretical model. In their case, they use the double matrix model which is similar in concept to the model described by Hess (1987: 252), which he calls “the supervision field” (see Appendix G). In both cases, there are three separate circles to denote supervisor – therapist – client, with two larger circles – therapy and supervision contexts – which overlap the central smaller therapist circle.

Hawkins and Shohet advocate experiential work such as role-play, case presentations, group sculpting, and discussions. Their programme is known to be a generic training course and may lack the focus on specific issues necessary for counselling psychologists, such as the science-practice integration emphasised by Holloway (1994).

Clarkson and Gilbert (1991) believe that not all effective practitioners necessarily make effective supervisors, because the shift required in this process involves a change of role, broader responsibility and the acquisition of a different set of skills. A good supervisor needs to be aware of what they are doing and able to communicate about it clearly and effectively – a skill which they call “conscious competence”, and define as a stage on the learning cycle of awareness, accommodation and assimilation.

An important ingredient in supervision training for these authors, therefore, is a knowledge of learning theory and how to provide the optimal environment for students. This diploma course lasts for up to two years part-time with an emphasis on psychological theory. It has a balance between academic and experiential training, and offers its own generic model based on five bands of supervision and a six-step checklist for assessing supervision (Clarkson, 1992: 273 - 278). Their supervision training course (now run by the Metanoia Institute) is designed to appeal to supervisors from a broad spectrum of theoretical orientations and professional backgrounds.

Page and Wosket (1994) also run a supervision certificate course, which prepares candidates for BACP supervisor recognition. They aim to teach a broad knowledge base of supervision theories, appropriate intervention and feedback skills, an awareness of students' strengths and developmental needs as supervisors, the integration of theory and practice, and the development of awareness of professional and ethical issues.

Carroll (1995 and 1996) points out that training should be regarded as an ethical requirement nowadays and suggests six domains for inclusion in a model curriculum for a supervision training programme. These include supervision theory, ethics and professional issues; working with difference such as gender, race, power and so on; basic supervisory skills (such as contracting and evaluation); the tasks and the roles of supervision; group supervision of supervision; and awareness of the stages in supervisor development.

For counselling psychologists a seventh area could be expertise in integrating science and practice and relating research to practice issues. Another important area is that of trainee assessment where the use of standardised measures could help to make this a fairer process. Robiner et al. (1997) have recommended training psychology supervisors in the specialised field of psychometric assessment. Such training could also include supervisory skills in the domain of client assessment procedures, including general screening tools and psychometric measures for psychoneurotic and personality disorders. Training in this field for counselling psychologists seems to be quite limited, in my experience.

1.10 Supervision of supervision

If supervision has begun to establish itself as a discipline in its own right in this country, there is a further level which has received little attention so far, apart from a few brief references in recent literature, such as Rodenhauser et al. (1985); Aveline (1990); Clarkson and Gilbert (1991); Bernard and Goodyear (1992); Carroll (1993); Page and Wosket (1994); Mander (1997); and Gilbert and Evans (2000). This concerns the supervision of supervision, which is normally a component of supervision training programmes, and as with counselling, is also increasingly being seen as an essential part of continuing professional development for supervisors. It is mandatory for BACP accredited supervisors, but BPS DCoP guidelines do not refer to it for supervisors.

The study presented an opportunity to find out whether supervisors make use of supervision for themselves, and whether they have a separate arrangement from their own clinical supervision. Supervisors progress through different stages, from novice to competent, and by engaging in a forum for the discussion of their own work they can find the support they need, as well as challenge, reflection and new learning. Page and Wosket (1994) use a family generation metaphor and compare the role of the supervisor of the supervisor to that of being a "grandparent", where the supervisor in turn acts as a "parent" to the counsellor. Clarkson and Gilbert (1991) refer to this process of supervising supervision as "cascading", particularly where the supervision of the supervision is supervised in turn by a training supervisor.

Some dissenting voices are also beginning to speak out, however. Mander (1997) urges caution with this process, ironically describing it as resembling the "hierarchy among fleas", rather like Parkinson's Law with an "unwieldy proliferation of watchdogs ad infinitum". On the other hand, she tempers this view with the acknowledgement that everyone's work benefits from regular review with a fellow professional. Jacobs (2000) sees supervision of supervision as an endless process of escalation, perhaps as an "increasingly mad search for perfection" which may "run into all the dangers of over-kill". He argues that professional maturity involves a recognition of our own levels of need for consultation and development, rather than reliance on external authorities to prescribe them for us.

Farrell (1996) also supports the idea of supervised supervision and points to the requirement by the BACP for trainers to have consultative support. He believes that counselling psychology is likely to adopt similar standards for consultative supervision and research in the future. He argues that counselling psychologists with a broad-based practice might need up to five supervisory relationships (for their counselling and psychotherapy work, supervision, training, consultation and research). In his view, a specialist form of supervision may need to be developed in counselling psychology which is broad enough to cover most, if not all of these areas. If this were to happen it would need careful development of systematic training for this unique role.

It is hard to gauge the extent to which supervision is made use of or practised in Britain as there are no figures currently available. Not all professional bodies require their members to be in supervision anyway, since there are ideological differences between organisations over this issue. The British Psychological Society, for example, does not insist on supervision for its chartered members in other divisions, and the Division of Counselling Psychology is unique in its recent guidelines concerning supervision for its chartered members. Other divisions, however, such as the Educational and Child, and Clinical Psychology Divisions, appear to be moving towards recommending post-qualification supervision as part of continuing professional development for their members.

2 Supervision research

This chapter sets out to review recent research regarding post-qualification supervision among various mental health professional groups. This review is limited to a group of reports most relevant to the current study because of their survey format and because they directly address supervision following training. Other studies dealing with specific aspects of supervision, such as Skovholt and Ronnestad (1992) and Clarkson and Aviram (1995) are discussed elsewhere in this report where they have relevance to the topic under discussion.

In the United States and Europe it has long been assumed that supervision is only necessary during training and the immediate post-qualification period for the purpose of licensing. After this, the practitioner is deemed competent to work without supervision. For this reason, in spite of the volume of research into training supervision in the United States, there has not existed a distinct professional category of clinical supervisor, in contrast to the situation in Britain where it has been emerging in the last few years.

However, this picture is beginning to change in the USA, too, according to Holloway (1994) who says: "... Britain has acknowledged through 'supervisor' status that supervision is a distinct body of knowledge whereas America has only begun this process of recognition." Carroll (1996) also mentions that the American Association for Counselor Education and Supervision (ACES) stipulated in their Ethical Guidelines for Counseling Supervisors in 1993 that supervision should continue throughout a counsellor's working life.

A literature search of studies investigating post-qualification use of supervision produced ten individual papers and one complete journal volume. Seven of the individual papers appeared in the United States (Lewis, Greenburg and Hatch, 1988; Borders and Usher, 1992; McCarthy et al., 1994; Sutton and Page, 1994; Coll, 1995; Rodenhauser, 1995; and Robiner, et al., 1997;) while three individual papers and the journal collection of papers were published in the UK (Lunt and Pomerantz, 1993; Clark et al., 1997; Burton et al., 1998; and Bor and Achilleoudes, 1999). One unpublished enquiry by Kevlin (1988) will also be included in this section.

The studies were all based on mailed surveys and involved counsellors, psychotherapists, educational, counselling and clinical psychologists, and psychiatrists. Not all have supervision as their main focus, as some only looked at it as part of a broader enquiry into professional practices. One problem in all of the published studies was that the questionnaires were not included with the reports. While contact addresses were supplied for the interested reader to follow up, obtaining copies of the questionnaires proved difficult or almost impossible in some cases, particularly where the authors were in the USA.

I was only able to obtain one copy of a complete questionnaire and one copy of part of a questionnaire

from the USA (Paul Rodenhauser's and Kenneth Coll's). One author was sympathetic, but told me that the documents relating to the study I was enquiring about were "stored in the dark recesses of some storage facility" at her university and would be virtually impossible to retrieve. This was in spite of a statement in the paper that "a more complete listing of results" was available and that correspondence should be addressed to the author.

One can understand the reluctance of journal publishers for reasons of space to include copies of survey questionnaires or other instruments connected with published articles. However, the disadvantages are that future researchers cannot access the original material, nor can they replicate all or part of a survey instrument. This has implications for replication studies, of course, as well as meaning that other researchers may not be able to build on previous work. One solution might be for a copy of all such instruments to be lodged permanently with the journal publisher, or a departmental secretariat, or in a special archive so that it could be accessed when needed by other researchers.

This is one important criticism relating to several of the studies discussed in this chapter. Other criticisms appear in the context of each paper, or at the end. The following section will look at research into the different professional groups in their national contexts in turn.

2.1 American studies

2.1.1 *Counsellors*

Borders and Usher (1992) found in the late 1980s that there was little clear evidence of the extent of post-degree supervision among counsellors. They argued that before suitable supervision programmes could be implemented, it was necessary to document the existing practices and to find out what kind of supervision counsellors wanted. Their study, the first of its kind, involved 357 National Certified Counsellors working in a variety of settings, including schools, colleges, private practice, community mental health agencies, hospitals, business and industry. The authors used a survey questionnaire to investigate the amount and frequency of supervision, the supervisory format, the credentials of the supervisor and the kind of supervision the practitioners actually wanted.

Twenty-eight per cent of the sample reported receiving no supervision since qualifying. Among school counsellors, nearly half had no clinical supervision and non-counselling professionals were supervising the majority of respondents. Almost all respondents wanted supervision and a large number wanted monthly meetings. They also wanted to be supervised by a qualified counsellor who had additional training in supervision, supporting Bernard and Goodyear's (1992) contention that the supervisory dyad should consist of two members of the same profession in order to promote the supervisee's development of professional identity. One of the authors' conclusions was that there was a great need for the expansion of innovative supervision training programmes to meet this demand.

This study has a clear statement of its objectives and rationale and describes the sample selection,

procedure, data analysis and statistics adequately. The sample is large and the return rate of about 51 % satisfactory. One problem with this report concerns the lack of information about the way in which the survey instrument was developed and piloted and there is no mention of the time it took to complete. The authors report that the measure was in five parts and only data from three parts are included in the paper. They do not say what happened to the rest of it or whether it was intended for publication later. The conclusion section of the paper is very brief, saying that counsellors' desire to have more supervision will depend on the profession's efforts to influence existing practices and supervision. It might have amplified on this aspect with one or two more paragraphs giving examples or recommendations concerning the ways in which this might be achieved.

2.1.2 *College counsellors*

Coll (1995) undertook a study to investigate existing and preferred supervision practices among a sample of 60 community college counsellors as a follow-up to the Borders and Usher study just described. He found that 55 % had no clinical supervision at all, 28 % had it once or twice a month and 17 % had it once or twice a week. Coll claims that this is considerably less than the amount of supervision reported by school, community mental health and private practice counsellors. Twenty per cent of counsellors in his research wanted no supervision at all and he recommended that further education in the form of workshops and seminars be provided to improve the general awareness of supervision as a professional development tool.

Coll appears to have replicated the previous study (Borders and Usher, 1992) and used the authors' same instrument as a basis for his survey, although he does not say how or to what extent it was modified. He fails to give information about piloting, although he does report that it was reviewed by two individuals "with expertise" who "agreed that the questions were appropriately presented." As already mentioned, however, this author was able to supply me with a copy of the relevant section of his questionnaire so that I could see if there were any questions which could be adapted for the present study. As with the previous study, there was no information about the time it took to complete.

The return rate of 60 % seemed satisfactory, but a larger original sample would have helped to increase the validity of the results. There was some recognition of the limitations of this kind of study in terms of generalisability because of the small sample size, and the fact that a non-standardised instrument was used. A major omission relates to the demographic data which is not reported in the paper at all, so we have no information about the sample he was investigating apart from the fact they were all college counsellors.

Sutton and Page (1994) surveyed the post-degree clinical supervision of 533 school counsellors in Maine to identify current practices and attitudes. They achieved a remarkable return rate of 92 %. In their sample, 20 % reported that they were currently in clinical supervision and 40 % were involved in peer supervision, nearly half of whom were meeting at least once a month. However, 37 % of all

respondents reported that they felt no need for clinical supervision, while 48 % expressed a desire to have supervision. Of those who were in supervision, only one fifth were allowed time away from work for supervision, while 75 % had their supervision paid by their employers. Seven per cent had their supervision paid partly by themselves and partly by their employer, while 18 % paid for their own supervision.

The authors suggest that one reason for the low utilisation of supervision as a means of continuing professional development among this professional group was that at the time of the study, the American School Counselor Association (ASCA) had not included supervision in its "role statement". The authors also suggest that peer group supervision could provide a useful model for this group of counsellors, who often find their employers unsupportive.

The authors succeeded in achieving a very high return rate (92 %), but they do not say how this was achieved, apart from carrying out a second mailing. Other survey researchers would be interested to know how to motivate respondents to such an extent! The report offers some useful recommendations in the light of the poor uptake of supervision by school counsellors. However, the limits of the study in terms of lack of standardisation of the survey instrument and the fact that it was based on self-report with no objective measures, are not discussed by the authors.

2.1.3 *Psychiatrists*

Rodenhauser (1995) investigated the experiences and issues arising among psychiatrists engaged in psychotherapy supervision. His study looked at stress factors in their supervision work in the initial and later stages of their development, the extent of their training in and knowledge of supervision, and their reasons for supervising. He also asked their views on the value of a short (four hour) course on conceptual tools for psychotherapy supervision which they had all undertaken.

One of his most relevant findings relating to the present study was that personal experience of supervision during their own training was overwhelmingly the most significant factor in their preparation to become a supervisor. "Trial and error" and "sink or swim" were typical of the comments made by members of his sample. The overall rating of the value of the brief course on supervision was that it was "moderately" helpful.

Among Rodenhauser's conclusions were that psychotherapy supervisors could benefit significantly from formal training in supervision. This contrasts with the prevailing view in psychiatry that the primary qualification for providing supervision is the experience of having been supervised. He suggests that training for psychotherapy supervisors could improve the learning process, improve psychotherapist efficiency, and increase the effectiveness of psychotherapy. Research to improve teaching of psychotherapy could benefit the supervisor, the supervisee and the patient.

Rodenhauser provides a useful and clear rationale for his research and identifies five hypotheses, but he

gives little information about the way in which his questionnaire was constructed, its length, time taken to complete, and it appears not to have been piloted or reviewed by any colleagues. There was no follow-up mailing, which might account for the rather low return rate of 33 %, yielding a sample of 121 respondents. Two questions in his instrument concerned the single most stressful factor in becoming and continuing as a psychotherapy supervisor, and this seems a perfectly valid and useful line of enquiry. It might have just as interesting to ask his participants about the most rewarding aspect, too, partly for the sake of balance, but also because it would be helpful to understand what motivates individuals to become and remain clinical supervisors.

Rodenhauser provides a detailed discussion with plenty of suggestions for alternative explanations where the data is inconclusive. He asked his participants about the perceived value of a four-hour supervision course in terms of their increased expertise as supervisors and found this was rated as “moderately” helpful. My own view is that such a short course would be unlikely to have much impact on a professional supervisor because of the lack of time and the need to practise and integrate learning.

2.1.4 Licensed psychologists

Lewis et al. (1988) carried out a survey into the use of peer consultation groups among 800 psychologists working in private practice. They defined this kind of supervision format as regularly scheduled meetings of three or more professionals who provide mutual support for private practice issues. They found that nearly one quarter of the sample were currently involved in peer groups, and approximately the same number had been in the past. Sixty per cent of those not in a group expressed interest in joining one if it were available.

The mean age of respondents was 46 years, 70 % were male and they had a mean of 13 years of psychotherapy experience. Typically the groups had a mean of seven members and many of them had been in existence for several years, with an average of seven overall. More than nine out of ten met at least once a month and many met twice monthly, for an average of slightly less than two hours. Case presentations took up most of the time, followed by mutual support, sharing therapeutic techniques and discussing ethical and professional issues. The authors conclude that such informal groups were highly valued by the respondents, that they constitute an important method of peer support and review, and help to protect the public.

One of the most interesting aspects of this research is the fact that it had its origins in the early to mid-1980s, at a time when post-qualification supervision in any form scarcely featured in the American context, particularly among psychologists. One of the authors had been a member of a peer consultation group since 1978, and another since 1982. The tone of their report communicates a pleasant surprise at the extent and popularity of peer consultation among their colleagues. The report itself includes a clear description of the rationale and methodology, although it does not say how long the questionnaire took to complete. The final usable response rate was respectable at 60 %, and was considerably higher than a number of other reports included in this review. This study appears to be

unique in terms of the focus and population sampled and it is somewhat surprising that it has not been followed up with further investigations into this area, perhaps with different groups of therapists.

McCarthy, Kulakowski and Kenfield (1994) investigated the clinical supervision practices of 232 licensed psychologists using the Clinical Supervision Questionnaire consisting of 45 items. They were drawn from a variety of occupational settings, with 45 % working in private practice and describing themselves mainly as eclectic, psychodynamic or systemic in orientation. Eighty-eight per cent reported receiving some type of clinical supervision for slightly more than seven hours per month, with individual and peer supervisors. Eighty per cent had at least one designated clinical supervisor and 17 % said that peer supervision was their only form of supervision. The main focus of supervision was on client issues and case management. Most of the supervisors were active in clinical practice, 24 % were reported to have had training in supervision, five per cent were reported as not, while 72 % of the respondents did not know whether their supervisors had had supervision training. The authors comment that this raises the ethical issue of disclosure by supervisors of their credentials, not only as practitioners but also relating to their training in supervision.

Seventy-five per cent of the supervisors held doctoral degrees and had been working in the field for an average of 19 years, suggesting a high quality of supervision in the view of the authors. Most of them had supportive styles of working, characterised by the Rogerian facilitative conditions identified by Carifio and Hess (1987) as the "ideal" supervisor characteristics.

The authors report an initial return rate of 45 % (512 respondents) but the final usable return rate was 20 %, which has implications for the validity of the results. The authors are fastidious in reporting on the development and piloting of their instrument – the Clinical Supervision Questionnaire (CSQ) – as well as the analysis of the qualitative data generated from the open-ended questions. The authors summarise their demographic results briefly with some loss of detail, but offer further information on request. A request for this proved fruitless, however, as there was no reply to any emails.

The authors do discuss the limitations of the study including the response rate, possible sources of bias in the sampling, the possible distortions resulting from self-report, the lack of corroborative data from another source such as supervisors, and the focus on process rather than outcome. The report is succinctly written and generally comprehensive, with practical research recommendations. Most important of all, it does identify and explore various important ethical issues, some of which are reflected and discussed in the present study.

The study carried out by Robiner et al. (1997) focused on psychology supervisors and aimed to document the training, experience and supervision problems among 62 supervisors of trainee clinical psychologists. Although all were qualified psychologists at doctoral level, fewer than 20 % of them had undertaken specific training in supervision. Among those who had had some training the average number of hours on supervision courses was fewer than eight. Overall, there was a lack of familiarity with the literature on supervision and nearly half believed that they had been poorly prepared for their

supervisory responsibilities during their own training. The authors report that in spite of this lack of preparation, few felt concerned enough to invest their time in further supervision training.

The authors provide a detailed and clear rationale for their research, as well as the selection of the sample, of which one group was via postal contact with Directors of Training at 28 clinical psychology internships. They in turn contacted supervisors in their own departments asking them to volunteer for the research. This lack of direct contact with some of the participants could lead to unknown problems of bias in the results, creating difficulties around the representativeness of the sample and generalisability. Among the main topics for exploration in the research was the amount of training in supervision the participants had, their confidence in evaluation of trainees, their self-ratings of competence, and their interest in further training.

The authors reach some important and interesting conclusions and recommendations concerning ethical and training issues which have parallels and considerable relevance for the present study, as will become clear in the discussion chapter of this report. They comment on the limitations to the study including the sampling problems and low return rate, but fail to say exactly what this was in terms of figures. Lack of corroborative data is another drawback which they acknowledge and suggest appropriate remedies for in future research. These include regular surveys of large samples of supervisors and supervisees addressing training and clinical outcomes, and developing a database linking supervision and treatment efficacy.

2.2 British Studies

This section looks at recent supervision research carried out in Britain, with the initial focus on psychologists, followed by counsellors and psychotherapists. The first section concerns educational psychologists, and the second concerns counselling psychologists.

2.2.1 *Educational psychologists*

In 1991-2 the Division of Educational and Child Psychology (DECP) of the BPS embarked on a survey on the role of supervision in educational psychology, as a follow-up to an earlier survey carried out in 1984-5. The earlier study, reviewed by Lunt (1993) sought the views of trainees, fieldwork supervisors and course tutors on various aspects of supervision, including their experiences, problems, benefits, preparation, monitoring and evaluation. The 1991-2 survey took the form of a national questionnaire entitled “Activities that Support and Promote Learning for Educational Psychologists at Work” and was designed to document the types, amounts and characteristics of support available to practising educational psychologists. The survey investigated seven different types of professional support — namely, informal peer discussion, training, appraisal, supervision, formal consultation, team meetings and managerial oversight. The results of this research were written up in 11 papers by nine authors and comprised a complete journal volume of Educational and Child Psychology, entitled “Supervision and Psychologists’ Professional Work”. This was published by the BPS Division of Educational and Child Psychology (DECP) in 1993.

Two hundred copies were mailed to educational psychologists, and 117 were returned and used in the analysis. Pomerantz (1993) reports that 28 % were supervising other trained psychologists. Forty-four per cent of the sample said they were having supervision, while the rest said they were not. Seventy-two per cent said they had not had any useful training in supervision. Of those who had no supervision, 72 % said they would like to have it, while the remainder said they would not. Nearly all of those in supervision found it of value, while two thirds found it “quite” or “extremely” valuable in their work. Monthly supervision was the most frequent occurrence, although a small number (13 %) said they had supervision only once, twice or three times per year. About half were having supervision on a regular scheduled basis, with most sessions lasting from 30 minutes to up to two hours and most of them (85 %) being provided by personnel within the service.

The most important aspects of being in supervision for the respondents were receiving constructive feedback, recognising personal issues, and helping them to feel valued and respected. Seventy-seven per cent of the group believed that supervisors should receive specific training for the job and Pomerantz notes that this view was held by those receiving supervision, rather than solely those working as supervisors. Nearly one in four felt that their supervision did not take place in an atmosphere of trust and confidentiality, and about one in three felt unable to raise issues without fear of the consequences because the supervision was insufficiently independent of appraisal. One-third were very much against the idea of line manager also acting as a supervisor and the author suggests that this could be because of a perception that the two roles are incompatible. Twenty-eight per cent felt that their supervisors were not competent in their role. Forty-one per cent believed that strong emotions such as frustration, anger or helplessness could not be adequately addressed in supervision, which led the author to question whose needs were being served by the supervision arrangements. Fifty-two per cent of the group said they would have liked more training in how to make the most of supervision, and three quarters rejected the notion that the need for supervision declines as the psychologist gains more experience.

Powell and Pomerantz (1993) looked at the question as to which were the most beneficial of the various kinds of support activities and concluded that, overall, informal peer discussion was the most significant form of support, followed by supervision, and then formal consultation. Peer discussion was rated most highly for reducing stress, while managerial oversight came last out of the seven support activities. Informal peer discussion, team meetings and training accounted for 87 % of the total support time, with the remaining activities making up the rest of the time. The authors concluded that supervision seemed to represent good value for money with its rating in second place.

It is worth noting here that in the counselling psychology supervision framework we might see a marked overlap between the concepts of informal peer discussion and supervision. The study mentioned above seems to define supervision as a one-to-one hierarchical arrangement, with only group supervision mentioned as a possible alternative model. However, peer supervision is popular among qualified practitioners, and is usually seen as one of a number of supervision options with

specific advantages over other formats (as well as disadvantages too, of course). It is possible that if informal peer discussion were linked with a broader definition of supervision, that supervision in a wider sense might have gained the top ranking in this study.

Kuk and Leyden (1993) carried out an analysis of the survey returns which identified three main factors — namely, the importance of safe professional boundaries; the individual's appraisal of the underlying rationale for supervision; and thirdly, the training needs of the supervisor. They concluded that these components supported the case for supervision within educational psychology services.

There is no doubt that this is the most comprehensive of all the research studies included in this section, simply because of its scope and the amount of material which it yielded. Unfortunately, copies of the questionnaire were only available from one of the editors which seems a shame, since this volume is possibly one place where it could have been included with little impact on space. The report (Pomerantz and Lunt, 1993) does say that the questionnaire had 147 items, that it was piloted and that it took between 20 to 30 minutes to complete. There are no details about the construction or piloting, although the scope of activities including supervision is outlined (page 13). The response rate was 62 %, and one wonders why only 200 copies were originally sent, since a larger sample would have led to a reduced standard error (there is no information about the population parameters, nor why it was decided to send the questionnaire to only 200 individuals). There does not appear to have been a follow-up mailing to increase the response rate. There is a very brief summary of the demographic data which could have been expanded to compare it with other research.

2.2.2 Counselling psychologists

Bor and Achilleoudes (1999) carried out the only other relevant survey concerning psychologists in this country. This was the first survey of members of the BPS Division of Counselling Psychology and aimed to “provide demographic information and to describe their professional and client practice.” The questionnaire consisted of 45 items and included both closed and open-ended questions. Out of 1128 questionnaires sent, 385 were returned, yielding a response rate of 34 %. This study is included in this section on recent research because it has useful demographic data for comparison with the present study, and because one section of it was concerned with supervision. The authors' report summarises the main findings and where relevant these are discussed in Chapter Five of this report.

For the purpose of this chapter, the most important findings were that 52 % (202) of respondents were Chartered Counselling Psychologists, and that 91 % of respondents were in supervision or consultation for the client work. Five per cent were not in supervision, and five per cent failed to answer this question. The most popular approach to supervision was case discussion (87 %), followed by live supervision, and consultation, review of audio tapes (17 %), and review of videotapes (four per cent). The survey questionnaire did not ask about what type of supervision format members used, such as individual, group, peer or co-supervision.

The report does not provide separate figures for the chartered members by treating them as a group with specific characteristics. It would be interesting to know whether there were any differences between chartered and non-chartered members over a range of variables, such as supervision practices, theoretical orientation, preferred professional title (counsellor, psychologist and so on), highest professional qualification, employment, outcome measures used and so on.

The authors acknowledged some methodological limitations of their study, including the face validity of one or two items, and the complexity of analysing the qualitative data. They make no comment on the return rate, which in comparison with most of the other studies presented here, is on the low side. They explained that the questionnaire was included in a general BPS mailing to members in order to reduce costs. However, in my own view it is possible that members may have overlooked it as a result. Furthermore, there was no indication in the report about confidentiality or whether there was a follow-up mailing. Both of these could be factors in a low response rate, too. In spite of these difficulties, the survey did yield some interesting and useful data to serve as a baseline for further studies in the future.

2.2.3 *Primary care counsellors*

Clark and Stein (1997) conducted a survey of medical practices in the Southampton area to ascertain the prevalence of counselling provision, and to ask those counsellors about their training, qualifications, working arrangements and types of case loads. They found that out of 67 general practices in the area, 26 (39 %) had one or more counsellors and 14 of these (56 %) had diplomas in counselling, although none of the counsellors was accredited with any professional body. However, not all of the counsellors were in supervision, as only 18 (86 %) reported receiving regular external supervision. The authors point out that their research highlights the lack of standards in training for this group of counsellors.

This was a small-scale survey which did not have supervision as its primary focus, and used two questionnaires – one for each stage of the research. The authors do not give details about the construction, piloting or validity of the questionnaires, but their follow-up procedures ensured a 90 % response rate. This kind of research is valuable from a number of perspectives and not only supervision, and could be replicated in many parts of the country to establish baseline data for counselling in primary care. It would be useful to have some kind of standardised survey instrument available for such research, which might then be adapted for individual circumstances.

Burton et al. (1998) carried out the most recent post-qualification supervision study relating specifically to psychological therapy in Britain. This was concerned with 90 counsellors working in primary care, of whom 92 % were female and ten were unpaid volunteers. Interestingly, in this study as with the previous one by Clark and Stein (1997), there was no question as to whether the counsellors were in supervision or not, unlike in the American studies previously discussed. The research was predicated on the assumption that all respondents were in supervision. The study surveyed two groups of counsellors, with usable questionnaire return rates of 67 % and 46 % respectively. In the light of the

Clark study above, it is possible that the non-returns might represent counsellors who are not in clinical supervision, among other things.

Participants in the study reported being supervised by individuals with a range of backgrounds, including counselling, counselling psychology, clinical psychology, social work, psychotherapy, nursing/community psychiatric nursing, and psychiatry. Seventy-two per cent of the supervisors were female. Only 25 % of supervisors were currently working in primary care themselves. Satisfaction with supervisors was generally high, but the authors wondered whether there might not be an unconscious tendency among some respondents to be defensive towards themselves and their supervisors.

The authors point out that this study does not contribute to the debate about the impact of supervision on therapeutic outcome, but instead relies on the supervisees' self-reports. However, many of the respondents in the study reported that there could be significant difficulties when the orientations of supervisor and supervisee matched poorly. This possibly lends weight to the finding in the Steinhelber et al. (1984) study, which suggested that clients/patients showed greater improvement when there was congruence in this respect. The authors also comment on the possible bias in self-reporting and self-selection, and they suggest reasons why some counsellors might not have returned questionnaires. Possible sampling bias was addressed with a second group selected at random from a central mailing list of a primary care counselling organisation and matched for age, gender and geographical area.

2.2.4 Psychotherapists

Kevlin (1988) conducted a small-scale study investigating the use of peer supervision among qualified psychotherapists. He was concerned to explore specific characteristics firstly, of peer supervision in contrast to the hierarchical models and secondly, the characteristics of practitioners using this approach. He used a combination of mailing and personal distribution to contact 212 humanistically oriented practitioners to complete a 33-item questionnaire. However, he only managed to obtain a return rate of 16 % (in spite of a follow-up mailing) which is the lowest of all the studies cited here.

His report does not make it clear as to how he identified individuals for the second mailing, unless everyone received two sets of questionnaires automatically. It is possible that peer supervision was not a widely used model at the time of the survey, and practitioners were asked not to complete the form unless they were in such a group. Another possibility is that the complexity of the first set of questions might have proved a deterrent to respondents, who were asked to rate the frequency of occurrence and their agreement with 12 supervisory tasks, and then rank the tasks in order of importance.

One methodological issue appears in his rating scale on this set of questions, where he has a six-point Likert scale (rather than a five or seven point), which ranges from "totally agree", "strongly agree", and "agree", to "no opinion either way", "disagree" and "totally disagree". This gave three possible responses relating to agreement, one neutral response, and two possible responses relating to

disagreement. Thus it is possible that there was an in-built bias in this set of questions because of the imbalance between agreement and disagreement categories.

He found that practitioners see peer supervision as offering support, a place to explore transference issues and blind spots and to review case work, and to check on stress levels. He also found that his respondents differed in certain ways when compared with an earlier study carried out by Frankham (1987) which looked at attitudes towards hierarchical supervision. For example, his peer respondents tended to have more experience, were less defensive, more authentic and obtained greater value from supervision than Frankham's respondents. He does point out the limitations of his study in terms of the very small sample, which makes the results suggestive and worthy of further research, but overlooks the problems inherent in self-report measures as another possible limitation to his study.

2.2.5 Summary of criticisms

A number of criticisms can be made of this group of studies from a methodological and reporting point of view. Seven papers failed to include details relating to the development and piloting of the survey instrument and seven omitted the time taken to complete the survey instrument. One paper omitted demographic data and four studies had low response rates, four had moderate response rates and only three had reasonably high return rates. Three papers omitted a discussion of the limitations of the study, while seven did discuss some or most of the limitations, including references to problems inherent in survey methodology. Three papers were about studies where there was no follow-up mailing to respondents and four omitted a description of the methods of analysis of the data, whether qualitative or quantitative. One paper lacked an adequate discussion of the findings and one had serious recruitment problems, which the authors did acknowledge as a methodological flaw.

Of the seven American studies, three concerned counsellors as supervisees and two concerned psychologists as supervisors, with one including them as supervisees, and one on psychiatrists as supervisors. Only one study concerned psychologists as peer consultation group members. Of the five British studies, two were on primary care counsellors, one was on counselling psychologists as supervisees, one was on educational psychologists as supervisees and supervisors, and one was on psychotherapists as peer supervisors. Only one study referred to supervisors in Britain, so there is a major gap in our knowledge and much work is needed to document current practice in supervision. The present study is an attempt to start to fill this gap.

3 Background

This research came about as a result of professional changes in my career and the recognition that post-qualification supervision was barely understood, both in the USA and in Britain. It seemed important to begin to map the existing picture to develop a framework for understanding the needs of experienced practitioners. In considering how best to investigate the frequency and use of supervision among chartered counselling psychologists, I looked at the options of conducting a series of in-depth interviews with a sample of practitioners and the alternative method of a mailed survey to a potentially much larger group. I chose the latter for both theoretical and practical reasons.

First, conducting a descriptive survey seemed to be a reasonable way to develop a map of existing practices and attitudes towards supervision among a large number of practitioners, and this could provide some baseline data with which future research could be compared and important gaps in knowledge could be identified and filled in at a later date. An important practical reason was the fact that a mailed survey would be less expensive and less time consuming in terms of time spent away from my office, whereas visiting a reasonable sample of psychologists who were also supervisors would have entailed a considerable amount of travelling as well as lost working time. This is a significant consideration for practitioners like myself, who are largely self-employed. Telephone interviews seemed too impersonal and inappropriate for this kind of research, where face-to-face contact is more consistent with the personal and individual nature of psychological counselling and also supervision.

Heppner et al. (1992: 202) suggest that basic survey methods are most appropriate for documenting the nature or frequency of a particular variable within a certain population. Of the various ways of collecting data which they describe (telephone or personal interviews, or self-report measures), it was clear that a questionnaire mailed to my sample of psychologists would be the quickest and most cost-effective way of addressing the questions which interested me. The overall goals of this kind of epidemiological research are to describe, explain or explore the occurrence of a variable.

I consulted a number of authors who have written about survey methods during the preparation of the study and the report. These included Fink and Kosecoff (1985), Moser and Kalton (1986), Oppenheim (1992), Bourque and Fielder (1995), de Vaus (1996), and Sapsford (1999). I chose the Division of Counselling Psychology for several reasons:

1. Because of my professional affiliation and training;
2. Because it was a new division and was (and still is) in the process of developing its own guidelines for professional practice;
3. The chartered membership was still small enough in numbers to conduct a manageable survey to solicit views and experiences, and to provide a baseline against which future research could be compared;

4. It seemed important to ask accredited members their views about their present and future requirements as part of the development of supervision standards and training .

Heppner et al. (1992) point out that much counselling research is based on poorly described phenomena and argue that more descriptive research concerning variables is needed, rather than attempts at verification or testing hypotheses, which has been the preferred model of much research. Reliable and detailed descriptions of phenomena are needed in order to develop and then test particular theories or models. The value of a research design, they propose, is determined by the state of knowledge of the field being investigated and the questions being addressed. Key factors in effective research include psychometrically sound instruments, appropriate sampling strategies, maximised return rates, checks on respondents and non-respondents, and the characteristics of the sample and population parameters. Ultimately the usefulness of the study depends on the quality of the measures that are used and the representativeness of the sample. My goal with this study was to identify current practice and provide a picture from which information could emerge to suggest areas for practice development, training and future research.

3.1 Aim of the study

The study was intended to document counselling psychologists' experiences of the supervisory process, the degree to which they see it as relevant in their continuing professional development and to explore the extent of their current roles as supervisors to others, either in training or at a post-qualification level.

This study is an exploratory one and therefore has no formal hypotheses, which is appropriate to the elementary state of knowledge concerning post-qualification supervision theory and practice in Britain. Instead, it has four main research questions:

1. Given that Chartered Counselling Psychologists are required to be in supervision as part of their continuing professional development, to what extent is it actually used by chartered members of the Division of Counselling Psychology of the BPS?
2. To what extent do they act as supervisors to trainees and/or qualified practitioners?
3. What kind of preparation have they had for this role?
4. What views do Chartered Counselling Psychologists hold about the importance of supervision and its tasks?

It was hoped that this research would yield information of value to the division in terms of mapping what is actually happening among practitioners in a fast developing specialism in applied psychology. It was expected that a substantial number of members would be engaged in supervising both trainees

and qualified practitioners, and that the study would yield information relevant to future training in supervision for this group for whom no formal and specific training currently exists. It was also expected that the study would identify to what extent supervisors have arrangements for the supervision of their own work.

It was also intended that the results of the research would be disseminated to a professional audience. It was hoped that the subject would attract practising supervisors and those embarking on supervision so that their experiences and ideas could contribute to and amplify the survey results in the form of further qualitative data. The particular focus of the workshop was developed from the results relating to training issues. It was intended to stimulate discussion about the need for supervision training and what this should consist of.

The overall aim was to develop a descriptive study offering a broad picture about current practices in supervision, which could help to inform future directions in counselling psychology, particularly relating to continuing professional development. It was recognised that this study could not be comprehensive or address all of the relevant aspects of post-qualification supervision. However, it would be a first step and would, it was hoped, illuminate which areas would be worth following up in subsequent research.

4 THE PILOT STAGE

4.1 The survey instrument

The survey questionnaire was entitled “Counselling Psychologists’ Experiences of Supervision” (see Appendix B for a copy of the questionnaire). It was developed to investigate the four main research topics — concerning the individual's personal supervision for their clinical work, their role as a supervisor to other practitioners, their training for this role, and their views on the importance of supervision.

Five of the authors whose reports on supervision are discussed earlier were contacted and asked to provide copies of their questionnaires. These five were selected because they had published their papers most recently and therefore there was great likelihood of their questionnaires being easily available. Three responded – Dr Kenneth Coll (1995); Dr Paul Rodenhauser (1995); and Dr Mary Burton (1998) — but only two items in their questionnaires were thought to be appropriate for inclusion in the present survey. These were items 5 (“Please indicate the extent to which your work is guided by the following frameworks”) and 28 (“What is the most stressful aspect of your work as a supervisor?”) in the final version of the questionnaire. The former was based on a question relating to theoretical frameworks in the Burton study, and the latter was based on one in the Rodenhauser survey relating to the most stressful aspects of supervising.

A questionnaire devised by Kevlin (1988) to investigate the use of peer supervision was also consulted, and the first 12 items of question 31 includes supervision tasks used in the questionnaire in his own study. The wording of these was modified to fit in with the style and purpose of the present study. Two further items were included at the pilot stage, relating to monitoring client welfare (31:13), and evaluation of the work (31:14).

The questionnaire was accompanied by a covering letter (see Appendix B for a specimen copy) to all respondents. This was kept as brief as possible, with a statement of the reason for the request for help with the research, with the credentials of the author and the method of selection of the participants. The letter included the expected time for completion and emphasised the confidential and anonymous nature of the survey. This was to encourage the maximum number of responses and to facilitate honesty in the replies. Respondents were also asked if they wish to receive summaries of the results at a later date when available, and to return the questionnaire within three weeks.

The pilot survey questionnaire (see Appendix A for a specimen copy of the pilot questionnaire and other relevant material) initially consisted of 29 items and was sent to ten counselling psychologists who agreed to collaborate with this stage of the research. The questionnaire was accompanied by two covering letters and a stamped addressed return envelope. The first letter was a personal one,

explaining that this was a pilot study and requested completion of the questionnaire together with any comments within ten days. The second letter was a draft of the main covering letter intended to be sent to the survey recipients.

Feedback was solicited from the pilot respondents on the clarity of the covering letter and the questionnaire items, the layout, terminology, any omissions or redundant items, the length of time for completion, and any other comments. Nine people responded at this stage and all of them supplied useful comments and suggestions which were incorporated into the final version of the questionnaire.

4.1.1 Action taken as a result of the pilot study

The final version of the questionnaire incorporated a number of minor and more substantial revisions as a result of the pilot stage. The main title was changed from “Supervision Questionnaire” to “Counselling Psychologists’ Experiences of Supervision”, and the title of Part One was changed from “Individual Details” to “About You”.

Part One: Question 3 was expanded to include a wider choice of qualifications. Question 4 included a sentence in parenthesis asking respondents to count the years before becoming chartered. Question 5 was changed to include a five-point Likert rating scale to indicate the degree of theoretical orientation, and also an open-ended section. Question 6 included an open-ended section. Question 7 was reworded and expanded to avoid confusion.

Part Two: Questions 10 and 11 were transposed so that respondents not in supervision could skip the rest of the section and move on to Part Three. Question 12 was expanded to two parts, covering past and present supervision arrangements. Question 14 included a sentence in parenthesis asking respondents to count the total of group supervision hours in the answer. Question 16 omitted the original boxes and included extra categories for the purpose of supervision — namely, professional development, personal development and team issues. Questions 17a, 17b, 18 and 19 were expanded to cover three separate supervision formats in recognition of the fact that many practitioners have more than one arrangement. The items in Question 18 were extended to include Brief/Focused as an additional orientation. The wording of Question 19 was changed slightly to improve clarity.

Part Three: Question 21 included the phrase “on average” in recognition of the fact that the number of supervisees can fluctuate from month to month. Subsections of Question 23 were labelled alphabetically to improve clarity, and an open-ended question was included in the “Other” section. An extra question (number 27) was inserted, asking about the most rewarding aspect of supervision, as a balance to the following one (number 28, based on the Rodenhauser questionnaire) relating to the most stressful aspects.

Part Four: A new question was included (number 29) asking about the importance of training in supervision for supervisors. The wording in Question 30b was changed slightly from “qualified

counselling psychologists” to “Chartered Counselling Psychologists”. Question 31 was modified to exclude the ranking procedure from the pilot stage, as respondents commented that it was difficult and seemed unnecessary. Two additional items were included in this question (items 15 and 16, relating to addressing organisational issues and dealing with team issues) in response to suggestions, and some items were slightly reworded for the sake of clarity.

4.2 THE MAIN STUDY

4.2.1 The survey instrument

The final version consisted of 31 items, including multiple choice, open-ended and Likert rating scale questions, with a coding frame to facilitate analysis of the data. It ran to five sides of A4 paper and was estimated to take 20 – 25 minutes to complete. The questionnaire was divided into four separate parts as follows:

Part One: About you

Part Two: You as a supervisee

Part Three: You as a supervisor

Part Four: Your views on supervision

These covered the following areas:

1. Demographic data
2. The degree to which counselling psychologists make use of supervision for their own clinical work.
3. The type of supervisory arrangements which they use, including their choice of supervisor.
4. Their supervisor's orientation and credentials.
5. Their views about the value of supervision.
6. Their satisfaction with the supervisory process.
7. The extent to which they act as supervisors to others.
8. The amount of training they have received in supervision.
9. The arrangements for supervision of their own supervision.
10. Their views on the various tasks of supervision.

The final section of the questionnaire asked for identification if the respondent was willing to be interviewed at a later stage. This was included as a precaution against a low return rate of mailed questionnaires, so that interviews could be carried out for supplementary information for the research study. In the event, these were not followed up as the survey yielded sufficient data for the purpose of this report.

4.2.2 The mailing list

An approach was made to the British Psychological Society's head office in Leicester to see if it was possible to obtain a copy of the list of chartered members of the Division of Counselling Psychology. However, this route was abandoned because of the financial implications.

The next step was to compile a mailing list of all the Chartered Counselling Psychologists whose names appeared in the 1996-1997 BPS Register, giving a total of 211 altogether. The return labels were printed with a numbered code so that follow-up letters could be sent to those who did not reply. The covering letter (see Appendix B) requested that the questionnaire be returned by 5 July and stipulated that the envelopes would be destroyed to protect confidentiality. The questionnaires were mailed to everyone on this list in June 1997 and a follow-up letter (see Appendix B) with an additional copy of the questionnaire and a stamped addressed return envelope was sent to non-respondents in July. By the final week in August 1997, 108 questionnaires had been returned.

In August 1997, the 1997-1998 Register of Chartered Psychologists was published and a further 100 names of newly chartered counselling psychologists were added to the mailing list. The same procedure was followed as for the first mailing, with a package consisting of a covering letter, questionnaire and stamped addressed return envelope being sent to these individuals. This time, however, the labels were not given a code number as no follow-up was planned. By the end of October there were 44 responses to this mailing.

4.2.3 The returns

Twenty-one additional questionnaires were returned uncompleted. Three were returned unopened because the recipients had moved away. Eighteen were returned for a variety of reasons, including retirement (five), not practising as a counselling psychologist (six) and lack of time to complete the questionnaire (four). One recipient had died, one was away on sabbatical and one thought it was inappropriate to respond because of her connection with the researcher. Altogether 321 questionnaires were sent out (including the pilot versions) and 182 were received, yielding an overall return rate of 57 %. The final number when the incomplete returns was discarded was 161, as the nine pilot questionnaires were included in the analysis of the data where the questions had remained unchanged or only slightly modified. This yielded a total of 161 questionnaires for most items in the analysis, giving a final return rate of 52 %.

4.2.4 The data

The quantitative data from the questionnaires were transferred to a computerised statistical package, SPSS version 7.5 for Windows 95, for analysis. Results were computed for the whole group, and the sample was also split into two sub-groups — supervisors and non-supervisors — so that descriptive statistics were produced and relevant comparisons could be made.

Following the descriptive statistical analysis, a further set of post hoc analysis questions were identified for investigation using inferential statistical methods. A comparison was made between male and female respondents to the survey on a number of variables, for which a new variable was created, called Sexcode. The analysis was conducted on the following questionnaire items:

1. Question 3: qualifications;
2. Question 4: years working as a counselling psychologist;
3. Question 5: theoretical frameworks;
4. Question 6: work areas;
5. Question 8: number of client contact hours per week;
6. Question 19: satisfaction with supervisor;
7. Question 20: working as a supervisor.

In addition to these, the following questions were investigated:

1. Were there any differences between those who were satisfied with their supervisor and those who were not?
2. Was there a relationship between the number of supervision hours and theoretical model?
3. Was there a relationship between theoretical model and working as a supervisor?
4. Was there a relationship between the number of client contact hours and the number of supervision hours?
5. Was there a difference between the mean number of supervision hours of supervisors and non-supervisors?
6. Were supervisors more highly qualified than non-supervisors?
8. Was there a difference between trained and untrained supervisors ratings of the importance of supervision training?
9. Did trained supervisors have more supervision of supervision than untrained supervisors?
10. Did trained and untrained supervisors rate supervision tasks differently?
11. Was there a relationship between hours spent supervising per month and the amount of supervision training?

Kendall's coefficient of concordance was calculated for Questions 5, 16 and 31, where respondents were asked to rate various categories, in order to determine whether there was a significant level of agreement between them.

The open-ended questions were transcribed to provide data to explore themes using content analysis. A number of sources were consulted for guidance with the analysis of the qualitative data, such as de Vaus (1996), Mason (1996) and Pauli and Bray (1996).

The open-ended responses fell into four categories as follows (with the numbers under each heading representing the questionnaire items):

1. Numerical

2 (age), 4 (years), 8 (hours), 11 (years), 13.1 and 13.2 (number of members),

14 (hours), 21 (number of supervisees), 22 (hours).

2. *Single word or phrase*

3.9, 5.9, 6.5, 7.7, 10.5, 12.a.5, 12.b.5, 16.9, 17.a.5, 17.b.5, 18.10, 23.a, 23 c.4.

3. *Phrase or sentence(s)*

24, 27, 28, 31.

4. *Further comments*

This was the final section of the questionnaire and comments could be of any length.

Category 1

Analysis of the first, numerical category was straightforward, since all that was required was to count the frequency of the numbers and to carry out the usual statistical computations.

Category 2

For category two, content analysis was used as the most practical way of dealing with the relatively short and straightforward responses. This approach falls somewhere between quantitative and qualitative analysis as it relates to textual data rather than numerical, but quantification is the most common method of interpreting the results once categories have been defined and the responses have been allocated to them. McLeod (1999: 117) argues that qualitative research is concerned with, among other things, uncovering and illuminating meaning co-created by people acting purposefully and is philosophically distinct from quantitative approaches which conceptualise the participants and the other elements of research as “a set of interacting variables”.

Survey research of the kind in this report consists predominantly of quantitative data and analysis, but where space is allowed for respondents to make their own comments because predefined categories may not cover all of the possibilities in particular questions, then it is necessary to make a decision about how the textual data should be handled. De Vaus (1996), Oppenheim (1992), Sapsford (1999) and Moser and Kalton (1986) all recommend a content analysis approach to handle open-ended questionnaire responses and the procedures they describe are fairly similar. They are also agreed that validity is enhanced when there is more than one judge to decide on the coding of responses, because of the subjective nature of the interpretation of the data. This is not likely to be a problem in large scale surveys where a number of staff are employed in the research and they are able to confer with each other, which are the kinds of studies cited by these authors. However, it is less straightforward in single author research, where colleagues may lack the knowledge or time to collaborate as judges. In the case of this report, the use of another judge had to be limited to three questions (see the next section).

Sapsford (1999: 132) describes three approaches to coding qualitative data, citing the work of Swift (1996). These are representational, anchoring and hypothesis-guided. The representational approach aims to reflect the surface meaning of the responses relating to the basic concepts of the categories used for coding, and perhaps represented by specific key words, for example. The anchoring approach could be described as going somewhat deeper and relates to the context and underlying themes of the

research topic(s), while the hypothesis-guided approach involves coding the responses in such a way that the categories reflect the researcher's theories and test them out in particular ways. In the case of responses in category 2, the aim was to give a fair summary of the content of the replies, because of their brief and practical nature – hence the representational approach was used.

The guidelines suggested by de Vaus (1996: 236) for developing a set of codes from open-ended responses were followed in order to identify themes, words and phrases. The process involves anticipating categories according to one's existing state of knowledge and to develop a partial coding or classification scheme. The next step entails surveying the questionnaires to see if the responses actually fall into proposed categories and developing additional categories to cover the range of themes. Each category was given a name, so that the frequency of the individual responses falling under a heading could be counted. So for example, in question 6 (concerning the areas of work), there were 42 responses falling into 16 categories, but most of these (79 %) fell into seven broader categories, with the remaining categories covering just one response each.

Categories 3 and 4

In the case of categories three and four, with longer responses, the transcribed data were collected and sifted through in order to identify what might emerge from the relevant material in terms of common or divergent themes and concepts about the subject of supervision.

Mason (1996) gives guidance for sorting, organising and indexing qualitative data, and her suggestions for cross sectional and categorical indexing were followed. These offer a consistent system for indexing a set of data using a common set of principles and classificatory categories. The methodology is suitable for text-based data and allows the researcher to gain a systematic overview of the scope and range of the material and to organise it in an orderly manner. It permits the location and retrieval of issues, themes and topics, an assessment as to whether the data address the research questions and theoretical concerns, and creates the possibility of focusing on the core and most relevant aspects. It makes it possible to establish how well the data address the research questions and theoretical concerns, to gain an “analytical handle” on the data, and to focus on what is relevant.

To analyse the long open-ended responses a manual approach was used, as there was insufficient material to justify the time and expense of using computer software for qualitative analysis (see Appendix C). The transcribed responses were tagged with identification codes and the themes emerging from the data were marked on the pages. These were then separated into individual topics according to the units of meaning and were allocated to the previously identified broad categories, or they were reserved for further classification if they did not fit. Most of the responses to questions 24, 27, 28 and 31 were brief and consisted of a sentence or two on the whole.

An independent judge (a Chartered Counselling Psychologist with extensive experience as a supervisor) was asked to assist at the second sorting stage with questions 27, 28 and 31. His role was to allocate the responses to the main categories, and the results were compared with the author's to determine the level of agreement. Where there were differences between the two judges, further

discussion took place to reconcile them where appropriate. The method used to compute the agreement between the two judges was that described by Clarkson and Aviram (1995), consisting of calculating the percentage of attributes that the two judges grouped in the same category. This method allowed the computation of percentage agreement for the individual categories as well as an overall figure for each of the three questions concerned.

Responses in the General Comments section tended to be longer and in some cases consisted of two or three paragraphs. In this instance, an independent judge was not used because of the greater complexity of ideas and meaning. This decision was taken on the grounds of the time it would have taken to complete this task, the cost in terms of financial compensation to a suitably qualified and experienced fellow professional for the work involved, and the lack of availability of such a colleague (a number of colleagues were approached but declined because of the pressure of work in their own lives). The responses were sorted into provisional categories as these emerged from the process of moving between the data and the broad headings. The “slices” of meaning were placed in groups and a list was made of the headings in order to create the initial index.

Next, the text was reread, in the light of Mason’s literal and interpretive guidelines, with revisions being made in the headings where necessary. Sometimes a “slice” was reallocated to a different category where the meaning had seemed ambiguous or obscure on the initial reading. During this process, brief notes were kept on the decisions taken at the different stages of analysis and on the definitions of the categories during the earlier trial allocations. The analysis continued with constant rereading and revision until the sorting seemed to be complete. Once the sorting stage was finished, the slices were allocated to category files. Initially 16 categories emerged and these were reduced again to a smaller set of six broader categories, as some of the original ones had only one or two items in them. The final results of this sorting and classifying process are presented in an edited form in Chapter Five: Results and Discussion section of this report.

CHAPTER FIVE: RESULTS AND DISCUSSION

5.1 Overview

This chapter presents the combined results and discussion from the research project and is divided into two parts. Part One concerns the quantitative data from the questionnaire, together with the qualitative results from the open-ended questions which have also been quantified where appropriate. Part Two is devoted to summarising and discussing the main themes and issues which arose from the final open-ended question of the survey form. The chapter aims to set the results of the research in the larger context of psychological therapy in Britain, and to link them with existing research data to help build up a picture of the role of supervision and current practice in counselling psychology.

During the preparation of this research report, the survey described in section 2.2.2 in Chapter Two was carried out in the form of a questionnaire mailed to over 1100 members of the Division of Counselling Psychology (DCoP) by Robert Bor and Helen Achilleoudes (1999). Where relevant, these results will be compared with the data from the present study as they provide a useful check where aspects from each study overlap or converge. In particular, these relate to the demographic data, fields of work, theoretical frameworks, and a couple of aspects of supervision. For the sake of clarity, the Bor and Achilleoudes' research will be referred to as the *DCoP members' study*, while the present research will be referred to as the *supervision study*. In addition, comparisons will be made where relevant with the two other main British supervision studies described in Chapter Two – the educational psychologists' supervision study (Lunt and Pomerantz, 1993 in section 2.2.1), and the counsellors in primary care study (Burton et al., 1998 in section 2.2.1). Data from other studies will also be included for comparison and discussion where relevant to specific topics.

In this chapter, only the results from all respondents are included, while the tables relating to data from the supervisors' and non-supervisors' groups are included in Appendix D. Appendix D also includes certain other results for information and reference purposes.

5.1.1 PART ONE

5.1.2 Return rates

It is important to remember that the members' survey was mailed to all members of the DCoP, whereas the present supervision survey was sent only to chartered members. The return rates from the two surveys were rather different, with 32 % (n = 385) returning questionnaires from the DCoP members' survey and 52 % (n = 161) returning them from the supervision survey. Whereas all respondents in the present survey were chartered members, only just over half (54 %) in the members' survey were chartered, while 19 % (n = 74) were in training to become chartered.

The return rate for this study seems to be reasonably on target when compared with those reported in other studies. Prochaska and Norcross (1983) found a 41.2 % return rate in their survey of clinical psychologists, which they said was consistent with other survey response rates for this professional

group over a 20-year period. Heppner et al. (1992: 205) state that a 30 – 40 % return rate is common after the first mailing of a research survey, with a further 20 % and ten per cent return after two follow-up mailings. They point out that there is little agreement among researchers about an acceptable return rate, as some authors publish work based on 40%, while others recommend 50 or even 80 - 90 %. With lower return rates of, say, 30 %, there are doubts about the external validity of the data.

Bourque and Fielder (1995) suggest that 30 % is to be expected for a single mailing with a sample of unmotivated respondents — about the level found in the DCoP members' survey. On the other hand, with follow-up mailings and possibly telephone contact to an interested and motivated sample, the response rate may reach levels as high as 70%. The return rate in the educational psychologists' study was 62 %, reducing to 58.5 % when the unusable forms were discarded from the analysis. However, the initial sample was only 200, out of a much larger possible membership which could have been surveyed. In the primary care counsellors' study, return rates for the two groups investigated were 67 % and 46 % after discarding incomplete questionnaires.

5.1.3 Demographic characteristics

The results of questions 1 to 9 and question 11 are summarised in Table 2 overleaf.

Question 1: Are you male/female?

Of the total sample of 161, 96 (60 %) respondents were female, 63 (39 %) respondents were male, and two respondents failed to answer this question. There were 118 respondents in the supervisors' group, of whom 71 (60 %) were female and 46 (39 %) were male, with one respondent failing to answer this question. In the non-supervisors' group, 23 (58 %) were female and 16 (40 %) were male, with one respondent failing to answer this question.

Question 2: Your age?

Of the total sample, 154 respondents answered this question. Seventy-one per cent of the respondents were in their forties and fifties, with 14 % under the age of 39, and 12 % over the age of 60 years. The overall mean age was 49 years with a standard deviation of 8.5. The mean age for women was 48 years and for men 50 years. In the supervisors' group 114 people responded (out of a possible 118), yielding a mean age of 49 years, while in the non-supervisors' group 37 people responded (out of a possible 40), giving a mean age of 48 years. Table C.1 in Appendix C shows the frequency of ages of all respondents in ten-year bands. Note that the supervisors' and non-supervisors' figures fall three short of the overall total responding to the question, and three respondents did not specify whether they were supervisors or not (see Question 20). Four female respondents and one male respondent did not give their age and two did not give their age and gender.

Table 2 Summary of demographic data

Question	Variable	n	%	M	SD
1	Gender				
	Total	159			
	Female	96	60		
	Male	63	39		
2	Age				
	Total	154	96	49	8.5
	Female	92	60	48	7.8
	Male	62	40	50	9.4
3	Qualifications				
	Dip. Couns	35	22		
	Dip. Psycho.	20	12		
	Dip. Couns. Psy.	9	6		
	St. Equivalence	131	81		
	MA/MSc	87	54		
	PhD/DPsych	28	17		
	Clin. Psych.qual.	25	16		
	Other	33	21		
4	Years working	155	96	11.4	6
5	Orientation				
	Humanistic	40	25		
	Psychodynamic	46	29		
	CBT	20	12		
	Existential	17	11		
	Body-oriented	1	.06		
	Systemic	11	7		
	Integ/Eclectic	52	32		
	Brief/focused	12	8		
	Other	10	6		
6	Areas of work				
	Client work	158	98		
	Consultancy	78	48		
	Teaching/Train.	103	64		
	Research	61	38		
	Other	38	24		
7	Contexts of work				
	Primary care	44	27		
	Private practice	104	65		
	Student counsel.	17	11		
	NHS	65	40		
	Private medical	15	9		
	Work counsel.	38	24		
	Other	16	10		
8	Client hours	150	93	14.7	7.8
9	In supervision?				
	Yes	146	91		
	No	15	9		
11	Years in supervision	134	83	10.6	5.2

Note: Abbreviations: - Qualifications: Dip Couns = Diploma in counselling; Dip. Psycho. = Diploma in Psychotherapy; Dip. Couns. Psy. = Diploma in Counselling Psychology; St. Equivalence = Statement of Equivalence; Clin. Psych. Qual. = Clinical Psychology qualification. Orientation: CBT = Cognitive-Behavioural Therapy; Integ / Eclectic = Integrative / Eclectic. Areas of work: Teaching/Train. = Teaching/Training. Contexts of work: Student counsel. = Student counselling; Private med. = Private medical service; Work counsel. = workplace / employment counselling. Percentages have been rounded to the nearest whole number.

In the present study, two-thirds of the respondents were female and one third male, with similar proportions in the supervisors' group. The members' survey yielded a similar ratio of males to females – that is, 37 % and 63 % respectively. The educational psychologists' study had a more even balance of men and women, with 47 % males and 53 % females, while the primary care counsellors were

overwhelmingly female at 92%. However, the latter study showed that a substantially lower proportion of the counsellors' supervisors were female – that is, 72%, indicating that more men were occupying this higher level role. A membership survey carried out by the British Association for Counselling (1998) supports the view that the counselling and psychotherapy world is female dominated, where figures are available. This latter survey showed that 70 % of BAC members were female, mostly aged between 46 and 55 years, and 40 % were “involved in supervision”. There is some ambiguity about this latter phrase as it does not differentiate between those who supervise and those who are being supervised.

American research indicates a marked shift in the feminisation of psychotherapy professions (Munson, 1997) since the 1970s. For example, in 1975 in the US, 60 % of clinical social workers, 27 % of psychologists and 12 % of psychiatrists were female. By 1994, these figures had risen to 83 %, 44 % and 28 % respectively for each professional group. Munson comments that traditionally women have remained in the practice role, while men have tended to gravitate to posts involving administration and academic work. However, this pattern may be reversing, with women now becoming the majority in graduate enrolment programmes in the United States. McNeill (2000) says that the figure has now reached 75 % having risen from 40 % since the 1980s. Undergraduate enrolment in British psychology programmes approached 75 % female by the mid-nineties (Radford and Holdstock, 1995) but figures for enrolment in post-graduate courses are not available, although it is likely that a similar pattern exists at this level, too. An enquiry to the British Psychological Society's head office yielded the information that statistics on the male-female ratio of members are not kept.

Seventy per cent of the present survey respondents were aged between 40 and 59 and there was a mean age of 48 years, with an average of 11 years experience of working as a counselling psychologist. In the DCoP members' survey the mean age was 47 years and there was no information concerning the length of professional experience. The authors report that they found a bimodal age distribution in their sample, with a peak in the early thirties and again in the fifties. This would be consistent with the nature of their sample which included members in training who are likely to be younger, while the present survey is mainly confined to the more experienced and older section of the division. Ages for the educational psychologists were not included in the study report. However, the average duration of employment as educational psychologists was 11.6 years. The primary care counsellors had a mean age of 49, with an average of seven years' professional experience. Their supervisors had a mean age of 50 years and a mean of 17 years' experience in the field.

These data, and that from other studies (Borders and Usher, 1992; McCarthy et al., 1994; Sutton and Page, 1994; Coll, 1995; and Rodenhauser, 1995) suggest that both in Britain and the United States, the typical mature practitioner is likely to be in their forties or early fifties, at the peak of their career and to be female, with the exception of psychiatrists. With professional experience averaging between seven and twelve years, it seems that counselling and therapy may entail a change of direction or second career for many practitioners. Another possibility is that the dominance of women in the profession as a whole apart from psychiatry (Rodenhauser, 1995) means that females may enter the profession later because of their family responsibilities, or may take career breaks.

Question 3: What are your qualifications?

One hundred and thirty-one respondents (81 %) said they had the Statement of Equivalence² and 30 failed to answer this section, even though at the time of the survey the Statement of Equivalence was the only route to becoming Chartered as a Counselling Psychologist. The next most frequent was a Master's degree with 87 respondents (54 %) stating they possessed this qualification. Twenty-eight respondents (17.4 %) were qualified at doctoral level – either PhD or DPsych/PsyD – and 25 (15.5 %) possessed qualifications in clinical psychology.

A comparison was made between male and female respondents on this question, and a series of chi square tests showed no significant differences between the sexes on any of the qualifications except that all eight of those with the Diploma in Counselling Psychology were female, $\chi^2 (1, n = 158) = 3.97$, $p < .05$. Given the small sample, this is unlikely to reflect any general trend.

Chi square tests on the other qualifications were as follows: Diploma in Counselling: $\chi^2 (1, n = 158) = .32$, $p = .57$ (n.s.); Diploma in Psychotherapy: $\chi^2 (1, n = 158) = .07$, $p = .80$ (n.s.); Statement of Equivalence: $\chi^2 (1, n = 158) = .00$, $p = 1.00$ (n.s.); MA/MSc: $\chi^2 (1, n = 158) = .34$, $p = .56$ (n.s.); PhD/DPsy: $\chi^2 (1, n = 158) = .02$, $p = .89$ (n.s.); Clinical Psychology qualification: $\chi^2 (1, n = 158) = 1.27$, $p = .26$ (n.s.); Other qualification: $\chi^2 (1, n = 158) = .44$, $p = .51$ (n.s.).

It is worth bearing in mind that the questionnaire did not distinguish between the British Psychological Society's Diploma and the diplomas awarded by a number of universities as a preliminary or alternative qualification for a Master's degree in counselling psychology. Since at the time of the survey the BPS Diploma was not the normal route to becoming chartered, so it is most likely that these respondents had diplomas awarded by other bodies.

Thirty-seven respondents in the whole group completed the item relating to "Other qualification" (see Table C2 in Appendix C) while 27 did so in the supervisors' group and five did so in the non-supervisors' group (see Appendix D, Table D.3). Some of these entered more than one additional qualification.

As far as qualifications are concerned, 54 % of the present study had Master's level degrees, while the DCoP members' study had 51 % with Master's degrees. Seventeen per cent of the present study had doctorates, while only 4.2 % were qualified to doctoral level in the DCoP members' study. Interestingly, in the supervisors' group the proportion with a Master's degree reached nearly two thirds, which was probably a reflection of the experience and length of training of those carrying out this kind of work. On average, the chartered members in the supervision study had been working as counselling

² The Statement of Equivalence was a transitional arrangement whereby experienced counselling psychologists could produce evidence that their training and qualifications were equivalent to the present Diploma in Counselling Psychology.

psychologists for 11 years. Details of the educational psychologists' qualifications are not given in their report. However, it seems reasonable to assume that they were all chartered or eligible to be chartered, as respondents were all full members of one of two professional registers (BPS Division of Child and Educational Psychology and the Association of Educational Psychologists).

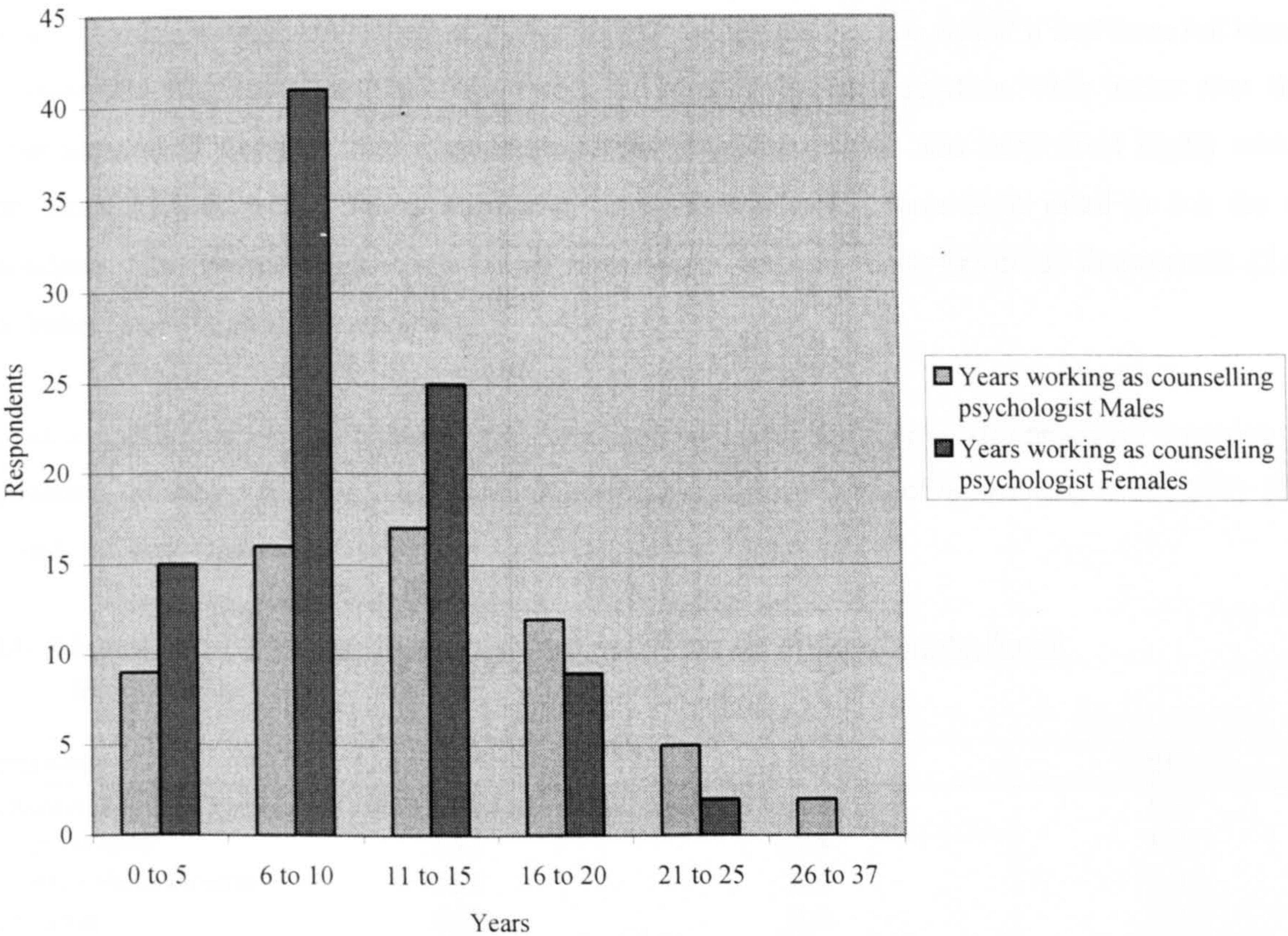
In the primary care counsellors' study, ten per cent had a first degree, six per cent had a Master's degree, two per cent had a doctorate and 82 % had another qualification. Their supervisors' qualifications included four per cent with a first degree, 22 % with a Master's degree, ten per cent with a doctorate, 44 % with another qualification, and 19 % fell into the "don't know" category. It can be seen that there are marked differences in the educational levels between the psychologists and the primary care counsellors. All of the psychologists in the supervision study held higher degrees or comparable post-graduate qualifications, while the counsellors' group had only 18 % with either a first or higher degree, and among their supervisors only 36 % had either a first or higher degree. The overall conclusion therefore is that the more senior psychologists are the most highly qualified and have worked longer, while the counsellors and their supervisors tend not to be graduates or have fewer higher academic qualifications.

Question 4: How many years have you been working as a counselling psychologist?

One hundred and fifty-five respondents answered this question. The mean number of years spent working as a counselling psychologist was 11.4 and the standard deviation was 6. The mean number of years for the supervisors' group was 11.7 with a standard deviation of 5.8, and for the non-supervisors 10.5, with a standard deviation of 6.3. Table C.3 in Appendix C shows the frequencies and percentages for all respondents collapsed into five-year bands. Just over half (53 %) of all respondents had been working for up to ten years and two respondents had been working for more than 26 years. Fifty per cent of the supervisors had been working for more than ten years.

A post hoc comparison was made between male and female respondents on this variable and a Mann-Whitney U- test was carried out to compare the ranks for the $n = 61$ males versus the $n = 92$ females. There was a significant difference between the two groups ($z = -3.037$, $p < .002$) with males working longer than females as counselling psychologists. The mean number of years for males was 13.48 with a standard deviation of 7, while for females it was 10.11 years with a standard deviation of 4.7. Figure 1 shows a higher proportion of women in the first 15 years of practice when compared with men, and then a preponderance of men during the remaining years of practice. It is possible that women's careers in counselling psychology may be a second one, or that they have taken time out for family reasons, so that although they are more numerous in the profession, their careers tend to be shorter than men's.

Figure 1 Years working as a counselling psychologist for men and women



5.1.4 Orientation

Question 5: Indicate the extent to which your work is guided by various theoretical frameworks.

The theoretical frameworks which respondents were asked to rate on a five-point scale were “humanistic”, “psychodynamic”, “cognitive-behavioural”, “existential”, “body-oriented”, “integrative/eclectic”, “brief/focused”, and “other”. The scale ranged from 1 (“Not at all”) to 5 (“Very greatly”). To gain an overall picture, the frequency with which each framework was rated as “5” was compared, as shown in Table 3. The single largest group was “integrative/eclectic” at nearly one third of respondents, while “psychodynamic” and “humanistic” were at around a quarter each.

Table 3 Frequencies and percentages of different orientations rated at “5” (very greatly)

Framework	n	%
Humanistic	40	24.8
Psychodynamic	46	28.6
Cognitive-Behavioural	20	12.4
Existential	17	10.6
Body-oriented	1	0.6
Systemic	11	6.8
Integrative/eclectic	52	32.3
Brief/focused	12	7.5
Other	9	6.2

Table 4 summarises the means and standard deviations of ratings for the various theoretical frameworks, based on the main survey group of 152 respondents, as the question differed in the pilot version. Missing values were coded as 1 (“not at all”) on the assumption that if it had been left blank, the respondent did not regard that framework as relevant to their practice. This meant that that comparisons could be made across all frameworks. “Psychodynamic” was rated most highly with a mean score of 3.4, while “humanistic” and “integrative/eclectic” were both rated at 3.1 for all respondents. The lowest mean rating for all respondents was for “body-oriented” frameworks (1.4), with “other” coming next highest at 1.5.

Kendall’s coefficient of concordance was calculated to assess the degree of agreement between the respondents on these variables. The results indicated a significant level of agreement, $W = 0.277$; $X^2 = 336.304$, d.f. 8; $p < .001$.

Table 4 Summary of mean ratings and standard deviations for all frameworks for all respondents

Framework	n	Mean	SD
Humanistic	152	3.1	1.4
Psychodynamic	152	3.4	1.4
Cognitive/Behavioural	152	2.9	1.3
Existential	152	2.3	1.4
Body-oriented	152	1.4	.8
Systemic	152	2.1	1.3
Integrative/eclectic	152	3.1	1.6
Brief/focused	152	2.5	1.3
Other orientation	152	1.5	1.2

Cross-tabulations and Kendall’s tau-b were used to analyse the differences between males and females on theoretical frameworks. Out of the nine possible theoretical framework variables, the only one to show a significant difference between males and females was “Existential” which showed a significant difference using Kendall’s tau-b ($p < .04$). However, this was the only one out of nine variables and it is likely that this is a statistical artefact due to the number of comparisons made. Using the Bonferroni correction to reduce the risk of obtaining significant mean differences by chance, the alpha level would have been set at .005, thus ruling out the one statistically significant result.

The results of the analysis for the other theoretical frameworks were as follows: Humanistic: tau-b = -.08, $p = .26$ (n.s.); Psychodynamic: tau-b = .08, $p = .30$ (n.s.); Cognitive-behavioural: tau-b = -.01, $p = .88$ (n.s.); Existential: tau-b = -.16, $p = .04$ (n.s.); Body-oriented: tau-b = -.06, $p = .58$ (n.s.); Systemic: tau-b = -.04, $p = .64$ (n.s.); Integrative/Eclectic: tau-b = -.05, $p = .51$ (n.s.); Brief/focused: tau-b = -.02, $p = .83$ (n.s.); Other: tau-b = .07, $p = .43$ (n.s.).

There were 21 responses to the category for “other” framework in Question 5 (see Table C.4 in Appendix C). Two respondents put answers already covered in the question and one response was unclassifiable, so these three were excluded.

Data from the DCoP study and this one were compared to see how much agreement there might be regarding preferred theoretical frameworks. However, there were some differences in the categories in the two counselling psychologists' questionnaires, which ruled out making exact comparisons. Nevertheless, in both studies, "integrative" came out as the most frequently preferred framework, with 32 % in the supervision study and 38 % in the DCoP members' study. "Psychodynamic" came second with 29 % and "humanistic" was slightly behind in third place at 25 % in the supervision study. In the members' study second place was taken by "cognitive-behavioural therapy" at 20 % and third place by "psychodynamic" at 18 %.

The DCoP members' study authors treated "humanistic" and "person-centred" as two different categories, yet it can be argued that the latter framework is actually part of the broad strand of therapeutic approaches and philosophy, that come under the general heading of "humanistic". If their separate figures are combined ("person-centred" = 13.5 %, and "humanistic" = 11.7 %) and classified as "humanistic", then an overall figure of 25.2 % is reached, which would then come in second place, superseding the "cognitive-behavioural" category. This suggests that there is broad support for integrative and humanistic approaches among the members' study sample, with integrative approaches being the most frequently cited model by counselling psychologists as a whole.

These results are consistent with findings from the USA. Prochaska and Norcross (1999: 4) have compiled research from a variety of sources which indicate that some 40 % of counselling psychologists describe themselves as integrative/eclectic, and that this is the most common orientation. Norcross and Newman (1992:16) have argued that age and clinical experience seem to be positively correlated with a pluralist approach and that the reliance on a single theory and a few techniques may be the result of inexperience. Increased clinical diversity, resourcefulness and pragmatism seem to result from greater therapeutic experience. They suggest that between one third and a half of all American therapists eschew a singular orientation and prefer to identify themselves as integrative or eclectic.

Interestingly, respondents' supervisors in the present study showed a different pattern in their theoretical orientations. In contrast to the integrative – psychodynamic – humanistic preference pattern of Chartered members and the integrative – humanistic – CBT pattern of the Division members, the individual and group supervisors in the present study showed a preference for psychodynamic, followed by humanistic, and thirdly integrative approaches. No clear reasons seem to account for this difference, but the supervisors came from a variety of backgrounds and only around half were actually psychologists. CBT approaches are much more likely to be used by psychologists than other professionals, simply because of the emphasis on this model in many clinical psychology programmes, and on its historical antecedents such as learning theory and behaviourism during undergraduate training.

Only the co-supervisors showed a fairly even balance between humanistic, psychodynamic, CBT and integrative approaches, but this was a small group of 28 and caution needs to be exercised about generalising from it. The primary care counsellors' theoretical orientations were primarily psychodynamic, humanistic, brief/focused or eclectic, while their supervisors' main orientations were

psychodynamic and humanistic, but precise frequency figures were not supplied in the report. This group of counsellors seem to differ from the main body of counsellors, as indicated by the British Association for Counselling (1998) membership survey, which showed that half of members use a person-centred approach, one quarter work psychodynamically, and one third describe themselves as integrative. (There is some ambiguity in the BAC report as these figures do not add up to 100 %, so presumably the integrative counsellors also gave their core model in the survey.)

5.1.5 Employment

Question 6: In which of the following areas do you work?

The major area of work for respondents was with clients, with 158 (98 %) saying that they were engaged in this field (see Table 2). The next most frequent work area was teaching/training, with nearly two-thirds engaged in this and nearly half were involved in consultancy. Almost a quarter of the respondents said they were also working in other fields.

A chi square test for independence was used to determine whether there was a significant difference between men and women on areas of work, but the results showed that there was none: General practice/primary care: $\chi^2 (1, n = 158) = 1.22, p = .27$ (n.s.); Private practice: $\chi^2 (1, n = 158) = .00, p = 1.00$ (n.s.); Student counselling service: $\chi^2 (1, n = 158) = .36, p = .55$ (n.s.); NHS hospital/clinic setting: $\chi^2 (1, n = 158) = .76, p = .39$ (n.s.); Private medical service: $\chi^2 (1, n = 158) = .00, p = 1.00$ (n.s.); Workplace/employment counselling service: $\chi^2 (1, n = 158) = .26, p = .61$ (n.s.); Other: $\chi^2 (1, n = 158) = 1.03, p = .31$ (n.s.).

Forty people answered the “other” section, but two responses were excluded because they had been covered in the previous question items. Of the remaining 38 valid responses, three included more than one other area of work. Supervision was the most frequent area with 13 out of the 42 responses, while writing occurred six times. See Table C.5 in Appendix C for further details of other areas of work.

Question 7: Indicate the contexts in which you see clients/patients for psychological therapy and the percentage of total client working time that you spend in each.

Private practice was the most frequent context of respondents’ work with nearly two-thirds occupied in this area, followed by four in ten working in National Health Service hospitals or clinics (see Table 2). Primary care and workplace counselling formed the next largest contexts with approximately one in four occupied in each of these areas. Student counselling, private medical service and “other” contexts ranged around the ten per cent level. Figures for supervisors and non-supervisors are included in Appendix D.

Respondents were asked to estimate the amount of time they spent in the different contexts of work. Not all respondents supplied these figures and some completed this section erroneously. Incorrect figures were excluded from the analyses below. Those working in National Health Service settings spent an average of half of their time there, while private practice also took nearly this proportion of

respondents' time.

Table 5 Percentages of mean time spent in different work contexts for all respondents

Context	n	Mean % of time
Primary care	35	29.9
Private practice	83	45.2
Student counselling	11	45.5
NHS hospital/clinic	52	49.0
Private medical service	8	25.0
Work counselling	31	39.5
Other contexts	13	30.8

Table 5 shows the breakdown of time spent in each context into segments of time for all respondents, as follows: 1. Up to 25 %; 2. 26 – 75%; 3. 76 – 100%. It is worth noting that only two respondents were working between 26 and 75% of their time in any setting at all, and that the majority of respondents were spending up to one quarter of their time in a particular setting. The three right hand percentage columns refer to the percentages of respondents in each time segment.

Table 6 Breakdown of time spent in work contexts for all respondents

Context	Number of respondents			Percentage		
	0-25%	26-75%	76-100%	0-25%	26-75%	76-100%
Primary care	33	0	2	94.3	0	6.7
Private practice	60	1	22	72.3	1	26.5
Student counselling	8	0	3	72.7	0	27.3
NHS hospital	35	1	16	67.3	2	30.8
Private medical	8	0	0	100.0	0	0
Work	25	0	6	80.6	0	19.4
Other	12	0	1	92.3	0	7.7

Note: The three right hand percentage columns refer to the percentages of respondents in each time segment

Question 7.7: Other contexts of client work

There were 19 respondents to this question who gave a total of 29 work contexts. Nine respondents put “Education/training”, two put “Research”, three put “Supervision”, two responses were already covered by previous items in the question, and one answer was unintelligible. These 17 were excluded from Table C.5 in Appendix C on the grounds that the question was probably not understood correctly.

One respondent in the voluntary sector category mentioned Cruse bereavement work, while the other three did not specify the kind of agency where they worked. One of the two mental health agencies was run by social services, while the other was a community mental health team.

Both counselling psychology surveys asked questions about areas of work, but differences in wording made exact comparisons difficult. However, nearly all the respondents (98 %) in the supervision survey were engaged in client work, while somewhat fewer (86 %) were in the DCoP members’ study. Two-

thirds of the supervision sample were involved in teaching and training, while just over half (51 %) of the members' sample were working in these fields. Slightly more than one third of the supervision survey respondents carry out research, while four out of ten of the members' survey are involved in research. Nearly half of the supervision group is involved in consultancy, but there are no comparative figures available for the members from the DCoP study for this activity.

Nearly two-thirds of the supervision respondents have a private practice, but the number in private practice in the DCoP members' group is much lower – at just over one quarter (27 %), probably reflecting the much smaller number of accredited members in this group. However, nearly half of these respondents said they were self-employed, so presumably the employment was not only connected with private client work, but also with other activities. There were roughly similar proportions in each sample working in the NHS, however, with 40 % and 42 % in the supervision and members' groups respectively. There were no relevant data for these areas in the educational psychologists' and primary care counsellors' studies. The latter group was working in the National Health Service by definition, but presumably, they could also have had other part-time occupations. The educational psychologists were all working in local authority educational services and some of these might have been part-time posts, but no actual data are provided.

The occupational picture for counselling psychologists seems to consist of a substantial level of self-employment, with many people engaged in a variety of areas simultaneously. This could be a consequence of the lack of full-time posts for counselling psychologists as yet, or alternatively it may be that that members actively prefer a mix of activities, rather than spending 100 % of their time in client work. Private practice also offers considerable freedom and individual control over one's working life, which is often attractive to established practitioners with active professional and referral networks. This picture of self-employment and varied work contexts is also reflected among BACP members, according to the 1998 survey, with 65 % working independently, one fifth working in medical settings, and one third involved in training.

Question 8: Average number of client contact hours per week

One hundred and fifty people responded to this question, of whom one third were seeing clients for up to ten hours per week, while 47 % were spending between 11 and 20 hours per week on client work. Just over 18 % were spending between 20 and 40 hours per week with clients. The average number of client contact hours per week was 14.7 and the standard deviation was 7.8. For the supervisors' group, the mean was 14.4 with a standard deviation of 7.2, and for the non-supervisors' group it was 14.6, with a standard deviation of 8.7 (see Appendix D for the relevant table D.11). Table C.7 (see Appendix C) shows the frequency of client hours in five-hour bands.

A Mann-Whitney U-test was carried out to determine whether there were any gender differences on this variable. The analysis showed that there was no significant difference between males ($n = 58$, sum of ranks = 4027.0) who had a mean of 14.3 client contact hours per week, and females ($n = 87$, sum of ranks = 6558.0), who had a mean of 15.1 hours, ($z = -.837$, $p = .40$, 2-tailed).

5.1.6 Supervision

Question 9: Are you in supervision?

Of the whole group an overwhelming majority of 146 (91 %) respondents said they were in supervision while only 15 (9 %) said they were not (see Table 2). Of the supervisors' group, 109 (92 %) said they were in supervision and nine (8 %) said they were not. Of the non-supervisors' group, 36 (90 %) said they were in supervision, while four (10 %) said they were not.

There was a consistent result for engaging in clinical supervision from both counselling psychologists' surveys – nine out of ten respondents reported being in supervision. There was a slightly puzzling figure relating to supervision in another question in the DCoP members' survey. This concerned the percentage of time spent in various professional activities, of which receiving supervision was one. In the members' survey the figures indicate that 71 % spend an average of six per cent of their working time in supervision, which is rather different from the 90 % figure. The difference might simply be a matter of the number responding to the question, as 350 answered the question about being in supervision and 274 answered the question relating to the amount of working time devoted to supervision.

In the members' survey, the number providing supervision was 50 %, while three-quarters of the respondents in the present study were working as supervisors. This difference probably reflects the greater seniority and experience of the chartered members' group, in contrast to the broader membership of the division. Although 15 respondents (9 %) in the supervision study were not in supervision, only three of these actually believed that supervision was unnecessary. In the DCoP members' study five per cent were not in supervision and five per cent did not answer this question. The study did not look at their views on the need for it.

Among the educational psychologists, 44 % reported being in supervision, but only 17 % of the sample were getting as much as one hour per month regularly. The primary care counsellors' study does not report whether any respondents were not in supervision, so the reader is led to assume that everyone was. In this group, most had individual supervision once a fortnight, while 17 % had individual supervision once a week. Thirty-nine per cent had more than one supervision format – either individual plus group or peer supervision. Figures for average amounts of monthly supervision were not reported in the article.

The overall picture is that 91 % of counselling psychologists surveyed are being supervised, and that all of the primary care counsellors surveyed are also supervised. For educational psychologists on the other hand, supervision has a much lower profile and is more erratically provided. The important qualifications here are firstly, that we do not know how typical the survey respondents are of their respective professional groups as a whole and secondly, whether there have been changes since the educational psychologists' survey in 1993.

Question 10: If you are not in supervision, is it because....?

This question aimed to find out why respondents were not in supervision and provided four possible reasons, as well as an open-ended section. The suggested reasons were because it was too expensive, it was not necessary, there was not enough time and because there was no suitable supervisor available. Out of the 15 respondents who said they were not in supervision, only three said it was not necessary, three had not enough time and five said there was no suitable supervisor available. No one said they believed it was too expensive.

In the “Other reasons” category there were nine responses. Three people said they had informal supervision when they needed it, three said they were between supervisors (in transition) and one said that supervision was not available at their place of work. Two respondents said they were in peer or co-supervision, indicating that they had understood the question to refer only to individual hierarchical supervision. Respondents were able to tick more than one item in this question which is why the number of responses is greater than the number not in supervision.

Of the non-supervisors’ group two members thought that supervision was not necessary, two did not have enough time, and two had no suitable supervisor available. Of the supervisor’s group, one did not have enough time for supervision and three had no suitable supervisor available. As expected, no one in the supervisors’ group said they believed that supervision was not necessary.

Question 11: How many years have you been in supervision?

Of the whole group, 134 respondents answered this question. The mean number of years in supervision was 10.6 and the standard deviation was 5.2. Of the supervisors’ group, 99 responded, giving a mean of 10.8 years in supervision and a standard deviation of 5.1. Of the non-supervisors’ group, 34 answered, giving a mean of 7.9 years in supervision, with a standard deviation of 4.7.

The data for all respondents were recoded into five-year bands up to a maximum of 25 years for greater simplicity. The largest group (43%) had been in supervision for between six and ten years and nearly 13 % had been in supervision for between 16 and 25 years. See Appendix D for Figure D.1 which shows the distribution of years of supervision among all respondents before recoding into five-year bands, and Table D.12 for the breakdown for supervisors and non-supervisors.

Table 7 Number of years in supervision in five-year bands for all respondents

Years	f	%	Cum %
0 – 5	28	20.9	20.9
6 – 10	58	43.3	64.2
11 – 15	31	23.1	87.3
16 – 20	13	9.7	97.0
21 – 25	4	3.0	100.0
Total	134	100.0	

Question 12 a: What type of supervision have you experienced?

Question 12 b: And do you have now?

This two-part question asked about the different kinds of supervision respondents had experienced in the past and their current supervision arrangements. Question 12a had a maximum of 152 respondents as it was not included in the pilot questionnaire, while Question 12b had a maximum of 161 respondents as it was asked in both the pilot and final questionnaire versions.

The most frequent format of past supervision was individual, with led group supervision as the next most frequent, followed by peer group and then co-supervision being the least frequent. The same pattern was evident among the supervisors’ and non-supervisors’ groups.

The most frequent format of present supervision for all respondents and the supervisors’ group was also individual, with peer supervision as the next most frequent, followed by co-supervision and led group. There was only one response in the “Other” category for both past and present supervision. One respondent put “Co-counselling” as their past other supervision format, and one put “Live supervision — family therapy” as their other present supervision format.

For the non-supervisors’ group, the most frequent format was again individual, then peer, followed by led group and finally co-supervision. The combined results for past and present supervision formats are shown in Table 8 for all respondents while Appendix D includes the breakdown for supervisors and non-supervisors in Tables D.13 and D.14.

Table 8 Past and present supervision arrangements for all respondents

Supervision	Past		Present	
	n	%	n	%
Individual	135	88.8	113	70.2
Co-supervision	54	35.5	33	20.5
Peer	84	55.3	44	27.3
Led group	105	69.1	32	19.9
Other	1	0.7	1	0.6

Note: Percentages for past supervision are based on 152 respondents (excluding the pilot group) and for present supervision (including the pilot group) on 161.

Individual supervision was clearly the most popular format among respondents in the supervision survey. Almost nine out of ten stated that they had experienced it in the past, and seven out of ten said that they currently had individual supervision, with two-thirds paying for it themselves. Interestingly, there was a shift in the numbers involved in past and present group supervision – from seven out of ten down to two out of ten. One possible reason for this might be that group supervision is very common during training courses, with a member of the academic staff often leading a group of trainees on a regular basis. Group supervision might also be more difficult to organise for busy professionals, unless it takes place in an organisational setting where people can meet at their place of work.

Nearly two-thirds of the present survey respondents were in private practice and it is possible that individual supervision is easier to arrange in their circumstances. One in four was in a peer group, and one in five was in co-supervision and a similar number were members of a led group currently. Over half (55 %) reported past involvement in peer group supervision. It is possible that more psychologists would use these peer arrangements if they had more colleagues available to meet regularly. The Lewis et al. (1988) study described in section 2.1.4 shows comparable results, with nearly one in four psychologists in private practice also in peer groups, but far fewer (24 %) than in the present study reported past involvement in peer supervision. Peer arrangements have the advantages of offering a forum that is particularly suitable for mature practitioners, being cost-effective (that is, free), enabling exposure to a wider number of cases and theoretical approaches, with vicarious as well as direct learning, and lacking an authority figure so that the potential for conflict is minimised (Bernard and Goodyear, 1992).

Question 13: If you are in a peer or led supervision group, how many members does it have?

This question was asked in both pilot and main questionnaires, giving a potential of 161 respondents. As can be seen from Table 9 peer groups tended to be slightly larger in number with a mean closer to five, than led supervision groups with a mean slightly closer to four. Just under half of respondents (24) reported being a member of peer groups with between five and eight members, while two respondents were in groups of ten and twelve members respectively. The mean number in peer groups in the Lewis et al. (1988) study was about seven with a mode of five. Fourteen respondents, nearly half of the sample, said they were in led supervision groups of between five and seven members. See Appendix D for Table D.15 with details of peer and led groups for supervisors and non-supervisors.

Table 9 Size of peer and led supervision groups for all respondents

Peer groups			Led groups	
No in group	n	%	n	%
2	1	2.4	2	6.7
3	12	28.6	6	20.0
4	8	19.0	8	26.7
5	9	21.4	8	26.7
6	7	16.7	5	16.7
7	0	0	1	3.3
8	3	7.1	0	0
9	0	0	9	0
10	1	2.4	0	0
11	0	0	0	0
12	1	2.4	0	0
Total	42	100.0	30	100.0
Mean	4.8		4.4	
SD	2.1		1.3	

Question 14: How many hours of supervision in total do you have per month?

Of the whole group, 142 people answered this question. The mean number of supervision hours per month was 4.2, with a standard deviation of 3.1. This figure was based on both individual and group hours combined, as shown in Table 10. In the supervisors' group, 104 people yielded a mean of 4.2

hours, with a standard deviation of 3.0, and in the non-supervisors' group 35 people yielded a mean 3.9 hours, with a standard deviation of 3.3. See Appendix D for Figure D.2 which shows the frequency of combined group and individual supervision hours per month recoded into two-hour bands.

Table 10 Hours of supervision per month for all respondents: group and individual combined

Hours	n	%	Cum %
1	21	14.8	14.8
2	34	23.9	38.7
3	12	8.4	47.2
4	35	24.6	71.8
5	8	5.6	77.5
6	11	7.7	85.2
7	3	2.1	87.3
8	5	3.5	90.8
9	3	2.1	93.0
10	3	2.1	95.1
12	3	2.1	97.2
13	1	0.7	97.9
14	1	0.7	98.6
16	2	1.4	100.0
Totals	142	100.0	

Of the total number of respondents 54 about one third (34 %) were in individual supervision only. These cases were selected to calculate the mean number of hours of monthly supervision as shown in Table 21 below. The mean number of hours for this group was 2.7 with a standard deviation of 1.7. In the supervisors' group, 38 (32 %) people were in individual supervision only and their mean hours were 2.9, with a standard deviation of 1.7. The figure of ten hours of supervision (shown as the last entry in the hours column in Table 11 below) seemed anomalous but was correctly recorded from the respondent's answer to this question.

Table 11 Individual supervision hours per month for all respondents

Hours	f	%	Cum %
1	18	33.3	33.3
2	16	29.7	63.0
3	3	5.6	68.5
4	14	26.0	94.4
6	2	3.7	98.1
10	1	1.9	100.0
Total	54	100.0	
Mean	2.7		
SD	1.7		

The current individual supervision data (Question 12 b.1.) were explored to establish how many hours of supervision respondents were getting per month in order to determine whether there was a relationship between the number of supervision hours and theoretical model. It was thought possible that cognitive-behavioural practitioners, for example, might consider supervision less important than other therapists since the former would be more likely to be drawn from the clinical psychology stream of the BPS, where post-qualification supervision has not been a requirement. The individual supervision question was the only variable that could be explored since group and co-supervision hours were expressed as a total rather than as an individual share of time. As has already been seen, the mean

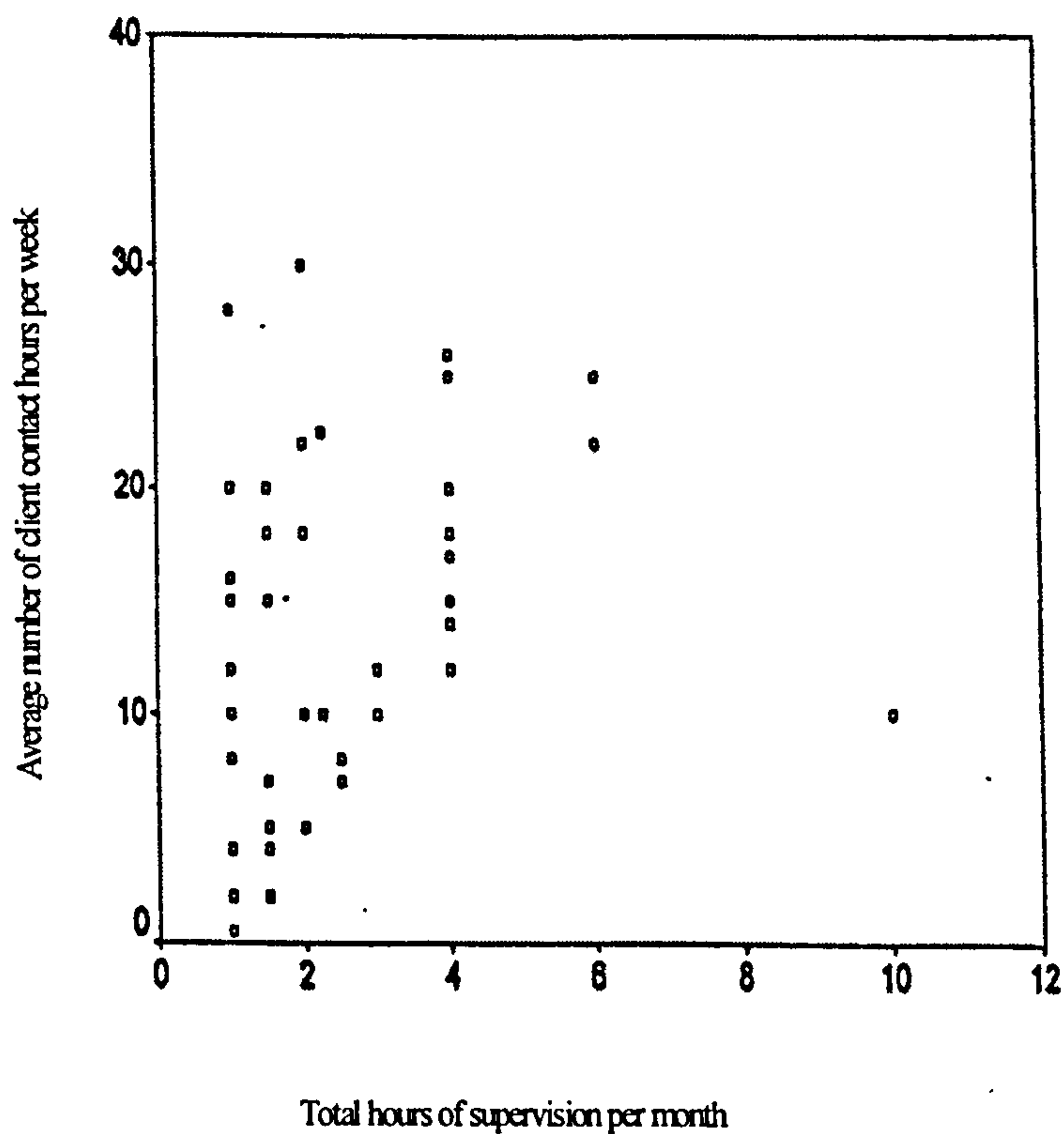
number of supervision hours per month was 2.7, while 13 respondents had four hours per month, equivalent to weekly supervision of one hour.

Question 5 was recoded so that only top ratings of 5 of the Likert 1 to 5 scale were selected as indicators of the preferred orientation and a new categorical variable was created, based on respondents who were only in individual supervision. Eight respondents rated two or more models at 5, so these responses were recoded as “integrative” as they were not using a single model approach to their work. Although there were eight possible theoretical models as well as the “other” category, in fact only six models emerged from this recoding process. These were humanistic (nine responses), psychodynamic (11 responses), cognitive-behavioural therapy (four responses), existential (three responses), integrative (11 responses) and other (one response). A Kruskal-Wallis test was used to determine whether there was a relationship between the number of supervision hours and each main theoretical model.

The results showed that the numbers of supervision hours utilised by practitioners did not vary significantly with theoretical orientation, $\chi^2 (5, n = 39) = 10.09, p = .073$ (n. s.).

A further post hoc investigation was carried out into the relationship between the number of client contact hours and the number of supervision hours, based on the assumption that there would be a positive relationship between the two variables. This involved looking at the relationship between questions 8 and 14, based on the current individual data from question 12 b.1, with Spearman's rho used for the analysis. The results showed that there was a positive relationship between the number of client hours and the number of supervision hours ($r_s = .38, n = 49, p < .01$, 2-tailed), indicating that practitioners were increasing their supervision commensurately with their client work. A scatterplot was prepared (see Figure 2) and it can be seen that apart from five outlying scores, the diagram approximates the familiar cigar shape of a positive correlation. A further analysis was carried out, excluding the respondent with the most extreme outlying score of 10 hours of supervision per month, to reduce the possibility of distortion. This resulted in a slightly stronger correlation between the two variables, $r_s = .41, n = 48, p < .01$, 2-tailed.

Figure 2 Scatterplot of the relationship between number of client hours and number of supervision hours



Question 15: Is your individual/group supervision paid by yourself, your employer or unpaid?

Figures for the method of payment of individual and group supervision appear in Table 12 (see Appendix D for breakdown of methods of payment for supervisors and non-supervisors in Table D.16). Percentages were calculated using the data from Question 12b.1 and 12b.4 relating to respondents currently in individual and led group supervision. There were 113 currently in individual supervision and 32 currently in led group supervision. Respondents were able to tick more than one item as it was possible for them to have more than one supervision arrangement – hence the numbers in each group add up to more than the totals above. Of those in individual supervision, about two-thirds were paying for it themselves, while of those in led group supervision, about two-thirds had it paid by their employer.

Table 12 Payment method for individual and led group supervision for all respondents

Payment	n	%
<u>Individual supervision</u>		
Self	73	64.6
Employer	45	39.8
Unpaid	24	21.2
<u>Group supervision</u>		
Self	10	31.3
Employer	21	65.6
Unpaid	6	18.8

Note. Total number in individual supervision = 113. Total number in led group supervision = 32.

Question 16: Please indicate the main purpose(s) of your supervision and the frequency of each.

In this question, respondents were asked to rate nine areas in terms of their main focus in supervision on a scale of 1 (never), 2 (rarely), 3 (sometimes), 4 (usually) to 5 (always). Where a respondent had ignored an area of supervision, the missing response was scored as 1 (never) on the assumption that this item did not apply to their supervision work. As can be seen in Table 13, case work produced the highest mean score of 4.1 (usually), followed by professional development at 2.6 (sometimes) and personal development at 2.3 (rarely). Other issues produced the lowest mean at 1.1 (never), while team issues and administration scored equally with means of 1.7 (rarely). Three variables in this question – professional development (16.4), personal development (16.7) and team issues (16.8) were not included in the pilot questionnaire and the open ended “other” section did not allow ratings to be made. Therefore percentages for these four variables are based on 152 respondents.

Table 13 Mean ratings for nine areas of supervision for all respondents

Supervision area	n	Mean	SD
Case work	161	4.1	1.3
Administration	161	1.7	.9
Appraisal	161	1.9	1.2
Professional development *	152	2.6	1.4
Organisation issues	161	2.0	1.1
Training issues	161	1.9	1.0
Personal development *	152	2.3	1.3
Team issues *	152	1.7	1.0
Other issues *	152	1.1	.5

Note. Percentages for areas marked with an asterisk * are based on 152 respondents. All other percentages based on 161 respondents.

Kendall’s coefficient of concordance was calculated to assess the degree of agreement between the respondents on these variables. The results indicated showed that there was a significant level of agreement between the respondents, $W = 0.385$; $X^2 = 468.173$; d.f. = 8; $p < .001$.

See Appendix D for breakdown of data for this question for supervisors and non-supervisors in Table D.17.

Question 16.9: Other purposes of supervision

Ten respondents answered this section of the question, producing six categories. One response was eliminated as it had been covered in item 16.3 (Appraisal/evaluation). One respondent gave two purposes of supervision in this section. Ethical issues, personal awareness and support, and supervision of supervision headed the list. See Table C.8 in Appendix C for details and Appendix D for Table D.18 which summarises the individual ratings and percentages for each of the areas of supervision focus.

5.1.7 Supervisor qualifications

Question 17a: If you are in individual, led group or co-supervision, what are your supervisor’s practitioner qualifications?

Respondents were asked to give their supervisors’ practitioner qualifications in three categories – individual, group and co-supervision. Qualifications of colleagues in peer groups were omitted, as this was thought to be too cumbersome in the questionnaire. The percentages shown in the table below were calculated on the basis of the figures given in Question 12b (What kind of supervision arrangement do you have now?). The number of respondents in current individual supervision was 113, in group supervision 32, and in co-supervision 33. The totals are higher because respondents could tick more than one qualification.

Of those in individual supervision, over half were supervised by other Chartered Psychologists, while for those in led group supervision the most frequent qualification was accredited membership of United Kingdom Council for Psychotherapy, with over half of supervisors belonging to this register. The most frequent supervisors’ practitioner qualification among those in co-supervision was also Chartered Psychologist, at just over four out of ten, but BAC and UKCP credentials were almost as frequent. Three respondents did not know their individual supervisor’s practitioner qualifications.

Table 14 gives the breakdown of results for all respondents, while Tables D.19 and D.20 in Appendix D give details for the supervisors’ and non-supervisors’ groups separately.

Table 14 Frequency of supervisors’ practitioner qualifications for all respondents

Qualification	Individual		Group		Co-supervision	
	n	%	n	%	n	%
Psychol	60	53.1	15	46.9	14	42.4
UKCP	52	46.0	18	56.3	12	37.5
BAC Accred	25	22.1	9	28.1	13	40.6
Not known	3	2.7	0	0	0	0
Other	19	16.8	6	18.8	5	15.2

Note. Abbreviations used in Qualifications column: C Psychol = Chartered Psychologist; UKCP = United Kingdom Council for Psychotherapy; BAC Accred = British Association for Counselling Accreditation.

Question 17a.5: Supervisors’ other practitioner qualifications

There were 27 responses to this open-ended question, falling into 16 categories. Only four of these categories occurred several times, with psychoanalyst/therapist heading the list nine times, while the rest occurred only once. See Table C.9 in Appendix C for details.

Question 17b: What are your supervisors’ qualifications in supervision?

This question focused on the kind of training supervisors had for their role. It took the same three supervision formats and asked for details of the supervisors’ qualifications in supervision. The percentages were again calculated on basis of the figures given in question 12b. The “Not known” category was the most frequent in all three supervision formats, with over half of those in individual supervision from the whole group being unaware of their supervisor’s supervision qualification. Table 15 gives details for all respondents, while Tables D.21 and D.22 in Appendix D show the breakdowns for the supervisors’ and non-supervisors’ groups respectively. It is worth noting that 40 % of supervisors did not know their own supervisor’s qualifications in supervision.

Table 15 Supervisors’ qualification in supervision: all respondents

Qualification	<u>Individual</u>		<u>Group</u>		<u>Co-supervision</u>	
	n	%	n	%	n	%
BAC Accredited	16	14.2	10	31.3	4	12.1
Certificate/ Diploma	17	15.0	8	25.0	5	15.1
Not known	63	55.8	14	43.8	6	18.1
Other	23	20.4	5	15.6	6	18.8

Note. Abbreviations in Qualification column: BAC Accredited = British Association for Counselling Supervisor Accreditation.

Question 17b.4: Supervisors’ other supervision qualification

There were 29 responses to this question, but few specified any qualification in supervision. Most appeared to be senior or experienced practitioners. Only six categories produced more than one response, including “none” which headed the list at six responses and five reported “experience”. The remainder were single responses of various professional groups. See Table C.10 in Appendix C for details.

As we have seen, the most common practitioner qualifications for individual and group supervisors in the present study were Chartered Psychologist (53 %) and UKCP (46 %), with BAC accreditation much less common at 22 %. Nine respondents were supervised by psychoanalysts and three by psychiatrists. However, among the smaller number of those in co-supervision, there was a more even spread of the three main accreditation categories. These figures need to be treated with some caution, however, as many supervisors and experienced practitioners tend to have multiple accreditations, as shown by the members’ survey. For example, nearly 16 % of these respondents were also UKCP accredited and 15 % were BAC accredited, while smaller numbers were also registered as clinical, occupational and educational psychologists, as well as being social workers or nurses. Their supervisors showed a similar pattern regarding psychologists and counsellors, but there were more

psychotherapy supervisors among the respondents in the present study. Supervisors in the members' study were reported to be psychologists (56 % including clinical and counselling), psychotherapists (34 %), counsellors (20 %), as well as psychiatrists and psychoanalysts in much smaller numbers.

5.1.8 Ethics and disclosure issues

One striking issue which emerged concerns the large number of respondents who did *not* know what their supervisor's supervision qualification was. Fifty-six per cent of those in individual supervision, 44 % of those in group supervision and 18 % of those in co-supervision were unable to give these details. This raises an important ethical matter relating to professional disclosure, which has implications for client protection yet seems poorly understood.

McCarthy et al. (1994) have drawn attention to problems relating to disclosure in their study on the clinical supervision practices of American psychologists. They found that 72 % of respondents did not know whether their supervisors had had any training in supervision. The counsellors in primary care study produced rather different results however, which the authors Burton et al., suggest might be distorted. Seventy-seven per cent of their respondents reported that their supervisors had been trained in counselling supervision, and 79 % said their supervisors had supervision of their supervision. Only 14 to 16 % answered "don't know" to these questions. The authors suggest that the respondents probably over-rated their supervisors' level of training, since much training in clinical supervision is carried out through apprenticeship. It would be surprising if three-quarters of the primary care counsellors' supervisors had indeed had any formal supervision training, as this would be considerably in excess of the figure of 51 % in the present study who said they had been trained. Further discussion of supervision training appears later in this chapter.

Cormier and Bernard (1982) have emphasised the importance of informed consent and the role of the supervisor in ensuring effective disclosure to clients by supervisees. Citing the American Personnel and Guidance Association's ethical standards, they write: "It is particularly important for the *client* to be informed about all aspects of *therapy* in order to have sufficient information to decide whether to pursue *counselling*" (italics added). It is but a short step to requiring the supervisor to provide the same level of disclosure to their supervisees as the same sentence with the following substitutions makes clear: "It is particularly important for the *supervisee* to be informed about all aspects of *supervision* in order to decide whether to pursue *it*."

The BPS Code of Conduct (1993) does not give any guidance to psychologists about disclosure of professional qualifications beyond the injunction to refrain from claiming qualifications or competence which they do not possess (Clause 2.1). The Division of Counselling Psychology's own Guidelines (1998) only specifies that practitioners "will ensure that they accurately represent their current level of training and competence" (Clause 1.1.3) and that they "are responsible for making clear and explicit contracts" (Clause 1.4.1), but without spelling out how this should be done.

The British Association for Counselling (1996) has a Code of Ethics and Practice for the Supervisors of Counsellors which is rather more explicit, however. This states clearly that one aspect of establishing

an effective supervision contract involves informing counsellors “.... as appropriate about their own training, philosophy and theoretical position, qualifications, approach to anti-discriminatory practice and the methods of counselling supervision they use.” (Clause B.3.1.2). The BAC (now the BACP) does not offer guidelines about providing written information to clients or supervisees, beyond recommending in the Code of Ethics and Practice for Counsellors (1996) that anything in writing must reflect accurately the nature of the service and the training, qualifications and relevant experience of the counsellor (Clause B.2.2.8).

The more recent “Ethical framework for good practice in counselling and psychotherapy” (BACP, 2001) advises in Clause 53 that care should be taken when “presenting qualifications, accreditation and professional standing” to clients. Elsewhere in the same document, the principle of autonomy means that practitioners should ensure that advertisements and information should be accurate, that adequately informed consent should be sought and that contracting with clients should be explicit (p. 3).

The BAC Information Sheet 8 on supervision (1996) offers general guidelines about supervision and choosing a supervisor. It stipulates: “The counsellor should comprehend fully the training, methods and theoretical orientation of the proposed supervisor... Since it is the responsibility of counsellors to ascertain the qualifications and experience of the potential supervisor, they should enquire about this before making a formal contract.” So these two documents indicate that both supervisor and supervisee have a responsibility to make the training and qualifications of the former explicit to establish suitability for the role. However, it is unlikely that counselling psychologists will be familiar with these guidelines, unless they have taken the trouble to obtain them from the BACP office, and many may not even know they exist.

The United Kingdom Council for Psychotherapy (UKCP) also has its own code of ethics, which provides an overall framework for ethical practice governing the individual member organisations. These in turn have their own codes of ethics and practice (Clarkson and Pokorny, 1994). As with the BAC and BPS, there is no requirement for automatic disclosure of credentials, as the section concerning qualifications (Clause 2.2) states: “Psychotherapists are required to disclose their qualifications *when requested* and not claim, or imply, qualifications that they do not have” (italics added).

The principle of “informed consent” is emphasised strongly by the British Psychological Society (1993) and forms the basis of the agreement of two people to work together. Such consent needs to include an understanding of what the practitioner is offering to the client and their qualifications and competence to do so. Few people would disagree with the notion of informed consent in any kind of transaction, whether it is commercial or professional. Yet organisations such as the BPS fail to give clear guidance to their members about how best to offer this information, while Bernard and Goodyear (1992: 135) make the point that “informed consent is the best defense against a charge of malpractice for the practitioner” (citing Woody, 1984). This issue has also been underlined by Tjeltveit (1999: 260) in the context of a comprehensive discussion of professional ethics in psychotherapy, who has argued that clear information about therapy (and therefore by implication, supervision) “... benefits clients, therapists, and other therapy stakeholders”.

I have often been struck by the number of therapists from diverse backgrounds whom I meet during the course of my professional life and who do not offer their clients any written information about their work, their training, qualifications, professional membership, experience and so on. Indeed, the counsellors in primary care study showed that only two-thirds had any kind of leaflet for patients, indicating that in one out of three medical practices, there was no written information about the counselling service. One is led to wonder, then, about the kind of input the counsellors' supervisors were giving in this important legal and ethical area of informed consent? Contact with various training programmes, trainers and supervisees during the course of my own work suggests that the ethical and practice management aspects of professional life often receive little attention, so that diplomates and Master's level graduates are poorly equipped in these areas.

If the counselling and psychotherapy world were simple and consisted of only a couple of main professional or training bodies, the omission of factual information by practising professionals might be understandable. My experience is that most lay people and many other professionals outside the world of psychological therapy find the whole field very confusing, even in relation to "common" terms such as psychotherapist, psychologist, counsellor, psychoanalyst, psychiatrist and so on.

This situation is not helped by the fact that there are anything between 250 and 450 models of counselling and psychotherapy, depending on which authority one relies (Prochaska and Norcross, 1991: 1; Norcross and Newman, 1992: 7; Clarkson, 1994: 18). The UKCP has eight main sections and 63 member organisations, which either train or accredit their own members. The BACP which publishes annually the Counselling and Psychotherapy Resources Directory (British Association for Counselling, 1999) listed 160 abbreviations covering nearly two pages, and including professional qualifications, academic titles and organisations, to help readers find their way through the "therapy maze". O'Hara (1997), commenting on the American scene, has said: "There is no coherent and universally accepted meta-story that can make sense of the mental health field's pluralism and help clients make sense of it. ... mental health professionals find themselves caught up in contradictory and deeply divisive movements that become increasingly difficult to reconcile." Her comments are just as pertinent in relation to the British scene.

As part of a lengthy refutation of the proposals for the statutory registration of psychotherapists as a guarantee of competence, Mowbray (1995) has proposed that disclosure is a more effective way to protect the public or the individual client. The idea behind his case is briefly as follows. Rather than relying on statutory registration or licensing systems —which means that some kind of authority is deciding who is fit to practise — provisions for full disclosure allow the power to rest instead with the client. He or she is then free to decide whom they want to consult, so that their consent and choice are fully informed. He suggests that such disclosure could include details of the qualifications, training, theoretical orientation and experience of the practitioner, personal therapy and development, supervision, professional memberships, codes of ethics, boundaries, expectations, rights and responsibilities and so on. In the longer term, the result of implementing such proposals, he argues, should be a better educated public and a more collaborative approach than currently exists with the "expert status" model or hierarchical power structures that exist in various forms. Whether or not one

agrees with Mowbray's rejection of the case for registration, it seems that his proposals for full disclosure can only lead in the direction of more fully informed consent. In my view, registration and disclosure can complement each other for the benefit of both practitioner and client, and need not be seen as in opposition to each other.

Syme (1994) also recommends that practitioners prepare a detailed information leaflet to give to clients either before or at the initial meeting. Similar to Mowbray's proposals, this should provide an overview of what services the practitioner is offering, the orientation, an explanation of counselling, assessment, codes of ethics and practice, professional membership, the venue and hours available, supervision arrangements, and relevant training, qualifications and number of years of experience. This kind of leaflet can be used in private practice, in group practices, or in agency settings. However, both the Mowbray and Syme models are directed at the practitioner level and nothing comparable seems to exist in the British literature for supervisors.

Nevertheless, an adaptation of these ideas for supervision purposes, prepared by the practitioner and given to each prospective supervisee, backed up with discussion at an initial meeting could go a long way to remedying the widespread ignorance of the supervisor's professional background which the present study has highlighted. Another advantage is that it would model good practice to the supervisees, who in turn would be encouraged to use written disclosure with their own clients.

One note of dissent has been raised by Cavenar et al. (1980) in the American context of psychoanalysis and psychiatry in relation to confidentiality. They argue that the idea of a supervisor introduces an additional factor in the therapeutic dyad, with the consequent risk of splitting and resistance. They propose that as little reference as possible should be made to supervision with clients, as they see it as a "transference gratification". They prefer it to be omitted but suggest as a compromise on ethical grounds that permission could be sought if and when the therapist needs to consult a supervisor about the progress of the case. It is hard to see how this approach would fit in with the openness advocated by Mowbray because of the polarity of their positions. Cormier and Bernard (1982) maintain that it is essential for the client to know about the existence of a supervisor for informed consent to prevail.

Spruill and Benshoff (1996), discussing the American context, have argued that all counselling educators, including supervisors, have a responsibility to promote professionalism among trainees. Their paper looks in some detail at the various ways educators can foster the development of professional attitudes and practices among new entrants to the field including, for example, through involvement in research, professional groups and organisations, developing ethical awareness and forming a professional identity. The authors recommend that supervisors should also hold relevant qualifications for their role, and share information about these credentials with their supervisees.

Following their 1994 paper on licensed psychologists and their recommendation that supervisors disclose their credentials, based on the suggestion of Kurpius et al. (1991), McCarthy et al. (1995) recognised that there was a gap in the American context. They addressed it with a detailed proposal for an informed consent document specifically aimed at supervision. This would cover seven main topics –

namely, the purpose of the document, a professional disclosure statement, practical issues, supervision process, evaluation and due process, ethical and legal issues, and statement of agreement. The section on professional disclosure which concerns us here, is very detailed and includes information about practitioner and supervision training and experience, theoretical orientation and the roles used in the supervisory relationship (such as consultant, teacher, counsellor and evaluator). The paper includes a sample document in the form of a Supervision Consent Form, which could quite easily be adapted to British circumstances and modified according to whether the relationship is a training or consultancy supervision.

Ultimately, such a document in the general therapy context provides clear, unambiguous information with an accurate statement of the qualifications of the practitioner and can only help to educate members of the public and other professionals about what to look for in a counsellor or therapist. It provides a permanent record of many essential details of the contract and a framework for discussion of particular points. It can help to overcome the problem which so many people experience, whether clients or supervisees, after an intense initial meeting – that of forgetfulness. In this respect, practitioners would be ahead of the medical profession, who have been required to supply written information about primary care services for several years. Nevertheless, there is no obligation for GPs to include specific details of their training or experience, nor explanations for abbreviations of their medical qualifications, which to many lay people can be as baffling and meaningless as the profusion of psychological, counselling and psychotherapy qualifications. If one accepts that therapist disclosure and informed consent are an essential part of client protection, then it is logical for this to operate at the supervisor level, too, especially as supervisors would be expected to give guidance on such matters to their supervisees.

One final comment at this juncture seems relevant and this relates to the absence of any briefing material or guidelines relating to the importance of supervision and the many other aspects for Division of Counselling Psychology members. It seems that this task should be urgently addressed so that information can be circulated to members, once a consensus has been reached.

5.1.9 Supervisor's orientation

Question 18: What is your supervisor's main orientation?

This question asked respondents in individual, led group or co-supervision to state their supervisor's main orientation based on the same categories as in Question 5.

Individual supervisor's main orientation

One hundred and twenty-two people responded to this question, of which the largest group (41 %) had psychodynamically-oriented supervisors, followed by humanistic (20 %) and integrative (16 %). Four people had existentially-oriented supervisors, while two had systemic, and two had brief therapy-oriented supervisors. Two respondents said they did not know the orientation of their supervisors.

Group supervisor's main orientation

A similar pattern emerged in this question about the orientation of group supervisors. Thirty-nine people responded to this question, of whom 18 (46 %) had psychodynamically-oriented supervisors, ten (26 %) had humanistic supervisors, and four (10 %) had integrative supervisors. Cognitive-behavioural, systemic and existential were the least frequent orientations mentioned. Brief therapy as a group supervisor orientation did not appear at all among this group and no one said their group supervisor's orientation was unknown.

Co-supervisor's main orientation

Twenty-eight respondents said they were currently in co-supervision and here there was a fairly even balance between humanistic, psychodynamic, cognitive-behavioural and integrative orientations, although the numbers were small in each category. Systemic was mentioned by one respondent and brief therapy by two. No one said that their co-supervisor's theoretical orientation was unknown.

Table 16 shows the frequency and percentages of the supervisors' orientations for the three supervision formats for all respondents, and Tables D.23 and D.24 in Appendix D give details for the supervisors' and non-supervisors' groups respectively.

Table 16 Frequency and percentages for supervisors' main orientation for individual, group and co-supervision: all respondents

Orientation	<u>Individual</u>		<u>Group</u>		<u>Co-supervision</u>	
	n	%	n	%	n	%
Humanistic	24	19.7	10	25.6	7	25.0
Psychodynamic	50	41.0	18	46.2	6	21.4
CBT	13	10.7	3	7.7	6	21.4
Existential	4	3.3	1	2.6	0	0
Systemic	2	1.6	2	5.1	1	3.6
Integrative/Eclectic	19	15.6	4	10.3	6	21.4
Brief/Focused	2	1.6	0	0	2	7.1
Not known	2	1.6	0	0	0	0
Other	6	4.9	39	2.6	0	0
Total	122	100.0	39	100.0	28	100.0

Question 18.10: Supervisors' other main orientation

There were ten responses to the question concerning the supervisor's orientation where it was not included in the list, making eight categories. Four of these could have been included in the categories supplied in the question (Personal Construct/CBT, Psychoanalytic, Cognitive-Analytic Therapy and Transactional Analysis), but are included because that is how the respondents saw them. See Table C.11 in Appendix C for details.

5.1.10 Satisfaction with supervision

Question 19: Overall, how satisfied are you with your supervisor?

In this question, respondents were asked to rate their satisfaction with their individual, group or co-supervisor on a scale of 1 to 10, with 1 representing “very dissatisfied” and 10 representing “very satisfied”. Overall there was a high level of satisfaction across all three groups with means at about 8 or above (see Table 17).

Satisfaction with individual supervisor

Of the whole group, 121 people answered this question and 83 % rated their satisfaction with their individual supervisors at 8 or above, while over one quarter (28 %) gave the top rating of 10.

Satisfaction with led group supervisor

Of the whole group, 36 people responded to this section of the question, and of these 33 (92 %) gave their group supervisors ratings of 7 and above. Ten respondents (22 %) gave their supervisors satisfaction ratings of ten.

Satisfaction with co-supervisor

Thirty-two respondents answered this section and 27 (69 %) rated their supervisors at 8 or above. Ten gave the highest rating of 10 to their co-supervisors. Five respondents (16 %) rated their co-supervisors at the mid-scale point of 5, a higher proportion than either of the two previous supervisor categories. Table 17 gives the breakdown of results for the whole group, while Tables D.25 and D.26 in Appendix D give the results for the supervisors’ and non-supervisors’ groups respectively.

Table 17 Frequencies, percentages, means and standard deviations of satisfaction with supervisors for all respondents

Rating	Individual		Group		Co-supervisor	
	n	%	n	%	n	%
1	1	0.8	0	0	0	0
2	1	0.8	0	0	0	0
3	3	2.5	0	0	0	
4	2	1.7	1	2.8	0	0
5	3	2.5	0	0	5	15.6
6	2	1.7	2	5.6	2	6.3
7	9	7.4	8	22.2	3	9.4
8	27	22.3	10	58.3	10	31.3
9	39	32.2	7	19.4	6	18.8
10	34	28.1	8	22.2	6	18.9
Total	121	100.0	36	100.0	32	100.0
% of sample		75.2		22.4		19.9
Mean	8.4		8.2		7.9	
SD	1.8		1.4		1.7	

A Mann-Whitney U-test was used to determine whether there was a significant difference between male and female respondents for satisfaction with their supervisor. The analysis showed that there was no significant difference between the two groups on this variable (males $n = 50$, sum of ranks = 3002.0; females $n = 67$, sum of ranks = 3901.0; $z = -.297$, $p = .77$, 2-tailed.).

An additional post hoc analysis was carried out to determine whether there were any differences between those who were satisfied with their supervision and those who were dissatisfied with it. A mid-way point of five was used on the ten-point scale for this variable (question 19) and responses at or below this were classified as dissatisfied. Of the three categories of supervision – individual, group, and co-supervision, only responses relating to individual supervision were considered because most fell into this category. There were ten altogether, representing 8 % of the total number of 121. No one in the co-supervision group rated their supervision at or below five, and in the group supervision group, there was only one person rating it at or below five.

A chi square test showed that of the ten dissatisfied respondents four were supervisors and six were not, $\chi^2(1, n = 10) = 6.2$, $p < .034$. This reversed the proportion of the three-quarters of respondents who were also supervisors. One explanation for this reversal could be that supervisors might be more discriminating about what they want from supervision, because of their training or experience, and therefore may be less likely to choose an unsatisfactory supervisor. However, the small number involved in this subgroup means that little weight can be attached to this finding and further research would be needed to explore the issue in more depth.

The present study showed a high level of satisfaction with individual, led group and co-supervisors, with mean ratings at about eight, out of a possible top rating of ten. Of the three formats, co-supervision was rated at eight by a marginally smaller number of respondents (67 %). Among the educational psychologists who engage in supervision, 98 % rated supervision as being of “some value”, with 65 % rating it as “quite valuable” or “extremely valuable”, with a Likert scale of one to five (Pomerantz, 1993). The mean rating for supervision was 3.7, where 3 was “some value” and 4 was “quite valuable”, suggesting a lower degree of satisfaction than among counselling psychologists. However, they rated “informal peer discussion” and “formal consultation” more highly, at 4.4 and 4.1 respectively. These two activities could also be considered valid formats or aspects of supervision within the counselling psychology model, but as the authors do not give exact definitions of these terms one can only speculate here.

The primary care counsellors’ study showed a high level of satisfaction with supervisors overall, which prompted the authors (Burton et al., 1998) to wonder if this might not be a result of unconscious defensiveness towards their supervisors and themselves among some respondents. Overall, however, on the basis of these three sets of data, it seems reasonable at face value to conclude that most practitioners from these backgrounds find their supervision of considerable value in their work.

Carroll (1996: 91 – 92) has questioned the satisfaction levels of supervisees, however, and cites his own research which indicated that the expectations of trainee supervisees changed little over a period of two years and remained high throughout this time. He suggests that this lack of change might be due to ignorance about what to expect from supervision, or alternatively that the power relationship in supervision might lead supervisees to adopt a rather passive position. This latter explanation seems possible, but less probable in the case of the present study, where all respondents were well past the trainee stage and unlikely to be as passive as counselling psychology students.

If the former explanation has validity, then it is a reflection on the relative lack of knowledge among practitioners about the role and nature of supervision. Without a proper informed basis for judging it may be hard to discriminate between one supervisory style and another (except when they are dire!). Perhaps only experience over time with several supervisors may guide us in the absence of education.

The logical conclusion from such conjecture would be to advocate some form of basic training in the principles of supervision at the trainee stage, rather than leaving it to them to pick up haphazardly (and inadequately) as they go along, as happens now. Such an innovation seems reasonable on a priori grounds anyway, but further research could test whether either of Carroll’s suggested explanations about the converging evidence of satisfaction with supervisors have any validity.

5.1.11 Psychologists as supervisors

Question 20: Do you work as a supervisor?

One hundred and fifty-eight people responded to this question, of whom three-quarters (n = 118) said they were working as supervisors, while one quarter (n = 40) were not. A chi square test for

independence was used to determine whether there was a difference between male and female respondents on this variable and the analysis showed that there was no significant difference, $\chi^2 (1, n = 153) = .036$, $p = .85$ (n.s.).

Around half of the DCoP members' survey reported that they were working as supervisors. The difference between the present study and the DCoP members' survey is probably a reflection of the composition of the two samples, since the latter included a younger sub-group of 70 trainees with a mean age of 40 years, who would be less likely to be supervising others. Only 28 % of the educational psychologists were involved in supervising other trained psychologists and these supervisors tended to be in higher level posts. Pomerantz (1993) suggests that this figure indicates a growing acceptance of supervision as a means of professional support within the field of educational psychology.

As has already been mentioned, the educational psychologists' survey was actually carried out in 1991, and the picture might well have changed since then. Supervision of others is clearly a very important professional activity among counselling psychologists and compares favourably with the 68 % of American counselling psychologists who provide supervision, according to Fitzgerald and Osipow (1986). This latter figure is likely to have increased in the years since the report, but it is cited here as it is the most up-to-date statistic available.

A post hoc analysis was carried out to see if there was a relationship between theoretical model and working as a supervisor. This analysis used Kendall's tau-b and the results showed that apart from one domain, there was no relationship between the theoretical models and working as a supervisor. The exception was the Other" category which had 21 supervisors, while only one was not a supervisor. These figures were based on ratings of three and above, while only nine were supervisors in the top rating category of five, tau-b = .19, $n = 149$, $p < .001$. It is possible that this category might include more senior or experienced practitioners, who in turn are more likely to be supervisors than some of their colleagues practising other models of therapy. However, the small numbers make it difficult to do more than speculate as to possible reasons and further research would be needed to explore the question further.

The results of the analysis for the other frameworks are as follows: Humanistic: tau-b = -.02, $n = 150$, $p = .83$; Psychodynamic: tau-b = -.03, $n = 149$, $p = .66$; Cognitive-behavioural: tau-b = .04, $n = 150$, $p = .59$; Existential: tau-b = .01, $n = 150$, $p = .94$; Body-oriented: tau-b = .03, $n = 150$, $p = .71$; Systemic: tau-b = .07, $n = 149$, $p = .31$; Integrative/eclectic: tau-b = -.02, $n = 154$, $p = .77$; Brief/focused: tau-b = -.04, $n = 149$, $p = .60$.

A further question to be analysed was whether there was a difference between the mean number of supervision hours of supervisors and non-supervisors. This entailed exploring questions 14, 20 and 12b.1, with the latter recoded to exclude all other current supervision formats. This new variable was the basis of the analysis because it was the only set of data which could be reliably used to estimate the mean number of supervision hours. (Group supervision and co-supervision were calculated using overall group time, rather than individual supervision hours.)

The reasoning behind this question was that supervisors might be having more supervision because they might be seeing more clients or supervisees, or that their supervision of supervision might be an additional component of their total supervision hours per month, or that they might be more conscientious about their need for supervision. The scores for both variables were rank ordered and the Mann-Whitney U-test was used for the analysis. This showed that there was a significant difference between the supervision hours of non-supervisors ($n = 17$, sum of ranks = 345.5) who had an average of 2.1 hours per month, and the supervisors ($n = 37$, sum of ranks = 1139.5) who had an average of 2.9 hours of supervision per month ($z = -2.31, p < .02$).

The next question investigated whether supervisors were more highly qualified than non-supervisors, using questions 3 and 20 as the variables. Question 3 had nine possible items, including “no qualification” and “other qualification”, which were ruled out automatically. The highest qualifications included in this analysis were either a Master’s or a doctorate degree. The Diploma in Counselling Psychology is now the BPS benchmark for gaining chartered status, but was excluded from the analysis because some post-graduate courses offer a diploma in counselling psychology as an alternative to proceeding to Master’s level. At the time of the survey few, if any, individuals would have taken the BPS Diploma as most of the accredited members then would have become chartered through other routes. A chi-square test was carried out on the two variables and no significant difference was found between the two groups in terms of academic qualifications, $\chi^2(1, n = 158) = 1.00, p > .05$.

Question 21: How many supervisees do you have on average?

One hundred and seventeen people responded to this question, one of whom normally worked as a supervisor, but had no supervisees at the time of the survey. Just over three-quarters (76 %) had up to six supervisees, while 15 (13 %) respondents were supervising between 10 and 25 individuals. The mean number of supervisees was five, with a median of four and a mode of one. See Table C.12 in Appendix C for full details.

Question 22: On average, how many hours per month do you spend supervising?

One hundred and fifteen people responded to this question. The mean number of hours spent supervising per month was 9.3 hours, and there was a large spread, although about half (51 %) spent six or fewer hours per month supervising others. Four respondents were working as supervisors for between 30 and 56 hours per month. See Table C.13 in Appendix C for further details and Figure D 3 in Appendix D for a summary of the data grouped into five-hour bands.

5.1.12 Training in supervision

Question 23: Have you had any formal training in supervision?

This question asked whether respondents had had any formal training in supervision, and if so:

- a) where they had trained,
- b) how long their training was in hours or days,
- c) what kind of qualification, if any, they had gained.

One hundred and twenty-one people responded to this question, of whom just over half ($n = 62$) said they had no formal training in supervision, leaving 49 % who had had training.

Training in supervision is one of the most frequently discussed issues in the literature, with virtual unanimity among writers about its necessity. With the elevation of supervision to a significant area of work for many senior professionals nowadays, there seems to be no longer any justification for arguing that apprenticeship alone is sufficient preparation for this demanding task.

Analysis of the responses to question 29 of the survey questionnaire showed that slightly more than two-thirds of respondents in the supervision survey thought that training was “important”, “very important” or “essential”. Of interest, however, was the fact that nearly one third of respondents believed that training was only “useful”. Slightly more than half of the supervisors in the present survey (51 %) had had no kind of supervision training, and there was great variation in the length of courses respondents had taken. So while the experts may agree, it seems that psychologists are more divided in their view of the need for training.

The question about length of training could be answered in terms of hours or days (and some people answered in years), which proved to be rather unsatisfactory because of the difficulty in comparing responses. Thirty-three people provided answers in days, ranging from two to 48, with a mean of eight days and a mode of three days (six respondents). One difficulty with answering this kind of question is simply recalling the actual amount of training one has experienced, especially if it consists of days or weekends here and there with the occasional workshop or seminar, all spread out over a number of years. (See also the discussion in the section on limitations of the study, later in this chapter.)

This might account for the eight people who responded in years (ranging from one to four). Possibly the most reliable way of asking about training relates to the actual qualification gained, and of the 57 who had some training 22 (39 %) had either a certificate or diploma. However, a certificate may not necessarily indicate a great deal since such documents are often supplied as evidence of attendance on a course, while in other cases they may indicate a particular level of competence, depending on the policy of the agency issuing them. Only one respondent was a BAC Accredited Supervisor.

Shohet (1997) has expressed serious reservations about the value and meaning of supervision training certificates, while acknowledging the paradox of his own role in awarding these to his students. (At least three and possibly more respondents in this survey had attended his supervision workshops.) He has described his work as a supervision trainer of many years' experience from the dual perspectives of “love of work” and “fear of the other” (which he defines as those with whom one disagrees). He contrasts the recent demands for certification from participants in his supervision training courses with his experience of training over the last 20 years. He and his two training colleagues (Peter Hawkins and Joan Wilmot) agreed on certain criteria for awarding certificates, and this has in turn led to a rush by

course members to complete the minimum requirements in the expectation of being certified. He acknowledges that attendance on their courses has greatly increased, which benefits the trainers financially. At the same time, he regrets that much of the earlier love or pleasure of learning for its own sake seems to have disappeared and to have been replaced by an anxiety about “getting it right” and meeting externally imposed requirements.

Shohet sees accreditation as a process that takes on a life of its own, creating an institution – and believes that this process is based on fear, echoing some of the themes raised by Mowbray (1995) mentioned earlier. It is hard to dispute the fear dimension in his argument, although it is not the whole story by any means. The research literature on ethical practice in counselling, psychotherapy and supervision, after all, is peppered with references to accountability, legal obligations, defence against malpractice complaints, litigation and vicarious liability (in the US context, especially) and so on. One example of this emerging mood appears in a report on professional and ethical issues in supervision by Robiner, Fuhrman and Bobbitt (1990). They draw attention to the increase in the number of malpractice suits in the USA and argue that this signifies a need “for better policing within the profession” (author’s emphasis). Paradoxically perhaps, they talk in the same report of safeguarding “the public’s trust” and the need to document all supervision activity in the event of needing to justify one’s decisions before a court.

Professional journals such as *The Psychologist* and *Counselling* (now known as the *Counselling and Psychotherapy Journal*) regularly publish details of complaints against members which have been investigated and upheld by the respective disciplinary boards. The need to balance organisational transparency and ethical awareness sometimes conflicts with the effect of “naming and shaming” those members who have violated the rules, which may ultimately lead to a pervasive climate of authoritarianism, paranoia and defensive practice. If this were to happen it would be a far cry from the liberal humanistic philosophy of respect, engagement, and self-realisation which lies at the heart of counselling psychology (Woolfe, 1996).

Returning to the comparison with the other studies, as previously mentioned, the primary care counsellors gave a much higher figure for their supervisors’ training in supervision – 77 %, which Burton et al. regard as “probably an overestimate”. In the educational psychologists’ study (Pomerantz 1993) only one quarter indicated that they had had any useful supervision training and the author reported that there were few courses available at that time specifically geared to this group’s needs. Most seemed to have taken courses aimed at a broader professional group including counsellors, social workers and other mental health workers, leaving a gap for the special requirements relating to supervision in the domain of educational psychology. One clear issue emerging from this research is that current supervision training is very variable and that without common standards, it is impossible to make effective comparisons or to draw firm conclusions.

5.1.13 Ethics, competence and training

The first chapter of this report has already outlined some of the most important reasons for training in supervision to become the norm among those embarking on this field of work. There remains a further important argument to support this view and this relates to the ethical aspects of the professional practice of counselling psychology. The DCoP Guidelines for the Professional Practice of Counselling Psychology (BPS, July 1998) specifies clearly, for example, that members “will offer their best practice while recognising their current limitations in terms of training and ability and not practising beyond them.” With three-quarters of chartered members and half of the broad membership offering supervision (Bor and Achilleoudes, 1999) and this activity taking up an average of ten per cent of a psychologist’s time (and likely to increase as the profession expands in numbers), it seems clear that there are many who are not complying with this particular clause on competence.

The picture in the United States as far as psychology and the American Psychological Association are concerned suggests similar problems, if not worse. Various writers have discussed the issues relating to lack of training for supervisors (such as, McCarthy et al., 1988; Harrar et al. 1990; Borders et al., 1991; Kurpius et al., 1991; Watkins, 1992; Neufeldt, 1994; and Russell and Petrie, 1994). The Association for Counselor Education and Supervision (ACES) (1995) stipulate in their Ethical Guidelines for Counseling Supervisors that “Supervisors should have had training in supervision prior to initiating their role as supervisors.” We need to remember, however, that this injunction has been laid down by counselling supervisors for counselling supervisors, and has not been taken up so far by psychologists.

Polkinghorne (1992) has argued that there are historical reasons in the development of psychology for the neglect of practice-related issues. Traditionally, psychology has followed the model of other disciplines in splitting research and practice, with the former located in academic institutions, and the latter located in the field conducted by practitioners whose task was to apply the research findings to their work. As appliers of research findings, their professional status has always been lower than the knowledge developers. One could add that the terminology used in this respect – “pure” versus “applied” science or knowledge lends support to Polkinghorne’s view, with the notion of purity being associated with a psychology uncontaminated by the messiness of everyday life in the field.

Holloway and Wolleat (1994) have taken this view further and relate it to gender issues in psychology. They discuss supervision from the perspective of gender relations in social interactions and in particular power dynamics. They describe supervision as “a footnote of professional psychology” and argue that this is because it is related to practice rather than the academic domain. Concurring with Munson (1997), who was referred to earlier in this chapter in section 5.1.3 on the feminisation of psychotherapy, they also maintain that the practice domain in many human service or caring professions has been traditionally the province of women, while the scholarly and administrative domains have traditionally been the province of men in academic institutions. “Masculine” activities have also traditionally been valued more highly than “feminine” ones, so that since supervision is

related to practice, rather than theory or research, it may have been neglected because it is seen as an inferior activity carried out largely by women. This is in spite of the fact that so many counselling psychology trainees have rated their supervised practicum as the most important part of their learning (citing Hess, 1980).

The problem, according to these authors, was compounded as time went on in training programmes, because supervision was seen as something that could be “picked up as you went along”, rather than a specialism in its own right. Being a competent practitioner automatically meant that one was a competent supervisor, as has already been discussed in the first chapter of this report. It was not until the last 15 years or so that attitudes began to change and coinciding, they suggest, with the emergence of constructivist thinking in psychology which challenged the traditional dichotomy of science and practice, with the consequent devaluation and neglect of practice-based activities. One could argue that one of the results of this challenge has been the establishment of the alternative doctorate model – the PsyD or DPsych – which aims to integrate theory, research and practice. This is in contrast to the “pure” theory and research PhD model which has dominated the academic world for so long as a benchmark of achievement.

It is also interesting to ponder a possible parallel in the field of higher education, where research has long had higher status than teaching students, and where teaching qualifications have not been required to educate large numbers of young adults. This situation persisted for countless years without a challenge, even by psychologists who might have been thought to be aware of the importance of the theoretical and applied psychology of adult learning. The picture is now changing, however, with the introduction of teaching qualifications, rather similar to the movement in supervision training.

The higher proportion of counselling psychology supervisors with training in Britain may reflect the greater awareness of the importance of supervision and its prevalence at the post-qualification level than in the United States. Another factor is likely to be the increase in recent years in the number of short and long training courses around the country. Nevertheless, acquiring training and credentials in supervision remains a rather haphazard and certainly unregulated process in both countries. Considering the responsibility that supervisors carry for the welfare of the client, the development of the supervisee, and the wide range of tasks they are required to perform including often acting as gatekeepers to the profession, it is surprising and even alarming that that they are still expected to fulfil all of this without any effective preparation.

Question 23a: Where did you train?

There were 56 responses to item a) of this question. Eleven did not give specific details of the supervision training and several mentioned more than one training course – hence the total of 69 in Table 18 overleaf.

Table 18 Supervision training institutes

Institute/Venue	n
Unspecified courses / workshops	11
Metanoia	7
Cruse	4
Salamons Centre/Clinical Psychology	4
Bath Centre/Centre for Staff Development	3
Cascade	3
Institute of Psychiatry / Maudsley Hospital	3
Westminster Pastoral Foundation	3
Manchester University	2
York	2
Roehampton Institute	2
Relate/National Marriage Guidance Council	2
Clinical Psychology Graduate School, US	1
Tavistock Clinic	1
Durham University BAC Accredited Course	1
Brigid Proctor	1
Institute of Group Analysis	1
Sheffield	1
Surrey University	1
Voluntary Counselling Agency	1
Centre for Stress Management	1
SOLTAC *	1
Inbucon (consultancy firm)	1
BPS accredited supervisor (no training)	1
City University	1
South West London College	1
Marriage Care	1
Guy's Hospital	1
SPTI * *	1
Harrogate Clinical Supervisors' Course	1
Bristol University	1
South Bank University/Whittington Hospital	1
Borders, Edinburgh	1
Brighton Association of Analytical Psychotherapists	1
Birmingham University	1
Total:	69

Note. * Abbreviation of SOLTAC in Institute/Venue column not known. * * SPTI may be Sherwood or Stockton Psychotherapy Institutes or another unknown agency.

Question 23b: How long was your training?

Fifty-four respondents out of a possible 59 answered this section relating to the length of training (item b). Two responses were excluded because they were too vague (“ 5 – 10 hours” and “several days”). One person put “32 days and 20 evenings” as a response and this was recalculated at ten half days for the evenings, giving a total of 42 days. Several people gave their answer in weekends, and this was taken to be equivalent to two days. Twelve people gave details of hours undertaken, 33 gave details of days, and seven answered in years. For those who responded with hours, the mean number of hours of training was 63.4; the mean for those who responded with days was 9.9 days, and for the small number who calculated training in years, the mean was 1.9 years.

Table 19 Length of time in supervision training

Hours	n	Days	n	Years	n
150	1	42	1	4	1
75	1	25	1	2.5	1
72	2	22	1	2	2
70	1	20	2	1	3
54	1	18	1		
50	2	17	1		
48	1	16	2		
40	3	15	2		
		12	1		
		10	1		
		9	1		
		6	2		
		5	3		
		4	4		
		3	6		
		2	4		
Total	761	326	33	13.5	7
Mean	63.4	9.9		1.9	

Note: Total number of respondents = 52. Totals in hours, days and years columns are calculated using the frequencies from the “n” columns

A post hoc analysis was conducted to determine whether there was a relationship between hours spent supervising per month and the amount of supervision training. In particular, it seemed useful to know whether the amount of training was associated with an increase in work as a professional supervisor. Some supervision training courses are very short and may involve a single weekend as an introductory course, while others may last up to two years part time with a diploma qualification at the end. Question 23b asked about length of training to be expressed in hours or days and seven respondents answered it in years.

In order to enlarge the sample, days and years were converted into hours, based on the assumption that a typical training day is six hours and a typical year consists of 100 training hours. This was done because only 12 respondents gave the duration of their training in hours, while a further 33 gave it in days, so with the additional respondents the amalgamation yielded a larger sample. A new variable was created based on these conversions of days and years to hours, and Spearman’s rho was used to investigate the relationship between the amount of training in supervision and hours spent supervising per month. However, no correlation was found between the two variables ($r_s = -.062$, $n = 52$, $p > .05$).

A further correlation was carried out using Spearman’s rho, this time based only on the reported hours and the days converted into hours, and excluding the years. The reasoning behind this was that estimating a year’s training as equivalent to 100 hours could be very misleading and without further

information it could only be an arbitrary estimate. Again, no correlation between the amount of training in supervision and the number of hours spent supervising was found ($r_s = -.051, n = 42, p > .05$).

Question 23c: What qualification did you gain?

Of the 59 (49 %) who had some training, 22 had either a certificate or diploma in supervision, while eight said they had some other kind of qualification (see Table 20). Of these only three, however, were valid responses. These were a letter of competence, BAC Supervisor accreditation, and supervision training gained as part of a clinical psychology qualification. The other five answered “None” (two), training but no qualification (three) and one put “experience”. Thirty-two respondents had no formal qualification as a result of their supervision training.

Table 20 Frequencies and percentages of supervision qualifications

Supervision Qualification	n	%
Diploma	9	15.8
Certificate	13	22.8
None	32	56.1
Other	3	5.3
Total	57	100.0

5.1.14 Models of supervision

Question 24: Do you have a particular model of supervision?

One hundred and sixteen people responded to this question, of whom 78 (67 %) said that they did have a model of supervision and described it. The data were classified into 20 broad categories and a number of respondents named more than one model in their reply. The statements were filtered according to whether the respondents had had any formal training as a supervisor (Question 23) and there were 39 who said they had a supervision model but no formal training. Four of the categories referred to specific writers who have developed theoretical models in supervision, namely Hawkins and Shohet, Carroll, Clarkson, and Page and Wosket. Two-thirds of supervisors (78 out of 116) said that they did have a model of supervision, while 39 said they had no training.

The responses were grouped into three main categories – counselling-based models, transtheoretical models (or supervision theory) and other models. The category with the largest frequency was counselling-based models at 51 %, with other models next at 27 %, and transtheoretical models trailing behind at 22 %. The counselling-based group also had the highest percentage of respondents without training in supervision at 61 %, while the transtheoretical model group had the smallest number at 19 %, although the latter group was only half the size of the former.

Table 21 Frequencies of supervision models and numbers of respondents without supervision training

Supervision Model	n	%	n without training	%
<i>Counselling-based models</i> ¹				
Psychoanalytic/Psychodynamic	15		10	
Integrative	8		3	
Person-Centred	7		2	
Humanistic	5		3	
Cognitive-Behavioural	4		3	
Existential	3		3	
Egan	2		1	
Transactional Analysis	2		1	
Trauma models	1		1	
Systemic	1		0	
Cognitive-Analytical	1		0	
Sub-totals	49	51%	27	61%
<i>Transtheoretical models</i> ²				
Hawkins & Shohet	11		3	
Developmental	4		1	
Carroll	3		0	
Clarkson	2		0	
Page & Wosket Cyclical	1		0	
Sub-totals	21	22%	4	9%
<i>Other models</i> ³				
Unspecified Personal	18		10	
Miscellaneous	6		3	
Consultative	1		0	
Teaching model	1		0	
Sub-totals	26	27%	13	30%
Totals*	96	100%	44	100%

Note. *Totals in both columns are greater than the actual number of respondents (78) and those without supervision training (39), because some respondents stated they used more than one model in supervision.
¹ Counselling-based models: 55% of this group had no training. ² Transtheoretical models: 19% of this group had no training. ³ Other models: 50% of this group had no training.

It is perhaps not surprising that without formal training psychologists are likely to supervise in the same way that they practise therapy. The transtheoretical/supervision theory models are more likely (but not necessarily always) to be learned in a training course; all of the named writers in this group have also published books or articles on the models and these are likely to be read by the conscientious supervisor anyway. The largest single sub-category of models was “personal” with a frequency of 18 responses altogether. This suggests that these supervisors have developed their own unique styles and ways of working, and it would be interesting to ask this group in more detail about what they do, particularly as over half of them had no supervision training.

Humanistic models (which include Person-Centred, Transactional Analysis and Egan) had a frequency of 16 responses, while psychodynamic came next at 15. Carroll (1995) has pointed out that while counselling-based approaches to supervision can offer consistency with the dominant training model, a significant disadvantage is that the supervisor may neglect or be unaware of other valuable ways of supporting the supervisee. These could include role-play, skills training, specific didactic input and other forms of experiential learning drawn from various theoretical approaches.

One example of the therapy or counselling-based model is that of Langs (1994) who has described his approach to psychoanalytic supervision with strict ground rules and conditions in such a way that role

flexibility and experiential learning are totally ruled out. In his approach, the frame (or contract) must be rigidly adhered to and includes aspects such as strict confidentiality and privacy, the relative neutrality and anonymity of the supervisor with no personal or professional self-disclosure, opinions or advice, nor comments not directly related to the supervision material, no contact outside the supervision arrangement, no variation in the dates or times of supervision sessions, and no contact between supervisor or supervisee when the relationship has ended (p. 122).

Langs uses stern language to describe what he sees as the consequences of frame violations, stressing “....that the lax management of the supervisory frame damages all three parties to a supervision”, that it leads to compromise and harm, and leaves both personal and professional “traumatic scars” on the supervisee for the rest of their life (pp. 114 and 123). The tone of his writing suggests a rigid, anonymous and rather punitive approach to supervision which contrasts sharply with the more flexible relationship-based approaches stemming from the humanistic tradition. Langs’ approach to supervision is diametrically opposed to that of, say, Carroll or other transtheoretical supervision model advocates. It is hard to see how such contrasting concepts might be reconciled in a generic supervision training programme of the future. The popularity of counselling-based supervisory models, as shown by the present survey, suggests that a closer investigation of what actually happens in such supervisory contracts could help to inform us about a suitable syllabus in future supervision training programmes for psychologists.

Counselling-based models suffer also from other limitations of the particular theory on which they are based. There is widespread agreement that different therapeutic approaches suit different types of problems and different kinds of clients, and that no single approach can be expected to address all of the problems likely to crop up in clinical practice. This is one of the main arguments for theoretical integration in psychotherapy and counselling, and according to this view, supervisors also need to be prepared to have a broad-based approach in order to work effectively with the trainees and qualified practitioners whose work they supervise. The more experienced a supervisor is, the more he or she is likely to be able to draw on a variety of roles, whether as teacher, therapist, administrator, evaluator or consultant. This point was made by Cormier and Bernard (1982) who have argued strongly in favour of a pluralist approach to supervision models in their training programme. They describe their own approach as being based on four models – the Discrimination model, Inter-Personal Process Recall (IPPR), microtraining and live supervision.

In line with these authors, Polkinghorne (1992: 160) argues, in the context of psychological practice, that exclusive commitment to a particular theoretical approach limits the practitioner’s understanding of a client’s problems. The use of “multiple conceptual systems”, he maintains, enables one to recognise many more facets from a variety of perspectives than is possible with a single theoretical approach. Similarly, Hooper (1997: 45) proposes that one solution to the problem of a single model approach in counselling would be for professional organisations to insist on members being trained in at least two approaches.

The points made by both of these authors appear to be equally valid for the psychological practice of supervision as for counselling or therapy. The adoption of a pluralistic approach could lead to greater

theoretical flexibility among supervisors in due course, if more training courses pursued an integrative policy. In this respect, the BPS Counselling Psychology Division is ahead of the BACP and the UKCP, in that applicants now have to demonstrate knowledge of three models to qualify for accredited membership. The BACP could potentially adopt such a policy, although it would undoubtedly lead to much protracted argument and resistance from training institutes with accredited courses, as well as many existing members. It is hard to see how the UKCP could adopt such a policy, however, because of its “federal” structure, with separate divisions and member organisations, each representing their own cherished doctrines and ideas about the nature of therapeutic change.

Mead (1990), who has developed his own generic Task-Oriented Model based on three levels — client, therapist and supervisor — believes that supervisors need a framework of supervision that is independent of any particular counselling theory. As we have already seen, writers such as Clarkson and Gilbert (1991), Page and Wosket (1994), Holloway (1995), Carroll (1996), and Hawkins and Shohet (2002) have all developed transtheoretical models relevant to the British context. Other models have already been described, such as the various developmental ones widely discussed in the American supervision literature, but perhaps less well known here in their different versions. Watkins (1995a, 1995b) has suggested that we already have enough developmental models of supervision and that further models are likely to add little to our existing state of knowledge. The task confronting us now concerns researching and refining the ones already available, and this seems to be true of the generic models, as well.

Question 25: What kind of supervision do you do?

This question aimed to determine the main areas of individual and group supervision likely to be engaged in by counselling psychologists – namely, consultancy, training, managerial, and supervision of supervision. Percentages in Table 22 were calculated on the basis of the number of respondents who answered “yes” to question 20 (Do you work as a supervisor?) – that is, 118.

Over three-quarters of respondents were involved in individual consultancy supervision. The next most frequent type of supervision was individual training supervision, with over half of respondents engaged in this. In all four areas, the individual supervision format was the most frequent. The least frequent models were group managerial and group supervision of supervision.

Table 22 Frequencies and percentages for supervision formats

Type of supervision	n	% supervisors
Individual consultancy supervision	91	77.1
Group consultancy supervision	27	22.9
Individual training supervision	69	58.5
Group training supervision	31	26.3
Individual managerial supervision	23	19.5
Group managerial supervision	6	5.1
Individual supervision of supervision	27	22.9
Group supervision of supervision	3	2.5

Note. Total number of respondents working as a supervisor = 118.

Typically then, respondents are involved in individual consultancy supervision, have an average of five supervisees, and spend an average of nine hours per month supervising. Comparative data available in this area were only available from three American studies by Robiner et al., (1997), Corrigan et al., (1998), and a much earlier survey carried out by Prochaska and Norcross (1983). Rodenhauser's (1995) survey of psychiatric supervisors unfortunately did not include questions about the number of supervisees and the amount of time spent in supervision.

The Robiner et al., (1983) study involved 62 clinical psychologists who typically had two supervisees at a time, and spent on average nearly five hours per week supervising, thus giving a mean of 20 hours per month. The Corrigan et al., (1998) study consisted of a survey of 55 psychologists working in state hospitals and investigated their working practices and preparation for their jobs. They spent about 14 % of their time in the "supervision of and consultation with colleagues". The authors believe that these activities are more suitable for senior psychologists and suggest that psychologists working in state hospitals are not taking on supervisory responsibilities to a great extent. This comment implies that they had expected the respondents to be involved in much more supervision, possibly of other professional staff groups in the hospital setting.

The Prochaska and Norcross study (1983) surveyed 410 psychologists practising psychotherapy and investigated four main areas: their characteristics, practices, orientations and attitudes. They found that nearly two-thirds were involved in clinical supervision and spent an average of 7 % of their time on it. Since they worked an average of 45 hours per week, this works out at about three hours per week, or 12 hours per month on clinical supervision. The differences between these groups of American psychologists may be due to their different occupational settings. The Robiner and Corrigan samples were in training and hospital settings respectively (the two with the highest figures for supervision responsibilities), while over 50 % of the Prochaska sample were working in private practice (the lowest figure for supervision responsibility) and presumably had less contact with trainees as a result.

Harrar et al., (1990) state that psychologists should not have more supervisees "than they can responsibly manage at one time" and cite the American Association of State Psychology Boards (AASPB) guidelines which stipulate a limit of three full-time trainees per supervisor. This injunction, however, is based on the assumption that the supervisor carries ultimate responsibility for all of the clients and that he or she needs to be fully familiar with each case, its clinical management and progress. Borders et al. (1991) discussing the counselling regulations in various states, point out that supervisors in Texas are restricted to eight supervisees, while Louisiana has a limit of five supervisees, and that different states often have very different regulations for counselling practice. While there are obviously differences in states' policies over supervision caseloads between psychologists and counsellors, the fact that there are rules or guidelines at all is something we need to be aware of in Britain.

The situation here is currently very different, and accountability usually rests with an internal supervisor or manager if it is an NHS or agency setting, or with the independent practitioner in the case of private practice. Even in most training settings, counselling psychology trainees may be supervised by a member of the teaching staff or by an external supervisor, but accountability usually resides

elsewhere. It would be interesting to know to what extent British supervisors would agree with the AASPB limit and whether it would be seen as reasonable in the context of consultancy supervision, which is the most frequent format and occupying over three-quarters of supervisors.

This issue had little attention paid to it until an article by King and Wheeler (1998) appeared in the British counselling press in which the two authors discuss the question of clinical responsibility and report on a qualitative study involving interviews with experienced counsellors and supervisors. The focus in this study is the accountability of supervisors when working with qualified independent practitioners. One of the authors, King, considers that if supervisors are held to be responsible for the welfare of the client, then certain changes would need to take place in the BACP Code of Ethics for Supervisors. He argues that much of a typical practitioner's caseload is unsupervised and therefore the expectations that clients will be safeguarded and that ethical behaviour will be monitored are unrealistic. Similarly, if a counsellor is incompetent or found to be guilty of malpractice, then the supervisor is also likely to be at risk. King has made a number of recommendations based on his findings, all of which involve considerably greater regulation of both supervisors and independent counsellors than exists at present. They include the BACP specifying the amount of experience and training a practitioner should have before being considered suitable for independent practice, and making a distinction between the supervision of counsellors in private practice and those working in other contexts.

His co-author, Wheeler, has reached a very different conclusion, however, and argues against increasing the clinical responsibility for supervisors of independent practitioners. She asserts that it is appropriate for practitioners to assume full responsibility for their work, and that they need to be trusted as ethical and competent professionals. To adopt a more restrictive code would give the message to the public that practitioners are unable to function effectively without constant monitoring from above – unlike other members of the helping professions.

My own view is that consultancy supervision should be seen as a voluntary and strongly recommended arrangement based on good practice between two people on collaborative principles, and that increasing the regulation is unlikely to be helpful to the public or the profession. However, to have fully competent supervisors, there does need to be proper training in matters relating to ethics, the law, accountability, power, multicultural and difference issues, whistle blowing and so on, so that supervisors are fully aware of the implications and responsibilities of their role with different groups of trainees and practitioners.

The results showed that 59 % of counselling psychologists surveyed were involved as supervisors of individuals in training and it would depend on the student's caseload as to whether very detailed supervision were possible. For example, some trainees may be novices with only two or three clients in their placement, while others may be quite experienced practitioners taking a Master's programme to upgrade their qualifications or prepare for chartered status via the independent route. Such trainees could have a heavy caseload if they were working in primary care or in independent practice, for example, in which case the supervision would take more of a consultancy form, while strictly speaking

it conforms to the evaluative and training model. It is common for Diploma and Master’s programmes to include a wide range of experience among trainees – hence this variation.

All of the supervisees in the Robiner study were trainees (interns), which might account for the much greater supervisory input, while the present study did not ask respondents about type of supervisee they were seeing. Personal experience and that of colleagues indicate that many supervisors have a mix, ranging from trainees and novices to practitioners of considerable experience. It is also common for supervisees to use individual supervision to complement or “top up” other supervision arrangements they may have in place, often to meet minimum requirements regarding client contact hours.

5.1.15 Supervision of supervision

Question 26: Do you have supervision of your supervision?

This question aimed to determine how many supervisors had supervision of their supervision and if so, whether they combined with it with their usual supervision or had a separate arrangement.

Table 23 gives details of the responses, and the percentages calculated for the supervision of supervision arrangements (combined with personal supervision or in a separate supervision arrangement) were based on the number stating that they had supervision of their supervision (63). These percentages do not quite add up to 100%, as two respondents left these sections blank.

Table 23 Frequencies and percentages of respondents having supervision of supervision

Supervision of supervision	n	%
Yes	63	53.4
No	55	46.6
Combined with personal supervision	41	65.1
Separate supervision	20	31.8

Just over half of supervisors in the present survey said they had supervision of their supervision, and nearly two-thirds of these said they combined this with their personal supervision, while the remainder had a separate arrangement. The rest of the supervisors had no arrangement for the supervision of their supervision work, which ought perhaps to give rise to some concern.

This issue led to investigating whether the trained supervisors in the survey sample had more supervision of supervision than untrained supervisors. The analysis entailed examining questions 23 and 26 and was based on the hypothesis that training would increase the awareness of the importance of supervision. The analysis was carried out using Pearson’s chi-square and found that there was a very significant difference between the trained and untrained groups with trained supervisors indeed having more supervision than the untrained group, $\chi^2 (1, n = 117) = 6.28, p < .01$.

Wheeler and King (2000) investigated the views of 70 BAC accredited and non-accredited supervisors and found that most of them saw supervision of their supervision as both helpful and important. They also believed that it should be a requirement for supervisors and said they would have such supervision,

even if it were not a requirement. Only six out of the 70 did not have supervision of their supervision. Just over half of them combined their supervision of supervision with the supervision of their ordinary counselling work and 57 % said they supervised the supervision of other practitioners. These two sets of data indicate that a combined supervisory arrangement is common among both groups of practitioners, but counselling psychologists are more likely not to have supervision for their supervision than counsellors.

In my own work as a supervisor, I regularly need to discuss issues which come up with supervisees and I use all of my three supervisory arrangements for this purpose whenever they arise. To the best of my knowledge, there seem to be no specific reasons why counselling supervision and supervision of supervision should be kept separate, and there are often practical reasons for using the same supervisory format for both, if it is appropriate. In my own case, the colleagues whom I consult in my individual, co-supervision and peer group arrangements are themselves all supervisors, so there is a broad range of experience available for consultation without too much delay. It is possible that some of the survey supervisors with separate arrangements may have done so because of different work contexts, such as clients being seen in one place and supervision taking place in another.

There is no specific guidance on supervision of supervision in the DCoP Guidelines for the Professional Practice of Counselling Psychology (1998), beyond the general injunction that all practitioner members should have regular supervisory or consultative support. This could be interpreted as covering the supervisory role, but is open to dispute, nevertheless. The BAC (1996), however, does give specific guidance in their Code of Ethics for supervisors and stipulates that they must monitor and develop their competence, which "... includes having supervision of their supervision work" (Clause A.6).

There is little discussion in the literature or published research on the subject of supervision of supervision, as has been mentioned in the first chapter of this report, and this seems to be true both for Britain and the United States. Kurpius et al., (1991) discussed ethical issues in supervision from the American perspective, and have argued that peer consultation and review are important ways of evaluating and developing competence in the field and are the very minimum that should be undertaken, even without formal certification. Sherry (1991) has also explored the theme of professional competence in supervision, and proposes informal monthly discussions as one way for supervisors to monitor their work. Rodenhauser (1997: 539) refers briefly to this subject in the most comprehensive overview of the last decade in a section of his chapter, called "Trouble spots in psychotherapy supervision". He has said that supervision of psychotherapy supervisors is uncommon, and that where it does take place, he has found in his own research that it consists mainly of peer groups.

In this context it is worth mentioning an original and creative peer arrangement described by one survey respondent in connection with his supervision of supervision. His co-supervision format consists of six days per year being allocated to supervision of supervision, providing each partner with 12 hours. They have a live monitoring arrangement, with a third party acting as a consultant to the process for a two-hour session each year – thus providing supervision of supervision of supervision.

The current status of supervision of supervision seems to parallel the development of supervision for counselling, with a time lag of about ten years. Counselling and psychotherapy training has existed for many years but only really became widely accessible within the last 15 years or so. With the increasing number of new entrants to the profession, supervision became the next stage in the development of the field, with training programmes becoming more widely available in the last five to ten years. Now that attention is beginning to be focused on the next level up, standards are just starting to be developed to guide the professional practice of supervision. It is clear firstly, that there is still some way to go before there is universal acceptance of the desirability for supervisors to have a consultation arrangement for their own work, and secondly that the BPS DCoP has yet to address this issue in terms of recommendations for good practice. It is also worth remembering the possible limitations regarding supervision of supervision as mentioned in Chapter One. I propose that ultimately external agencies and professional bodies might only suggest guidelines for good practice based on trust and respect for the professional maturity of the accredited practitioner, rather than lay down absolute rules in the endless search for “perfection”.

5.1.16 Rewards and stresses

Question 27: What is the most rewarding aspect of your work as a supervisor?

This was an open-ended question to which there were 103 responses. These were grouped initially into 15 categories. By far the most frequent rewarding aspect of supervision related to the supervisee’s growth and development, with over one third of respondents making this kind of comment. The next most frequent aspect was the supervisors’ own learning from the relationship, with one in six mentioning this. Several respondents commented on more than one aspect, hence the total of 135 in Table 24 overleaf.

With the help of an independent rater, the 15 categories were regrouped and reduced down to five further categories – namely Self (as supervisor), Supervisee, Joint (aspects shared by both), Client (aspects relating to the client) and finally Other (to cover less frequently occurring aspects). See Table 25 overleaf for the reclassified data. The overall level of agreement between the two judges was 85 %, with Self at 74 %, Supervisee at 90 %, Joint at 91 %, Client at 75 %, and Other at 88 %.

The most striking aspect to emerge from this question is that nearly half of supervisors find that factors relating to the supervisee provide the greatest rewards, while one in four find factors relating to their own experience offer the most satisfaction. Other rewarding aspects relating to the supervisor that were mentioned included creative thinking and stimulation, teaching, and feeling that their skills are valued.

Table 24 Frequencies and percentages of most rewarding aspects of supervision

Aspect	n	%
Seeing supervisee grow/develop/blossom/learn	50	37.0
My own learning	21	15.5
Relationship/mutuality/ support/shared understanding	19	14.2
Help supervisee clarify/understand new perspective	11	8.2
Hearing of clients' progress	7	5.2
Feeling my skills/experience have value	6	4.4
Interest/stimulation/creative thinking	5	3.7
Miscellaneous	4	3.0
Teaching	3	2.2
Professional dialogue/contact	2	1.5
Link between theory & practice	2	1.5
Maintaining ethical/good practice	2	1.5
Being removed from 1:1 client work	1	.7
Working with organisations	1	.7
Passing on my enthusiasm	1	.7
Total	135	100.0

Note. Figures in percentages column are based on total number of classifiable responses to the question = 135.

Table 25 Most rewarding aspects of supervision: Frequencies in five categories

<u>Self</u>	<u>%</u>	<u>Supervisee</u>	<u>%</u>	<u>Joint</u>	<u>%</u>	<u>Client</u>	<u>%</u>	<u>Other</u>	<u>%</u>
Learning	15.5	Growth	37.0	Relationship	14.2	Progress	5.2	Theory/ practice	1.5
Creative Thinking	3.7	Understanding	8.2	Contact	1.5	Distance	0.7	Ethics	1.5
Skills	4.4							Misc *	3.0
Teaching	2.2							Organ**	0.7
Enthusiasm	0.7								
Totals	26.5		45.2		15.7		5.9		6.7

Note: Asterisks * in Other column denote abbreviations for *Miscellaneous and **Organisations.

There is some support for these findings from other studies, although not a great deal of such research has been carried out so far. The rewards described by various writers include those linked with the life stage of the supervisor, those related to a particular concept of altruistic happiness and to another similar concept of “flow”, and those that can be related to family metaphors associated with the transferential relationship of parent and child or even uncle/aunt.

Alonso (1983) investigated supervisors' motivations for their work and devised a stage model of supervisory career development, based on her interviews with psychodynamically-oriented colleagues. She grouped supervisors into three categories – novice, mid-career and late career – and attempted to describe the different tasks needed to progress from one stage to the next, and in three different contexts. These were *Self and Identity*, *Supervisor-Therapist relationship*, and *Supervisor and the Administration*. One of her conclusions was that the mid-career supervisor is characterised by the opportunity to transfer concerns away from him/herself and towards others, and that this is consistent with the normal developmental tasks for this stage of life. She drew on Levinson's concept of the ideal mentor, and related this process to his or her working through the separation and individuation issues

which are common at this stage in life – and is the same stage of life of the sample of supervisors in the present study. In the light of this model, therefore, it is not surprising to find that the most rewarding aspects of supervision lie in the domain of the supervisee, rather than the self.

Alonso also describes the rewards of supervision in terms of pleasure in watching the development of the supervisee from novice to colleague, to see their excitement and to be in contact with them at a time of emotional growth and expansion. She sees supervision as fun, a way of “making order out of chaos”, and an opportunity to work at a more conscious cognitive level of communication, instead of the “messier regions” of the unconscious world of the actual client. Finally, she refers to the rewards in terms of the status, prestige, authority, and power that accompany the role of supervisor, while cautioning about the potential for abuse at the same time. She also mentions the healthy narcissism that can be fed with the affection, admiration and validation that may often accrue to the role of supervisor.

Another strand in this discussion of the rewards in supervision relates to the developmental level of the supervisor. Skovholt and Ronnestad (1995) have identified a process among mature practitioners, which they see as a shift from narcissism, involving idealism, grandiosity and power-seeking, to a more realistic understanding, which they describe as a therapeutic position. This entails a move towards a more relaxed and client-centred perspective which comes with experience, successes and failures, and with the gradual recognition that one’s power as a therapist is much less than expected earlier in the career. From these authors’ work, it is possible to link the satisfactions of working as a therapist or supervisor, with the particular developmental stages, such as individuation and integrity. This involves letting go of narcissistic needs and an increasing tolerance and acceptance of the great variation in human beings. With this transition, there is a greater emphasis on the needs of the other, rather than on the self.

Hess (1997) casts a slightly different light on the rewards of supervision, when he describes the concept of happiness known as “eudaimonia”, a term coined by Waterman (1990). The “daimon” means the true self and the experience relates to the process of actualising the innate potential of an individual for excellence. It involves being challenged, developing competence and assertion, setting and achieving high goals, using great effort and concentration and knowing how well one is doing. Hess sees this as a cumulative process, with greater attainment leading to greater eudaimonic happiness. In the context of supervision, he suggests that the eudaimonia should be experienced by both supervisor and supervisee, because it is about what is “*worth* desiring and worth having in life”, which Hess quotes from Telfer (cited in Waterman, 1990). As he pointed out some ten years previously (Hess, 1987:253), when he referred to “the joy of building competence in supervisees”, there has been no research into this aspect of the satisfactions of supervision – until the present study, that is. I hope this might act as a signpost for further research into the area.

The concept of eudaimonia seems to correspond with the experience of “flow”, an optimal state of consciousness that has been researched by Csikszentmihalyi (1992). He has investigated the internal processes of accomplished individuals, such as dancers, climbers, surgeons, composers, chess players and so on, at times when their work or performance was perceived as very enjoyable and going well. Accounts of such experiences typically include references to complete concentration and absorption in

the task, a sense of control, energy and mastery, a feeling of being challenged and yet having the skills and competence to match, and a harmony between thoughts and actions. There is an intensity of positive emotion in the flow state and a profound sense of meaning and of being fully integrated within the creativity of the moment.

According to Mitchell (1992), flow is much more common in everyday life than we might be led to believe from the lack of awareness or attention paid to it. Drawing on ideas put forward by other writers, he suggests that this is because our language restricts us in terms of the kinds of experiences or objects which can be easily described, and is dominated by discursive symbolism – an analytical, purposeful and problem-solving approach which largely refers to external events. Presentational language, on the other hand, is what is needed to capture the phenomenology of the elusive, ephemeral and mysterious optimal flow experience, that is inherently subjective and intrinsically rewarding.

Mitchell argues that linguistic constraints and the dominance of rationality, with its emphasis on prediction and control, have meant that for cultural reasons the exploration of concepts such as flow has been limited to a few researchers such as Csikszentmihalyi and others stimulated by his work. Yet my own experiences at times of optimal engagement with work or certain leisure activities fit this description and I have no difficulty in recalling them, whether in therapy, supervision or writing an article. Judging by the occasional references in the literature, there must be other practitioners who also experience such optimal states in their work. One glimpse, for example, is afforded by Norcross and Guy (1989) reviewing the experiences of ten “master psychotherapists” when they referred to “awe”, “privilege”, “therapeutic ecstasy”, absorption and gratification, positive nourishment, and “unquenchable curiosity” in terms of the rewards of the therapy process.

Lidmila (1992) sees supervision both as a clinical discipline and a spiritual one in which free-floating attention, detachment, reverie, non-directiveness, critical self-awareness, and containment are all central to good supervisory practice and are also cornerstones of the philosophical and religious approaches of many non-Western cultures. More recently, Clarkson and Angelo (2000) have described a small-scale qualitative study investigating competencies for supervision in which they discerned a gap in those defined in the literature, and the characteristics of the supervisory relationship defined by supervisees. While the literature they surveyed focused almost entirely on the working alliance, the supervisees emphasised intense personal experiences using terms such as “universality”, “enlightened”, “love and care”, “global awareness” and so on, which are more characteristic of the transpersonal relationship, as defined by Clarkson (1992: 306 – 309) in her Five-Relationships Model.

Yet another dimension of the rewards of supervision seem to lie in the transference relationship. Greben and Ruskin (1994) have suggested that from this perspective, the supervisor can be seen as a “kind of lover/parent/mentor” in relation to his or her supervisees. The art of supervision is therefore learned by having many “children” with whom one hopes not to repeat the mistakes made with the early ones. There seems to be some support for the analogy of a “parenting” dimension in supervision, according to Clarkson and Aviram (1995) who carried out a qualitative study on the meaning of the phrase “being a supervisor”. One of the six categories was “nurturing”, with 15 % of the total number of responses. The link with the concept of being a parent becomes clearer on examining the individual

sub-categories, which include support, availability, praising, enabling, listening, caring, understanding and holding. As will be seen later in this chapter in the section on the tasks of supervision, respondents gave a rating of strong agreement for the task of providing support, and it came out as one of the top two aspects (the other being about maintaining standards). So it seems the present research tends to confirm this finding relating to the importance of the concept of a benign parent.

Carroll (1996: 54) has commented on the use of metaphor when supervisors describe the supervisory relationship. The wide variety illustrates the pluralistic and shifting perspectives, ranging from the craftsman-apprentice, collegial and mentor to a multiplicity of family relationships. Bernard and Goodyear (1992) have also discussed the prevalence of family metaphors in supervision, which they see as parallel to the therapeutic relationship in certain ways. Of relevance here is their notion of parent-child, which has certain similarities to the roles of supervisor-supervisee. Evaluation, for example, can trigger anxiety or feelings of guilt and punishment reminiscent of childhood in the supervisee, while evoking at the same time fear of the critical parent. Another example is the way in which the process of supervision is designed to lead to independence in the supervisee, which parallels the process of increasing independence in the developing child with the concomitant shift in the power differential.

Friedman and Kaslow (1986) have also described this in some detail and compare the developmental stages of the counsellor and therapist to normal development in childhood and adolescence. In particular, they relate the early stages of excitement and anticipatory anxiety, and dependency and identification to the task of the “newborn’s parent”. This task is to provide enough security to allow the infant the opportunity to explore the environment while “holding” him or her securely, and this capacity to “hold” depends in turn on the empathic aspects of the relationship. Lidmila (1992), however, sees the relationship more in avuncular terms, with the supervisor as the “good uncle or aunt” who remains outside the immediate enmeshed family and can be consulted for advice and help.

Greben and Ruskin (1994) asked an American group of six experienced supervisors about the most useful ideas in their development, and again they reported some statements relating to the focus on the needs of the other, and indirectly therefore to the concept of parenting. These included, for example, bringing out the innate ability, understanding, identifying with the supervisee and their concerns, their wonder and curiosity, and adapting to the needs of the supervisee.

In essence, it seems that there is an underpinning of wisdom and compassion in these different strands of the rewards of supervision. Wisdom, according to Birren and Fisher (1990) involves empathy, exceptional understanding and openness to change, with a highly developed personality capable of transcending narcissism and aware of his or her limitations. More recently, Sternberg (2000) has said that in his balance theory of wisdom, knowledge needs to be applied not only for one’s own benefit, but also for the benefit of others and for the common good. How knowledge is used is as important as knowledge itself.

Question 28: What is the most stressful aspect of your work as a supervisor?

This was also an open-ended question to which 105 people responded. They produced 119 stressful aspects which were grouped into 22 categories (Table 26). One of these was excluded, however, because seven respondents said they did not find supervision stressful. As with the previous section on the rewards of supervision, with the help of an independent judge these categories were reduced down to five categories relating to the Self, the Supervisee, Joint, Client and Other (Table 27). The overall level of agreement between the judges for this question was 87 %, with Self at 94 %, Supervisee at 90 %, Joint at 63 %, Client at 67 %, and Other at 82 %.

It is interesting to note that the statements relating to rewards slightly outnumbered those relating to the stresses in terms of frequency at 135 (53 %) against 119 (47 %). The largest category of stresses related to the supervisee at 34 % frequency, with a cluster of problems relating to competence, evaluation and unsuitability heading the list at a frequency of 22 %. The second most frequent category concerned stresses relating to the supervisor, with responsibility issues at the top of the list (11 %), followed closely by time issues (9 %). However, the question (item 28) did ask for only factors intrinsic to supervision, rather than external constraints including time, so this question was not properly understood. Ethics and accountability were other frequently cited issues at 8 % and 7 % respectively, followed by supervisor's lack of knowledge (6 %).

On a speculative note, I have sometimes wondered whether stresses relating to supervisee competence and suitability might not be associated with the stringency or otherwise of criteria for admission to a diploma or Master's programme. Some training centres are strict about minimum standards for their students, while others are very "flexible" (possibly because of the institution's need for income). One or two colleges I have had contact with take some trainees whose literacy skills and educational levels are well below that required for success by the final year. The hapless supervisor who agrees to work with an unsuitable supervisee is bound to find the work stressful, and torn with the conflict between wanting the supervisee to do well and remaining mindful of the need to keep the client's interests at the centre of the work.

Table 26 Frequencies and percentages of most stressful aspects of supervision

Aspect	n	%
Dealing with competency issues/evaluation/negative feedback/unsuitability of trainee	26	21.8
Responsibility of being supervisor	13	10.9
Overwork/lack of time	11	9.3
Ethical problems	10	8.4
Accountability/responsibility boundary issues	8	6.7
When there are problems in supervisee's work	7	5.9
Own lack of knowledge/anxiety	6	5.0
Coping with anxious/ambivalent supervisees	6	5.0
Transference and supervisor/ supervisee relationship issues	5	4.2
Organisational pressures	5	4.2
Remembering & lack of 1:1 contact with client	4	3.5
Supervisee's expectations of supervisor	2	1.7
Poor training courses	2	1.7
Dual role issues	2	1.7
Referral issues/inappropriate referrals to trainees	2	1.7
Concern for clients	2	1.7
Miscellaneous	2	1.7
Dealing with boundaries between supervisee & client	1	.8
Working with different orientations	1	.8
Dullness	1	.8
Keeping records	1	.8
Total	119	100.0

Note: Figures in percentages column are based on total number of classifiable responses to the question = 119.

Table 27 Most stressful aspects of supervision: Frequencies in five categories

Self	%	Supervisee	%	Joint	%	Client	%	Other	%
Responsibility	10.9	Competency issues	21.8	Accountability issues	6.7	Distance	3.5	Ethics	8.4
Time issues	9.3	Work Problems	5.9	Transference	4.2	Concern	1.7	Organisation	4.2
Not knowing	5.0	Anxiety	5.0	Orientation issues	.8	Boundaries	.8	Training	1.7
Dual roles	1.7	Expectations	1.7					Referrals	1.7
Boredom	.8							Misc. *	1.7
Recording	.8								
Totals	28.5		34.4		11.7		6.0		17.7

Note: Misc * in “Other” column signifies “Miscellaneous”.

Apart from one or two reports, there seems to be little in the literature about the stresses of supervision from the supervisor’s perspective, although there is research evidence on good and bad supervision from the supervisee’s viewpoint. These include for example, reports by Rosenblatt and Mayer (1975), Allen et al., (1986), Shanfield et al., (1993), and summaries in Bernard and Goodyear (1992: 172 –

192) and Neufeldt et al., (1997: 514 – 515). Lunt (1993) reports that confronting difficulties with trainees was a major concern in a survey of educational psychologists published in 1987. Such difficulties included unsatisfactory work, differences in values, evaluation and ethical issues.

Rodenhauser (1995) asked his sample of 40 psychiatry supervisors to describe the most stressful aspect of supervision and found that there were three main categories of response: those relating to the supervisor, to the supervisee, and to the setting. Supervisor stresses included concerns about knowledge and skills, such as feelings of inadequacy, lack of knowledge and experience, as well as contracting issues and evaluation. Supervisee issues were much less frequent but included resistance and hostility, idealising the supervisor, lack of knowledge and variation in the trainees' baseline knowledge.

It is interesting to note that his sample produced the greatest number of responses in the supervisor category, while the present survey shows an opposite trend, with the greatest number of responses in the supervisee category. One possible reason for this difference could be that Rodenhauser's sample were all mature psychiatrists supervising psychiatry trainees, while the present sample probably have a broad mix of supervisees and not only trainees. This, however, is speculation, since the survey did not actually include a question relating to the type of supervisees, although it seems a reasonable assumption in the light of the requirement for continuing supervision throughout one's career in Britain.

Hess (1986) has reported on stresses experienced by supervisors, quoting a study by McColley and Baker (1982), with the most frequent problem among beginners being trainee resistance to supervision (27 %). Other stresses included not knowing how to intervene, not understanding the case and lack of knowledge in themselves. Farber and Heifetz (1982) studied the satisfactions and stresses of psychotherapeutic work with 60 psychotherapists of varying backgrounds completing a questionnaire. They found that the most significant stresses included feeling depleted by therapeutic work and coping with pressures in the relationship. Client resistance and difficult behaviour also proved to be frequent problems. There are parallels here with stresses in the supervisory relationship, but there is an important difference between their study and the present one. This is that the questionnaire in the former case consisted of predetermined variables chosen from research literature with no open-ended questions, while the questions relating to stresses and rewards in present study were entirely open-ended, with no predetermined variables.

Carroll (1995) has grouped supervisory stress into three categories – those from within the supervisor, those arising from the relationship, and extrinsic factors impacting on the supervision. Many of those he describes are consistent with the results from the present survey. Stresses arising from within the supervisor include coping with the new role and the shift from therapist to supervisor, often exacerbated in the absence of any training; possible lack of flexibility when working from a counselling or therapy-bound perspective and difficulty taking on the role of teacher, especially with trainees; and uncertainty or ignorance about the responsibilities of the supervisor, including boundaries, evaluation, competency issues and selection of supervisees. Stresses arising from within the relationship include inappropriate counselling of the supervisee, balancing the need to trust with the need to monitor, and handling evaluation, especially negative feedback. External stresses include

balancing relationships between outside agencies (such as training institutes or employers), the supervisee and oneself.

Evaluation issues with supervisees formed the largest percentage of stresses cited by respondents — 22 % — including competency, assessment, negative feedback, unsuitability of the trainee or supervisee, and so on. Bernard and Goodyear (1992) are forthright in their view of such difficulties when they state: “Evaluation troubles most clinical supervisors” (p. 105). They point out that the task of the trainer and supervisor is to deliver a safe and reasonably effective practitioner, whereas with therapy the process can cease at any time, whether or not the client has achieved their goals. The supervisor has to balance support and encouragement with the need to exercise the power appropriately within the relationship, and there can indeed be a lot of stress if this fails to work. Judgement does not come easily for many practitioners/supervisors with their wish to avoid negativity or criticism, or to remain congruent with their principle of unconditional acceptance.

Problems with evaluation were also highlighted in a recent American study by Ladany et al. (1999), which aimed to investigate the extent to which supervisors committed ethical violations. Out of 151 trainees, mostly clinical and counselling psychologists, 51 % reported at least one out of 15 possible ethical violations by their supervisor, and by far the greatest number — one third — related to the guideline concerned with evaluation. Examples included not giving timely and appropriate feedback, not listening to audiotapes, and leaving criticism until the end of the course. The authors suggest that lack of training in supervision and particularly evaluation skills might be a significant factor in such a large number of violations.

Authors such as Bernard and Goodyear and Stoltenberg et al. (1998) argue that evaluation difficulties are best confronted head on, and not by avoiding them. Clear criteria are needed which both parties understand, and where possible an independent measure such as an evaluation form can help in the process. Stoltenberg et al. suggest the use of their Supervisee Levels Questionnaire – Revised (SLQ-R) as a suitable evaluation tool for supervisees to complete as a self-report form. There are numerous others in the literature, although standardisation remains problematical with many of these. Evaluation needs to be based on actual behavioural observation too, so audio and videotapes come into their own here where the facilities are available or permitted. Evaluation can be a collaborative and two-way activity, built into the contract with explicit learning goals at each stage of training, and ideally with several people involved in the evaluation process. Sensitivity and effective feedback skills are also a prerequisite for evaluation, as is an awareness of the consequences of both “pass” and “fail” judgements on everyone concerned. Without clear criteria for evaluation, supervisors are likely to find it a heavy burden because of the responsibilities involved and potential mismatch of expectations and standards between trainers, student and supervisor. That there remains much work to be done in this field was clear to me when I was asked to provide a progress report for a supervisee at the end of her supervision training. The trainers apparently found it strange that I was asking for systematic criteria and seemed unable to grasp that I would find it difficult to do justice to my supervisee without these!

One broad conclusion arising from this section of the study seems to be that training has the potential to alleviate much of the adverse stress involved in supervision. It can provide clear theoretical

frameworks and practical guidelines concerning the roles, tasks and skills involved in supervision, particularly in relation to the issues concerning evaluation. Training offers the possibility of a much better understanding of the early developmental stage of this newly emerging profession.

5.1.17 Views on supervision training

Question 29: How important do you think it is for supervisors to have specific training in supervision?

The survey showed broad support for supervision training, with just over two-thirds (68 %) of respondents indicating that they thought training was important, very important or essential (see Table 28). The mean rating was 3.3 (important) with a standard deviation of 1.1. However, two per cent thought it was unimportant, and just under a third thought it was useful, suggesting that there is still a substantial minority of psychologists who remain to be convinced that training in supervision is as important as training in counselling psychology itself. The educational psychologists' survey showed that 77 % of respondents thought that supervisors needed specific training – a slightly higher figure than the counselling psychology group. However, the actual number of respondents in the former group was much lower at 33, against 160 in the present survey, so this difference might be accounted for in terms of the sample sizes.

A post hoc analysis was conducted to investigate whether there was a difference between trained and untrained supervisors' ratings of the importance of supervision training. This involved exploring questions 23 and 29 and was based on the hypothesis that trained supervisors ($n = 57$) would be more aware of the importance of training in the subject than those without training ($n = 58$). The analysis was carried out using the Mann-Whitney U-test which found that the mean rating for the non-trained group was 2.97, while for the trained group it was 3.6, ($z = -3.01$, $p < .003$), thus supporting the hypothesis.

Table 28 Frequencies and percentages of ratings of importance of training in supervision for all respondents

Rating	n	%
1 Unimportant	3	2.0
2 Useful	46	30.3
3 Important	40	26.3
4 Very important	34	22.4
5 Essential	29	19.1
Total	152	100.0
Mean rating	3.3	
SD	1.1	

Question 30: How important do you think supervision is
a. for trainees, and
b. for Chartered Counselling Psychologists?

This question aimed to determine whether there was a difference in the perception of the importance of supervision for trainees and for qualified practitioners. Respondents were asked to rate this for both groups on a five-point scale from 1 = unimportant, 2 = useful, 3 = important, 4 = very important, and 5

= essential. One hundred and sixty responses were recorded, with a mean rating for the importance of supervision for trainees of 4.8, and a standard deviation of .6, while for counselling psychologists the mean rating was 4.3, with a standard deviation of 1.0. Rounding the figures to the nearest whole number, this meant that supervision was seen as “essential” for trainees and “very important” for counselling psychologists. Comparative ratings for trainee and qualified practitioners are in Table 29.

Overall, respondents thought that supervision is essential for trainees, and very important for qualified counselling psychologists. There would be cause for concern if large numbers had said otherwise. No one in the entire sample said that supervision was actually unimportant for either group, and only three per cent (n = 5) said it was either useful or important for trainees. However, more people — one in five (n = 33) — considered supervision useful or important for chartered counselling psychologists. No immediately comparable data from the other studies are available and the nearest comparison is with the educational psychology survey, in which 72 % (n = 66) of those not in supervision said they would want it if it were available. Since this figure is now several years old and from a professional group where supervision has not traditionally been seen as mandatory beyond the training years, it suggests that supervision is beginning to be perceived as being of value by other psychologists, too.

Table 29 Frequencies and percentages of comparative ratings by all respondents for the importance of supervision for trainees and Chartered Counselling Psychologists

Rating	Trainees		Counselling Psychologists	
	n	%	n	%
1 Unimportant	0	0	0	0
2 Useful	4	2.5	12	7.5
3 Important	1	0.6	21	13.1
4 Very important	13	8.1	33	20.6
5 Essential	142	88.8	94	58.8
Total	160	100.0	160	100.0
Mean rating	4.8		4.3	
SD	0.6		1.0	

5.1.18 Supervision tasks

Question 31: Importance of aspects of supervision: “It is the task of the supervisor of qualified practitioners to”

This question was designed to identify perceptions of the relative importance of a supervisor’s tasks when supervising qualified practitioners. Sixteen areas were rated on a five-point scale, from 1 = strongly disagree, 2 = disagree, 3 = no opinion either way, 4 = agree, and 5 = strongly agree. Table 30 shows means and standard deviations for the 16 different tasks rearranged in descending order according to their mean ratings based on all respondents. See Table D.30 in appendix D for the results for the supervisors’ and non-supervisors’ groups.

The highest mean ratings were given to the tasks one and four – “Ensure maintenance of professional standards and ethics”, and “Provide a supportive and sustaining environment” (4.5 and 4.6 respectively, which rounded up to the nearest whole number are both equivalent to “strongly agree”).

The lowest mean rating was the sixth task in the list – “Provide counselling/therapy” (1.8, which rounded up to the nearest whole number is equivalent to “disagree”).

None of the tasks met with strong disagreement by the respondents. See Appendix D for Table D.29 which gives the results for this question for the supervisors’ and non-supervisors’ groups.

Kendall’s coefficient of concordance was calculated to assess the level of agreement between the respondents for these variables. Kendall’s W was calculated as equal to .346 and the results indicated that there was a significant level of agreement, $W = 0.346$; $X^2 = 694.547$, d.f. 15; $p < .001$.

A post hoc analysis was carried out to determine whether there were any differences between trained and untrained supervisors in their perceptions of the importance of the 16 tasks of supervision. The Mann-Whitney U-test was used for this analysis and the results showed that there was no significant difference between the two groups on any of the tasks, indicating that training in supervision did not make a difference. The results for this analysis were as follows: Maintain standards and ethics: $z = -.32$, $p = .75$ (n.s.); Provide teaching in theory: $z = -1.17$, $p = .24$ (n.s.); Ensure agency policy and practice is being pursued: $z = -1.69$, $p = .09$ (n.s.); Provide a supportive environment: $z = -.12$, $p = .91$ (n.s.); Provide skills training: $z = -.15$, $p = .88$ (n.s.); Provide counselling/therapy: $z = -1.01$, $p = .32$ (n.s.); Facilitate supervisee’s exploration: $z = -.62$, $p = .54$ (n.s.); Identify unknown factors in the therapeutic relationship: $z = -1.23$, $p = .22$ (n.s.); Assess supervisee’s competence: $z = -1.57$, $p = .12$ (n.s.); Challenge and confront supervisee: $z = -1.10$, $p = .27$ (n.s.); Formulate and review therapeutic goals: $z = -.66$, $p = .51$ (n.s.); Check supervisee’s stress level: $z = -.13$, $p = .89$ (n.s.); Monitor welfare of supervisee’s clients: $z = -1.55$, $p = .12$ (n.s.); Evaluate work quality: $z = -1.84$, $p = .07$ (n.s.); Address organisational aspects of client work: $z = -1.24$, $p = .22$ (n.s.); Deal with team issues: $z = -.80$, $p = .42$ (n.s.).

Table 30 Mean ratings and standard deviations for supervision tasks for all respondents

Aspect	n	Mean rating	Rating equivalent	SD
Provide supportive environment	159	4.6	SA	0.7
Maintain standards and ethics	161	4.5	SA	0.8
Facilitate exploration	161	4.3	A	1.0
Identify unknown factors in therapeutic relationship	158	4.3	A	0.8
Challenge supervisee	160	3.9	A	1.9
Formulate/review goals	156	3.8	A	1.0
Monitor client welfare	159	3.8	A	1.2
Evaluate work	160	3.7	A	1.1
Check supervisee's stress level	156	3.6	A	1.0
Assess competence	160	3.5	A	1.1
Teach theory	160	3.3	NO	1.1
Address organisational issues	152	3.3	NO	1.0
Address team issues	150	3.3	NO	1.1
Ensure agency policy & practice	156	3.2	NO	1.2
Provide skills training	160	3.1	NO	1.2
Provide therapy	161	1.8	D	1.0

Note: Rating equivalent abbreviations: SA = Strongly agree; A= Agree; NO = No opinion either way; D = Disagree.

The different items in the questionnaire were also classified according to Carroll’s (1996) seven tasks of supervision and are included in Table 31. It will be seen that five of the tasks fell into the Consultation category and achieved the highest overall ratings of two, three, four, five and six. The next most highly rated task was Monitoring, with three items, the highest of which was one. It is worth noting also that item 15 concerning the organisational aspects met with a mean equivalent to “no opinion either way”, particularly since four out of ten respondents said they were working in NHS hospitals and one in four were working in primary care and workplace counselling settings. Copeland (2000) has drawn attention to the urgent need for supervisors to develop their roles in organisational contexts and to make an effort to understand the specific demands and complexities of such settings. In her view, supervision and counselling tend to be dominated by an individualistic philosophy and the culture of private practice which ignore the political, social and systemic aspects of organisational dynamics. The responses to this particular item in the questionnaire suggest that there is still a lack of awareness about the supervision needs of counsellors working in such settings.

Table 31 Classification of 16 tasks of supervision according to Carroll’s Tasks and Functions system

<u>1. Consultation</u>	<u>No: Tasks</u>	<u>Rating equivalent</u>
	4. Provide a supportive and sustaining environment	2
	7. Facilitate the supervisee’s explorations	4
	8. Identify unknown factors in the therapeutic relationship	3
	10. Challenge and confront the supervisee	5
	11. Formulate and review therapeutic goals	6
<u>2. Monitoring</u>		
	1. Ensure maintenance of professional standards and ethics	1
	12. Check on supervisee’s level of personal/work stress	9
	13. Monitor the welfare of supervisee’s clients	7
<u>3. Evaluation</u>		
	9. Assess for supervisee’s competence	10
	14. Evaluate the quality of the work formally or informally	8
<u>4. Teaching</u>		
	2. Provide teaching in theory	12
	5. Provide skills training	15
<u>5. Administrative</u>		
	3. Ensure agency policy and practice are being pursued	14
	15. Address organisational aspects of client work	13
	16. Deal with team issues where appropriate	11
<u>6. Counselling</u>		
	6. Provide counselling/therapy	16
<u>7. Relationship</u>		
	No questionnaire items fell into this category	0

Note: Numbers against tasks in middle column refer to the order as they appeared on the survey questionnaire in Question 31.

Monitoring client welfare

The principle that supervision is essential in order to monitor clients’ welfare is so central to the discipline that it appears in virtually every text on the subject — and far too numerous to cite all of the references. Yet the study showed that it only came seventh in importance out of the 16 identified tasks in Question 31. This came as somewhat of a surprise, as one might have imagined that it would be top of the list in importance.

The widespread belief in the centrality of supervision as a protective mechanism for clients has had one or two challengers and notably Feltham (1996). He questions whether lifelong supervision *does* actually guarantee greater protection for clients than the unsupervised practice of, say, psychiatrists, clinical psychologists, psychoanalysts and other psychotherapy professionals in this country or abroad. He wonders whether their service is inferior, or whether supervised practitioners' work can be shown to be superior or more effective, and whether the message behind the principle of mandatory supervision is that practitioners cannot really be trusted to work independently.

Because it seems like a "good idea", he argues, that does not automatically make supervision the protective force that it is popularly supposed to be. Abusive behaviour can be concealed from a supervisor, and collusion can easily occur in cases where therapist and supervisor share theoretical assumptions, so that basic questions about the effectiveness of a model may never be asked. Rather than ritualising supervision by making it mandatory and prescribing fixed ratios of time, he proposes that practitioners be entrusted to make their own decisions about this matter, perhaps with the option of access to suitable consultation with fellow professionals, as and when needed. Regarding himself as a maverick, perhaps, and somewhat in the current dissenting tradition, along with Mowbray (1995), and House and Totton (1997) as well as others, he believes it is important to place discussion of such issues on the agenda so that there is constant debate and questioning, rather than automatic acceptance of them within the profession.

Craig McDevitt (1999), chair of the BACP, heralded such acceptance in his first column in *Counselling* in this role. He stated that the hitherto self-regulation of the psychotherapy and counselling professions is likely to end before long and that the BACP is actively involved in negotiating with the government for the status of a regulatory body, with registration and accreditation being central in this process. In the light of such developments, Feltham's challenge to mandatory supervision seems revolutionary and unlikely to gain much support from the dominant grouping urging tighter regulation.

This move towards increasing regulation is an example of the process described by sociologist Keith Macdonald (1995) in which a profession seeks to demonstrate its respectability, especially in its formative years, as a way of achieving upwards mobility and as a key to establishing a monopoly. He cites British psychologists during the 1980s as one example of this process, in which "exclusionary closure" is the exercise of power in a downwards direction to maintain dominance or exclusivity by defining eligibility for membership, specifying academic criteria and limiting competition by staking out the professional territory. Now it seems that the BACP is moving in this direction as well, in order to establish its own territory, its respectability and status. Indeed, as far as supervisor accreditation is concerned, we have already seen that the BACP is ahead of the BPS in defining standards and criteria for recognition.

Another indicator of the move towards respectability is in the push towards greater abstraction in its professional knowledge base, such as with the increasing emphasis on research, and the launch of a new journal devoted to counselling research. Abstraction in the knowledge base lends credibility to a profession, whereas too much emphasis on concreteness or practical knowledge and skills detracts from its desire for respectability. Tholstrup (1999) has summarised the current debate succinctly and put it

in the context of the rapid expansion of counselling and psychotherapy training in the last ten years or so. With so many thousands of hopeful new entrants to the profession, one view of this process is that the pressure for recognition, legislation and control of terms such as “psychologist”, “psychotherapist” and “counsellor”, might be the result of a fear of lack of jobs or clients to go round to keep this burgeoning new profession gainfully employed.

There can be little doubt that this process is likely to lead to increasingly bureaucratic and inflexible structures, as has happened to professional bodies representing doctors, nurses, psychologists and so on. Feltham’s challenge to the belief that supervision protects the client is worthy of further debate among psychologists and also deserves research. If we ask who supervision is for — the practitioner or the client — one answer might be that it is for both. But we lack evidence that it does protect clients and it would be worth exploring the well-being and outcome of therapy with clients in countries where post-qualification supervision is not mandatory, such as in Europe and the United States. Perhaps clients are more protected because therapists’ stress levels are contained with supervision, rather than by the active monitoring process which supervision is said to deliver?

Support and standards

First and second places in the ratings of importance of different supervisory tasks were taken by “Provide a supportive and sustaining environment” and “ensure maintenance of professional standards and ethics”. This could mean that counselling psychologists as a group recognise that client protection or welfare may not be the most important aspect of supervision for them, whereas they do perceive a considerable need for professional support and consultation in their work. The concept of support was the only one of 16 identified tasks to achieve a mean rating equivalent to “strongly agree”. The educational psychologists’ survey showed a similar result, with supervision being seen as providing “support, coping strategies and empowerment” (Kuk & Leyden, 1993). The Clarkson and Aviram (1995) study already mentioned in the section on the rewards of supervision is further evidence of the importance of support in supervision. Their “Nurturing” category included concepts such as support, enabling, listening, understanding, caring and so on, which could equally well be subsumed under a category heading of “support”.

No opinion on six tasks

Eight items on the list of tasks were rated as “agree” – namely, maintaining standards, facilitating exploration, identifying unknown factors, challenging the supervisee, formulating and reviewing goals, checking stress levels, monitoring client welfare, and evaluating the work. Respondents had no opinion on six tasks – namely, teaching theory, providing skills training, ensuring agency policy is pursued, addressing organisational issues, addressing team issues, and assessing competence. The fact that three of these items – agency, organisational and team issues received this “no opinion” mean rating suggests that respondents may have less involvement in this type of supervision context than perhaps in private practice. All of these could be seen as relating more to managerial supervision, rather than clinical supervision. Providing training in theory and skills is unlikely to be seen as a relevant task for supervisors of qualified practitioners, unless the dyad are of different theoretical orientations, whereas

it would probably be seen as much more important for the supervision of trainees. These two items really belong to Carroll's teaching task of supervision.

Respondents disagreed with one item only on the list – that of providing therapy, which belongs to the counselling task of supervision. None of the items met with a “strongly disagree” rating. So one conclusion here is that counselling psychologists in this study see the managerial and teaching aspects of supervision as relatively unimportant in consultation, and therapy/ counselling as being out of place altogether.

Reflection

Of the four items in question 31 with the highest mean ratings, three of them – “provide a supportive and sustaining environment”, “identify unknown factors in the therapeutic relationship”, and “facilitate the supervisee's explorations” – relate directly to the reflection process, which suggests that the concept is highly valued among counselling psychologists. This lends support to the studies described in Chapter One which indicate that reflection is central to professional development.

The open-ended responses of the survey also showed some consistency with these findings. Out of the 59 respondents who included comments in this section, 21 referred to the reflective dimension in supervision in various ways, and it is interesting that many of them actually used the word “space” in their remarks. These included, for example, a “space to think and reflect”, “a space to talk about one's work and express one's feelings – especially negative ones”, “guidance, support and provides a role model or mentor”, “space for practitioners to reflect and reconsider matters ‘out loud’ with a knowledgeable colleague”, and “generate creative and imaginative thinking”.

Consultation

There seems to be some agreement between psychologists in this survey and those surveyed by McCarthy et al., (1994) about the importance of the consultation task. The present survey found that Carroll's consultation task generated 31 responses in total out of 54 usable ones. The McCarthy study found that American psychologists spent the largest part of their supervision time in their consultant role (based on the five supervisor roles described by Bernard and Goodyear, 1992), with teacher and evaluator coming second and third. The present study showed the British sample to define far fewer characteristics in the relationship (nine), evaluation (six), and administrative (five) categories, while teaching produced only one response. The present study also showed no responses relating to the counselling task, although this could be a problem of category definition. For example, McCarthy et al., regard transference issues as belonging to the counselling role, while Carroll includes them in the consultation task.

Parallel process

Two comments deserve particular attention at this point in the discussion. Only one respondent mentioned the need for supervisors to draw attention to parallel process in client work, which they saw

as “... so potent it is, in my opinion essential for psychotherapists.” This seems rather odd in view of the fact that at least 15 supervisors described themselves as working within a psychoanalytic/psychodynamic framework (see Table 21). Considerably more of those working with other models, such as “unspecified personal”, “Hawkins and Shohet”, “integrative” and “developmental” models, would also be likely to be familiar with the concept of parallel process. None of the 16 supervision tasks in Question 31 referred specifically to the concept, except obliquely in item 8 (“Identify unknown factors in the therapeutic relationship”). This presumably left plenty of scope for more of the psychodynamically-oriented respondents to identify parallel process as an important aspect of supervision. It is so often referred to in supervision literature that the concept has passed out of the realm of psychoanalytic discourse into common parlance among supervisors nowadays.

The other noteworthy comment relates to a strong recommendation in favour of clinical audit from one individual. They advocated “... quality assurance, clinical audit, complaints monitoring, risk assessment, application of evidence-based practice, the development of clinical effectiveness, promotion of research questions. Clinical audit should be on the agenda.” It seems sensible for counselling psychologist supervisors to be familiar with audit theory and practice, since many of them will have professional relationships with the NHS and other psychological therapy services. Whether clinical audit will be seen as part of their actual role in the future is debatable, however, and it is probably too soon in the development of counselling psychology as a profession to have a clear idea about this issue.

Question 31: Other Important Aspects of Supervision

Fifty-nine respondents answered the open-ended category of this question, yielding a total of 54 responses which were suitable for sorting into categories and then counting for frequency (see Appendix E for the original data). The remaining responses consisted of queries or doubts about specific wording in the list of items, such as “Relationship with whom?”, “item 5..... only if requested by the supervisee”, or “Statement should read *sometimes*. ‘The task’ implies *always*.” An independent judge was asked to assist with the classification procedure, as already described in the sections on questions 27 and 28. The total number of classified items was 69, as some were judged to fall into more than one category. An example of this was “Address counter-transference. Highlight areas where supervisee may consider further training”, where the judges agreed that the first part of the response was a relationship issue, and the second part an evaluation issue.

Taking Carroll’s seven tasks of supervision (Carroll, 1996) as a guide for classifying the open-ended responses to this question, the one with the greatest number of responses was the consultation task with 35 (51 %) items. The relationship task was next at 20 %, while evaluation, administrative, monitoring and teaching were well behind at under 15 % and there were no responses in Carroll’s counselling category. The overall level of agreement on this question between the two judges was 88 %, with consultation at 86 %, relationship at 100 %, evaluation at 83 %, administration at 75 %, monitoring at 100 %, and teaching at 100 %. Table 32 summarises the frequencies of responses in the remaining categories.

Table 32 Summary of frequencies of open-ended responses based on Carroll’s seven tasks of supervision

Task	f	%
Consultation	35	50.7
Relationship	11	15.9
Administrative	8	11.6
Evaluation	6	8.7
Monitoring	5	7.3
Teaching	4	5.8
Counselling	0	0
Total:	69	100.0

Note: Percentages are based on the total number of classified responses = 69

5.2 PART TWO

5.2.1 Other comments

The final section of the survey questionnaire invited respondents to contribute further comments or ideas about specific questions raised or about supervision generally. A total of 36 respondents (24 %) made comments in this section, yielding 57 items. There were main six categories, of which two – Aspects of Supervision and Problems in Supervision – accounted for two-thirds of the total number of responses. The remaining categories covered a much smaller number of items in each – Needs of Supervisors (seven), Training in Supervision (five), Value of Supervision (five) and a final small category covered challenges to the survey with three altogether. The results are shown in the summary Table 33 below, and more details are included in Table D.32 in Appendix D. Two statements were excluded because they did not make meaningful comments, and there was one comment praising the clarity of the questionnaire that was also excluded from the analysis.

Table 33 Summary table of qualitative data categories from general comments section

Category	f	%
Aspects of supervision	20	35
Problems in supervision	17	30
Needs of supervisors	7	12
Training in supervision	5	9
Value of supervision	5	9
Challenges to survey	3	5
Total:	57	100.0

5.2.2 Problems in supervision

Aspects of Supervision, which had 20 statements in 15 sub-categories, added little to those already discussed, while Problems in Supervision had 17 statements, six of which related to the potential for conflict between managerial and clinical supervision. There were comments on the inadequacy of supervision in some NHS and Social Services departments. One respondent said that an experienced counsellor might be supervised by a social worker with little knowledge of counselling, and another

found their supervision by a clinical psychologist to be threatening and critical. There was also little challenge or accountability and some clients might never be brought to supervision.

Inappropriate supervision offered to trainees was an issue raised by another respondent who said that there was a shortage of adequately qualified or experienced personnel. Her own experience with trainees led her to feel concerned about the quality of supervision being offered to students and she had got together with some qualified supervisor colleagues locally to monitor the trend to “cut corners”. She believed this was a result of the proliferation of counselling courses, with potential harm to clients.

One respondent, recently appointed to a new senior post as a counselling psychologist in a clinical psychology department (where supervision had become the latest “buzzword”), said that she also had responsibility for supervising two trainee counselling psychologists. She wondered about the ethics of this task and believed it was important to separate the two roles of clinical and managerial supervision, although she was unclear as to how she would do this. In contrast, two respondents said they definitely believed that clinical supervision should be independent of the agency and another described their clinical supervision arrangement outside their NHS department as “an enriching experience”.

Four respondents raised the importance of a match between orientations of supervisor and supervisee. It was interesting that only one said that differences in orientation were of less importance than the actual relationship, while no one mentioned the possible benefit of different orientations. One respondent commented that they had been supervised mainly by clinical psychologists trained in cognitive-behavioural therapy who had broadened out with time and experience. Mutual adaptation in supervision was the key issue leading to personal trust in the supervisory relationship.

Two respondents commented on the differing supervision needs of experienced counselling psychologists compared with those who are recently qualified. The established psychologist often sees supervision as an opportunity to exchange ideas and experiences or to have sustained and supportive case discussions, while the less experienced one may need more frequent and closer attention to monitoring, emotional discharge and help with separating personal issues from those of the clients. The experienced counselling psychologist, with several years of personal therapy and supervision, is less in need of the regular weekly supervision regarded as so important for inexperienced colleagues.

Three respondents mentioned isolation as a problem in their professional lives. One was working in primary care as a counselling psychologist and regarded all contact with colleagues as invaluable. Another found it difficult to get peer support in order to set up a peer supervision group. Yet another, with a very specific field of work in attachment and parent-child relationship disorders, said she found it hard to locate suitable supervisors and supervisees with a similar orientation and style of working.

One respondent felt concerned that too many practitioners are in supervision because they think they ought to be and that they tend to find supervisors who may share their blind spots. He pointed out that while supervision is not a controversial issue among psychotherapists, in psychology and counselling it may become a counter-productive façade because it is seen as something the profession ought to be doing.

5.2.3 Need for training

Five respondents commented on the need for training in supervision. One said they regarded it as their current professional development goal and intended to find a training course. Another said they believed there was a “strong need” for counselling psychologists to develop their skills as supervisors. Another said they would prefer a “qualified” basis on which to act as a supervisor, rather than experience alone. They wanted more than “guidelines” regarding supervisory skills and, while seeing themselves as a competent practitioner with many years of experience, believed that it would be more ethical to practise in line with other counselling psychologists working as supervisors.

Two respondents believed that therapeutic experience was as important as training in supervision in order to be an effective supervisor. One had done a two-day course in clinical casework supervision, which although brief, was backed up by many years of success and errors in their clinical work. The other believed that formal training in supervision was useful, but less important than “depth and soundness” of therapeutic training and experience.

5.2.4 Supervision of supervision

Two respondents commented on the supervision of supervision. One has already been referred to in section 5.1.15 of this chapter, where their co-supervision arrangement took the novel form of six days per year being allocated to supervision of supervision, providing each partner with 12 hours. They had a live monitoring arrangement, with a third party acting as a consultant to the process for a two hour session each year – thus providing supervision of supervision of supervision. Another stressed the importance of supervision of supervision when working with supervisees of different orientations, and for addressing issues such as work-induced stress, racism, sexism and homophobia.

Three respondents contributed other points of view relating to supervision. One believed it was probably essential for supervisors to be in personal therapy, while another emphasised the importance of changing supervisors from time to time for the sake of varied experience, arguing that between two and four years with one supervisor was sufficient. One respondent thought that counselling psychologists could also act as supervisors for other health professionals, including clinical psychologists and was hoping to be able to develop this role in their current post.

5.2.5 Comments on the questionnaire

There was some interesting feedback from seven respondents on the survey questionnaire itself. One commented that one or two questions (unspecified) were difficult to answer from the perspective of a co-supervisory relationship, while another said that a few were difficult to answer from the perspective of the framework of the available responses. One said that some of the statements in question 31 would be true in certain contexts, but not in others, while another commented that item 13 in this question (Monitor the welfare of the supervisee’s clients) was very unclear to them.

One respondent suggested that the subject of abusive relationships between supervisor and supervisee would have been worth exploring in the survey, as they had experienced a professionally abusive relationship as a student and did not know how to cope with it. There is in my view scope for research into this issue, but it deserves a survey to itself, rather than one or two questions fitted in to an already long questionnaire.

One respondent questioned the term “integrative” in contrast to “humanistic” in Question 18 which asked for the supervisor’s main orientation. According to them, “integrative is humanistic and should not be lumped together with eclectic”, which made it impossible to tick only one item in this question. For the purpose of this questionnaire, however, it should be noted that I used the term “integrative” as defined by Norcross and Arkowitz (1992) and referring to a search beyond single theoretical boundaries for common characteristics and other ways of thinking about psychotherapy and behavioural change.

One respondent commented on the number of “counselling psychology trainees conducting questionnaire studies on registered counselling psychologists”, possibly as a reaction to the fact that a number of survey questionnaires on various subjects had been mailed to divisional members just prior to the time when this survey was carried out. This respondent said they hoped that more “appropriate and participative research strategies” would emerge from this research. In contrast, five respondents made positive and encouraging comments about the survey questionnaire and wished the research project well.

5.2.6 Dissemination of research findings

The purpose of running the workshop at the BPS conference was to present some of the findings as a follow up to the survey and to stimulate a discussion about the training needs of counselling psychology supervisors. The time allocated to the workshop was limited to 1 ½ hours and it attracted 15 participants of mixed experience, ranging from a trainee counselling psychologist and supervisors with and without training, to a couple of senior practitioners with experience of running supervision workshops and courses.

A number of points emerged from the general discussion at the end of the workshop. These included the fact that there is no BPS approved training course in supervision, because of a lack of consensus within the Division about the next step forward. There were comments on supervisors who do not model what they teach and behave with their supervisees in ways which conflict with their theory or philosophy. This can happen, with their interpersonal skills, which may not be congruent with, for example, a person-centred approach. Some thought that accountability issues need to be explored particularly relating to the question as to who is responsible for the client. The differences between training and consultative supervision need to be developed further. A further point concerned power issues in consultative supervision which may be a continuation or confirmation of training supervision experiences, and a failure to recognise the difference. There was concern at the idea that a supervisor might be sued, and also at the lack of funding for supervision in the NHS.

The points about organisational issues and context of supervision as specific gaps in knowledge, raised during the workshop, are worth some attention at this point. There is a case to be made in my own view for specific training for supervision in different contexts, such as in medical settings, for example. I have found my own experience of working in several different medical settings invaluable in my roles as a supervisor of others, whether in primary care or in a hospital context. The National Health Service is, after all, a very complex system with multiple cultural dimensions and sub-systems, which can be hard for an outsider to navigate successfully.

For the psychologist or counsellor working in medical settings, issues of authority, power structures, ethics, accountability, management, relationships with patients and so on are of great importance and create an overall culture which can take a considerable time for an employee to become familiar with. For the supervisor of a practitioner working in a medical setting, it is vital to have a sound working knowledge of the many aspects which affect their supervisee on a daily basis.

Francesca Inskipp (1997) has summarised the areas of special training which supervisors working with primary care counsellors need to have, beyond a basic training in supervision. Among her recommendations are a knowledge of NHS organisational, power and authority structures, team working and confidentiality issues, medication and drugs, ethics, law and accountability, clinical audit, assessment skills, referrals, psychopathology, medical terminology, group work with patients, brief therapy models, multicultural issues and working with other issues relating to difference, and administration. This is one example of the need for context-specific supervision training. No doubt a case can be made equally for the supervision of counselling in educational contexts (schools, further and higher education) and in organisational settings, which also have their own unique characteristics, cultures and political, policy and other issues.

5.3 Limitations to the study

This study represents a cross-sectional survey of a particular professional group and there are inevitably various methodological issues which need to be taken into account when drawing inferences and conclusions from the data. This section of the discussion will look at various threats to validity where they are relevant to the study. A survey method was chosen in preference to other research methods such as interviews because it meant reaching a large number of counselling psychologists, and the entire accredited membership of about 300 people was solicited for their views.

Random sampling techniques were not needed in this instance and the usual problems associated with sample selection and error did not arise. The return rate of slightly more than 50 % means that one can state with confidence that the study reflects the views of at least half of the accredited members. Bias in the responses cannot be ruled out, however, because it is possible that psychologists engaged in supervision responded in greater numbers because of their professional interest in the subject. Similarly there may be a distortion in the numbers of those with supervision training and the true number might be less than the 49 % who claimed to have had some training. In terms of generalisability, therefore, the data represent the opinions and experiences of a large number of chartered counselling psychologists and *might* be typical of most, if not all, of them. However, at the

same time we cannot be sure that the non-respondents do not differ in some way from the respondents and there is the possibility of bias in this respect. It must also be kept in mind that the results apply to this particular professional group and cannot be generalised with confidence to other professionals such as counsellors or psychotherapists, or even other psychologists, such as clinical or educational.

Problems inherent in mailed surveys have been discussed by numerous authors (Fink and Kosecoff, 1985; Moser and Kalton, 1986; Heppner et al., 1992; Oppenheim, 1992; Bourque and Fielder, 1995; de Vaus, 1996; and Sapsford, 1999). Low return rates are a concern for survey researchers, and in this case there was a focus on motivating the target group members to respond, based on guidelines suggested by authors such as those above. Anonymity is normally thought to be a useful way of encouraging people to respond the postal surveys and steps to maintain confidentiality were taken as far as possible. Nevertheless, the sample group was a small one, and many of those in it know each other through professional and personal contact over a number of years. The fact that I know quite a lot of the individuals being surveyed might have proved a deterrent to responding for some, while for others it might have been an incentive to respond. The envelopes were coded so that follow up letters could be sent, and it is possible that some respondents thought this coding might be used to identify themselves. An explanation about the coding and confidentiality was included in the covering letter stating that returned envelopes would be destroyed, but it might have been easy for some respondents to overlook this point or to assume that the confidentiality assurance was not secure.

Heppner et al. (1992: 298) have suggested that among participant characteristics in research, a desire to present oneself in a positive light or to respond in socially acceptable ways is one of the more common features which need to be considered. So in the case of this study, it might be thought more acceptable to say, for example, that one was in supervision, that one had supervision of supervision, or that one had some training in supervision. These authors suggest that self-report measures are particularly prone to this kind of “evaluation apprehension” – that is, a fear of being judged by the researcher. Moser and Kalton (1986: 258) however, argue in the opposite direction and suggest that a postal survey may allow for more anonymity than, say, an interview survey and therefore potentially for greater honesty. More negative, critical or socially unacceptable answers might be the result, although they acknowledge that the evidence to support this view is slight.

Experimenter bias is also a well-known threat to validity in psychological and social research and in this case it would relate to the way in which my own characteristics might somehow influence the respondents. Such influence would probably be limited to two areas – personal familiarity with some respondents, or possibly the fact that I was inviting co-operation as a fellow professional of comparable status to the participants themselves. The first area has already been discussed, and the second needs to be seen against the fact that several recent postal surveys have been carried out by trainee counselling psychologists, using chartered members as their target sample. It is possible that some psychologists might be less inclined to respond to a research study conducted by a trainee than to a colleague, so that my study produced a higher response rate than a trainee’s. On the other hand, it is not possible to be sure that it was clear to some respondents that my covering letter was from a chartered psychologist, in spite of my letter heading. At least one respondent made an emphatic comment about trainees conducting research on busy professionals, and hoped that more “appropriate and participative research

strategies” would emerge from the research. Busy professionals (including myself) do find it difficult to read everything that lands on the desk and are often tempted to skim or put on one side things that do not demand immediate attention.

Related to this issue is also the question of possible “survey fatigue”. The current surge of interest and requirements for expertise in research for higher qualifications means that there is a great deal of activity in this area at the moment. Some of this is in the form of surveys, carried out not only by trainee counselling psychologists, but also by other practitioners studying for Master’s degrees. My own questionnaire did circulate at a time when there were number of trainee surveys also around, and there might well have been more exasperated colleagues who decided not to respond. It is difficult to balance the need to reduce work pressures in one’s own life while at the same time responding altruistically to the need to support research projects carried out by students or qualified professionals, in the interest of scientific knowledge in our own field.

Palmer (1999) has made some salient comments on his experience as a busy psychologist having to decide regularly whether to respond to requests for help with research projects. Among the points he makes is the need to keep questionnaires very brief, with a maximum of ten minutes for completion, the need to make sure the results will be put to good use (such as publication, rather than sitting in a dusty corner of a university library), relevant questions and good design. On the matter of confidentiality, he complains that receiving a follow-up letter when a questionnaire has not been returned, means that an assurance of anonymity is rather suspect.

It can be seen that there is a dilemma concerning two strategies aimed at maximising the return rate. On the one hand, a guarantee of anonymity or confidentiality offers reassurance to respondents and, it is hoped, encourages them to be honest in their replies. On the other hand, follow-up letters do seem to prompt some people to respond who otherwise would forget. It is not possible to send follow-up letters without some way of identifying those who have not replied. The ethical solution seems to be to compromise, by assuring respondents that the researcher will maintain confidentiality, and that identifying envelopes will be destroyed as soon as received. This is the strategy adopted for the present study. However, this may not be enough for some members of a sample, who may decide not to respond if *any* identification is possible.

5.3.1 The questionnaire

For the purpose of this discussion, some general points will be made, while more detailed comments on the questionnaire will be found in Appendix F. Overall, the questionnaire appeared to have reasonable face validity. However, it became clear when working with the data that certain constructs and questionnaire items would have benefited from clarification. Heppner et al. (1992: 61) have called this type of problem a “threat to construct validity” and describe it as “inadequate preoperational explication of constructs”.

The terms used in the questionnaire to describe theoretical orientations were considered very carefully because of the variations in the ways people can define them, and there remained the risk that some

respondents might attribute slightly different meanings to them. It has already been mentioned that the Bor and Achilleouides' (1999) study separated Humanistic and Person-Centred into two categories, and this is one example of the way in which the use of constructs among professionals can vary. The term "Integrative/Eclectic" in item 18:7 was used to designate an integrated approach or one where more than one model is normally used, although the term "eclectic" seems to be falling into disuse. However, as has already been mentioned, one respondent emphatically claimed that "integrative" means "humanistic". Cognitive-Analytic (CAT) therapists, among others, might not agree with her statement!

Similarly, it was clear that a small number of respondents thought the predefined categories were inadequate. These included responses such as "Personal construct/CBT" (when "Cognitive/behavioural" was already a choice), "Psychoanalytic" (when "psychodynamic" was a predefined category), and "Psychosynthesis" (which might have been included under the "Humanistic" or even "Existential" headings).

There is certainly a case to be made for such theoretical constructs to be explicated in this kind of survey, even if most respondents seemed to be satisfied with the categories provided in this study. It should not be assumed that we all mean the same thing when we talk about theoretical categories or models in counselling psychology. If this study were to be repeated at any time, one recommendation would be to include a section where specific terms could be defined to avoid misunderstanding or confusion.

The question on aspects of supervision (Question 31) proved relatively straightforward for respondents to complete. I had some doubts about the face validity of the wording of item eight – "Identify unknown factors in the therapeutic relationship", which aimed at bridging the gap between cognitively-oriented psychologists and those of a psychodynamic orientation. The idea was to compress constructs such as transference and countertransference, parallel process and issues that are often on the edge of awareness into a single question and to use a neutral term — "unknown factors" — to convey something which would be meaningful for these and other orientations, too.

In the event, this aspect of supervision was rated third highest in importance, which suggests that it succeeded overall in face validity. The open-ended section of the question produced only three references to transference and counter-transference, and only one to parallel process, possibly lending further confirmation of the validity of the item. However, it is possible that items specifically identifying these aspects might have prompted an interesting variety of responses. I had expected more respondents to pick up on the absence of a specific reference to unconscious processes in the multiple-choice list, given that the largest category for theoretical frameworks proved to be psychodynamic.

Several questions relied on accurate recall if respondents were to complete them correctly (such as numbers 11, 12, and 23). As Moser and Kalton (1986: 331) point out, the difficulty with this type of question is that it is likely to lead to distorted answers because of problems with recall. Memory often fades or becomes distorted with the passage of time, and numbers of hours or the amount of time spent in training are notoriously difficult to recall once a few years have elapsed. There seems to be no simple answer to this dilemma, except to point out the disadvantages and to hope for the best guess or

estimates from respondents, to ask for a qualification (as mentioned earlier in this chapter), or alternatively to avoid the question altogether.

As has already been mentioned in the Method chapter, section 4.2.4., the coding of the open-ended responses falling into categories 2, 3 and 4 relied on my interpretation of the data, which as Sapsford (1999: 134) has pointed out more “resembles art than science”. The use of an independent judge helped to address this issue of validity to some extent with questions 27, 28 and 31, but the analysis of the remaining qualitative data inevitably reflects my own subjective judgment.

Other problems with the wording of the questionnaire centred on omissions, rather than lack of construct clarity or measurement issues. Questions 5 and 18 asked about respondents’ and their supervisors’ theoretical frameworks, and at the time of constructing the questionnaire, it seemed that all of the main categories had been covered. However, this classification system leaves little room for individuals who identify their orientation as transpersonal, either wholly or partly. Although there were only two responses falling into this category in the open-ended sections of both questions (“transpersonal” and “psychosynthesis”), there are grounds for seeing transpersonal psychotherapy as a “fourth” force in counselling psychology.

First, some degree of recognition has already been established within the BPS, with the establishment of the Transpersonal Psychology Section. Second, it can be argued that transpersonal approaches and techniques (including Zen and Buddhist psychology, from which much Gestalt theory is derived, altered states of awareness, such as meditation and visualisation, and Jungian approaches, for example) have strongly influenced humanistic theory and practice, as well as forming an identifiable stream. This stream is comparable with what have been described as the other three “forces” of behaviourism, psychoanalysis, humanistic psychology, even though its impact is only beginning to be recognised (Gordon-Brown and Somers, 1988; Claxton, 1990; Rowan, 1993; Fontana, 1996; and Clarkson, 2000).

6 Summary

This research consisted of a survey questionnaire mailed to 300 Chartered Counselling Psychologists and explored the use of, and attitudes towards supervision among this professional group in Britain. It aimed to gather some basic demographic data about the members of the Division of Counselling Psychology and was the first of its kind ever undertaken with this particular group and with this focus. Some of the key findings were presented at a workshop which took place at the Division's annual conference in 1999.

The return rate for the study was 52 %, with a total sample of 161 Chartered Counselling Psychologists, of whom about 60 % were female and 40 % were male. The overall mean age was 48 years and the mean age for women was 48 years, while for men it was 50 years. These results are consistent with the data from the members' study carried out by Bor and Achilleoudes (1999) study.

Respondents in this survey had been working as counselling psychologists for an average of 11 years, with males having significantly longer careers than females. So although more numerous, women may be working for fewer years because of taking time out for family reasons, or possibly counselling psychology may represent a second career for them. Seventeen per cent of the sample were qualified at doctorate level, while over half held Master's degrees. Just over one-third had a diploma in counselling or psychotherapy and 15 % held a qualification in clinical psychology. No difference between men and women was found with regard to the level of qualification, nor was there a gender difference regarding whether respondents were working as supervisors or not.

The most popular theoretical framework was integrative/eclectic with nearly one third of psychologists reporting this as their preferred model, followed by 29 % describing themselves as psychodynamic, and one quarter describing themselves as humanistic. Twelve per cent practised cognitive-behavioural therapy, while other orientations were less popular with frequencies at well under ten per cent. There was no difference between men and women in their theoretical orientations.

There was an overall picture of rich variety in the working lives of counselling psychologists, with nearly everyone (98 %) in the sample involved in client work and spending an average of 15 hours per week on this. Again, no differences between men and women were found on these two variables. Two-thirds were also involved in teaching or training. Consultancy occupied nearly half of respondents, followed by just over one-third involved in research. Two-thirds were engaged in private practice, while four out of ten worked in National Health Service hospitals, nearly three in ten worked in primary care, and one-quarter in workplace settings. Three-quarters of the sample also acted as supervisors to others.

Nine out of ten respondents were in supervision and had spent a mean of 11 years in it. Seven out of ten were in individual supervision which two-thirds funded themselves, and 27 % were in peer supervision. One in five was in co-supervision and the same proportion was in led group supervision.

Peer groups had an average of five members, while led groups had an average of four members. Respondents with both individual and group supervision formats had an average of four hours per month, while those in individual supervision had an average of 2.7 hours per month. This latter figure did not vary significantly according to respondents' theoretical orientations, but there was a positive relationship between the number of client hours and the number of supervision hours. Supervisors also had significantly more supervision than non-supervisors.

Casework usually featured in supervision, and professional development did sometimes, while personal development, administration, appraisal, organisational, training, and team issues were rarely addressed. Slightly more than half of respondents' supervisors were also chartered psychologists, while 46 % were UKCP accredited and 22 % were BAC accredited. Seventeen per cent held some other qualification. Over half of the sample did not know their individual supervisors' supervision qualifications and 40 % of supervisors were unaware of them, too. Fifteen per cent of individual supervisors had a certificate or diploma in supervision and 14 % were BAC accredited supervisors. I have argued that there are important legal and ethical implications linked with this finding, and that it is incumbent on supervisors to disclose all relevant experience and qualifications to supervisees. This is also of significance from the perspective of informed consent which is strongly emphasised by the British Psychological Society as the basis of the agreement between two people to work together. One recommendation emerging from this study is that more attention be paid to professional disclosure and informed consent with clearer guidelines for practitioners from the leading professional bodies.

The most frequent orientation of respondents' individual supervisors was psychodynamic at 41 %, followed by humanistic at 18 %, integrative/eclectic at 16 %, and cognitive-behavioural at 11 %. Existential, systemic and brief/focused approaches were all under five per cent in frequency among respondents' supervisors.

There was a high level of satisfaction among respondents with their individual, group and co-supervisors, with an average rating of eight out of ten. This figure is open to question however, as other research has shown what seems to be an unexpectedly high level of satisfaction among trainees and experienced counsellors. It has been suggested by various authors that a spuriously high figure might be yielded because of defensiveness towards supervisors, or because of a lack of awareness about the scope, purpose and function of supervision, or because of the power differential between supervisor and supervisee. So in spite of this converging evidence, this is an area worthy of further investigation with both trainees and qualified practitioners. It would be interesting for example to compare supervisees with some training in using supervision with those who have not had any supervision training to see if there is a difference in their satisfaction levels.

An investigation into whether there were any differences between those who were satisfied with their supervision and those who were dissatisfied showed that of the ten in this small group, four were supervisors and six were not. One possible reason could be that supervisors might be more careful about choosing their own supervisor and thus be less likely to be dissatisfied, but the small number in this group means that no firm conclusion can be reached without further research. There was no difference between men and women in their supervision satisfaction ratings.

The respondents working as supervisors had an average of five supervisees and spent an average of nine hours per month in this role. There were no gender differences regarding working as a supervisor. Three-quarters provided individual consultancy supervision while half provided individual training supervision. One in five provided individual supervision of supervision. No relationship between theoretical model and working as a supervisor was found, except with regard to the “other” category in the survey questionnaire, but the group was too small to do more than speculate about this without further research. Over half of the supervisors had had no training in supervision and there was wide variation in the amount of training among those who had had some, ranging from two days to up to four years. Most had no qualification from their training, but nearly one-quarter had a certificate and 16 % had a diploma. No relationship between the amount of supervision training and hours spent supervising per month was found. In the general discussion of training issues, I have drawn attention to the lack of training in supervision in the light of the increasing responsibilities of the supervisor and their role in continuing professional development.

About two-thirds claimed to have a model of supervision, of which the most popular were counselling-based models. “Personal” models of supervision cropped up among a substantial minority (23 %) of whom half had no supervision training. Counselling-based models suffer from a number of limitations, one of which is that it may restrict the supervisor’s approach to their supervisee’s casework. There is a consensus about the importance of theoretical flexibility among the leading authorities in supervision. Further research could explore in greater depth how supervisors arrive at their preferred models of supervision, particularly if they had no formal training; to what extent they rely on counselling-based models; and what might be the barriers to engaging in formal supervision training. This could link with some basic research into the current picture of training in supervision by surveying the courses available, their syllabuses, trainers and their qualifications, costs of courses, duration and qualification offered. It could also help to identify which courses might be most suitable for counselling psychology supervisors.

Just over half of respondents had supervision of their supervision and of these about two-thirds combined it with their personal supervision, while the rest had a separate arrangement. There seems to be no good reason to have separate arrangements if the individual practitioner is happy with the dual forum of client and supervision work. Further research could explore counselling psychologists’ attitudes to supervision of supervision in greater depth and the extent to which they believe the Division of Counselling Psychology should become more prescriptive about it. It would be worth investigating what kind of support supervisors feel they need for their work and whether they think they do actually need this level of supervision, and if not, why not?

Over two-thirds of respondents believed that training in supervision is important, very important or essential, that supervision is essential for trainees and very important for qualified psychologists. Supervisors with training in supervision rated the importance of training more highly and had more supervision of their supervision than supervisors without any training.

Supervisors found that factors relating to the supervisee provided the greatest rewards in supervision, and these included watching them develop as professionals and increase in their understanding of psychological therapy. The most rewarding factors relating to supervisors included their own learning, but to a much lesser extent than their supervisees' learning. It is suggested that the centrality of the supervisee in providing satisfaction is associated with the individuation and integrity stages of this group of psychologists. This is where the relative maturity of the supervisor in mid-career facilitates the experience of "eudaimonia" or "flow" and where nurturing qualities feature as an important strand in the "fabric" of supervision. These factors combine to enable the richest expression of knowledge in the service of others, which writers such as Sternberg (1989 and 2000) have called wisdom. Further research into the rewards of supervision could potentially yield much fascinating data since it connects with the larger field of psychology in relation to learning, knowledge and human development over the lifespan.

As with the rewards, the main source of stress for supervisors also lay with the supervisee. A cluster of problems such as competency issues, suitability and evaluation cropped up regularly and there is some support for this finding among the small number of studies published. Problems with time and the sense of responsibility associated with the supervisory role were the most stressful factors for the supervisors. It is possible that more careful selection of trainees might weed out unsuitable individuals, thus reducing the incidence of supervisee-related stress. A tentative conclusion seems to be that greater preparation for supervision at the trainee stage could lead to more realistic expectations and greater collaboration on the part of the supervisee, also reducing the potential for supervisee-related stress. Similarly, training for the supervisor could also help with the recognition of common problems and provide a theoretical framework and practical guidelines about the role and responsibilities of the supervisor. Further research could help identify whether supervision training for both students and supervisors could have a positive impact on the whole supervisory process and relationship.

The present study has highlighted some of the rewards and stresses of supervision, and as has already been noted earlier there has been little research into this area. Yet understanding what keeps a supervisor motivated or conversely what causes them to leave the profession is central to developing effective training programmes and continuing professional development models. Future research could illuminate this subject and potentially link with other research into the experience of "flow" or aspects of optimal states of consciousness, as well as the transpersonal relationship defined by Clarkson (1992).

As far as the tasks of supervision are concerned, the two rated most highly by respondents with strong agreement related to first, providing a supportive environment and second, to maintaining standards and ethics. Five tasks falling into Carroll's consultation category were rated in the top six items, while the highest rating went to the monitoring task relating to maintaining standards and ethics. The task with the lowest and only rating of disagreement related to providing therapy in supervision (counselling task). Seven tasks met with agreement and six with no opinion either way. Interestingly, the task relating to monitoring client welfare came seventh in the list with a rating of agreement, rather than among the top two or three, as would be expected from the emphasis it is given in the supervision literature and professional codes of ethics. Three of the tasks with the highest ratings clustered around

the concept of reflection, described in detail in Chapter One as being central in supervision. A statistical analysis showed that training in supervision did not affect the perception of the relative importance of the supervision tasks. The study lends support to existing research on the importance of the reflective process in supervision, and in consultation as far as mature supervisors are concerned. There were only two references to unconscious parallel processes in supervision. This was somewhat surprising in view of the relatively widespread understanding of the mechanism among experienced practitioners.

I have raised a question about the assumption that supervision actually helps to protect the client and have proposed that further research could help to clarify this matter. This could investigate whether client outcomes vary according to whether the therapists are supervised or not, whether supervision attenuates the stress levels of the practitioner, and explore practitioners' perceptions of the ways in which supervision might influence their casework.

When asked to contribute their own suggestions about the importance of various tasks, over half of the respondents proposed activities that come under Carroll's consultation task heading such as reflection, thinking, clarification, guidance, support and feedback. The six remaining supervision task headings had much lower frequencies of responses.

Among the remaining general comments from respondents, a number drew attention to problems of mismatch between supervisor and supervisee, dual role issues where the line manager is also the supervisor, inadequate supervision and professional isolation. Comments were also made about the need for training in supervision, and for supervision of supervision, although the latter issue was only raised by two respondents.

Some of the results of this research were presented at an annual conference of the Division of Counselling Psychology in a workshop focused on the supervision training needs of qualified psychologists. There was a broad consensus among the group about the importance of training, both for supervisors and supervisees. Many of the themes which cropped up in the discussion echoed those put forward by questionnaire respondents, such as boundaries and dual relationships, power issues, accountability and so on. In the event, the workshop findings tended to confirm what had already emerged from the survey questionnaire.

6.1 Further research

Some suggestions for further research have been mentioned in this chapter and this section addresses a few additional topics. It would be interesting to know whether British counselling psychologists agree with the American Association of State Psychology Boards (AASPB) guidelines which specify how many supervisees a psychologist should work with (three). Bearing in mind the differences in the legal situations in the two countries, it would be worth investigating whether counselling psychologists here agree with such limits, or indeed with any kind of limit at all.

This could link with further research into the views of counselling psychologists about the questions of accountability and responsibility for the welfare of the client, as debated by King and Wheeler (1998). Do they, for example, believe that the supervisor is responsible for the client or is the counsellor, and in what circumstances might a supervisor be held accountable? Feltham's challenge (Feltham, 1996) to the notion that supervision protects the client raises the question of evidence to support this view. It would be interesting to investigate this theory by comparing outcomes of groups of clients where some worked with supervised practitioners and others worked with unsupervised ones. It would also be worth investigating whether or to what extent training in supervision is associated with supervisee satisfaction and client outcomes.

Issues relating to ethics and disclosure have emerged prominently in this study. Further research could explore how psychologists view disclosure and whether they are aware of the ethical dimensions relating to what they tell (or do not tell) clients and supervisees about themselves.

The findings of Ladany et al. (1999) relating to ethical violations by supervisors as perceived by supervisees suggest further comparative research in Britain. This could discover the extent to which supervisors here commit ethical violations and the extent to which they might be associated with length and quality of training.

6.2 Recommendations

In addition to the suggestions for future research, this study raises certain issues which can be framed as recommendations relating to the broader relationship between supervision and counselling psychology.

The first of these would be to suggest that this kind of survey research be conducted every few years in order to map the changes in clinical practice and professional development. This can only be an advantage in a rapidly changing profession and particularly one still in its infancy, such as the Division of Counselling Psychology. The present research has also highlighted among other things the need to be very clear about the use of terminology and specific constructs in survey research, particularly when talking about theories and orientations.

The BPS Division of Counselling Psychology could offer specific guidelines concerning supervision, and could work towards developing a Code of Practice, along the lines of the BACP. One way to achieve this would be to set up a supervisory forum within the Division. This could be in the form of a working party or sub-committee whose remit would be to look at the whole question of supervision and counselling psychology, to make recommendations and draft discussion papers for circulation to members.

Among the issues such a committee should address would be contracting, disclosure, and training, all of which have been extensively discussed in this report. In particular, it would be helpful to have clear guidelines about supervisory contracts and contracting issues generally. Other topics could include legal issues such as the Data Protection Acts, ethical guidelines, record keeping, scientist-practitioner

issues, and research into supervision, as well as establishing links with training institutes running counselling psychology programmes and supervision training courses.

Counselling psychology consultancy supervision should be seen as a requirement undertaken by a mature and self-responsible psychologist, as part of continuing professional development and self-care. The actual format and frequency should depend on the need, level of experience and the resources available to an individual psychologist, rather than attempting to prescribe one model to fit all practitioners in all circumstances. Attempts to prescribe consultation beyond this are impossible to police and further formal regulation is unlikely to be productive.

Effective training programmes with a common core syllabus for counselling psychologists are needed and all supervisors should be strongly encouraged to take such training. Specific areas should include ethics, legal issues, training skills, administration, evaluation, transtheoretical models and so on.

Students should be given some training in the purpose and use of supervision, its principles and practice, and in how to select a suitable supervisor.

6.3 Epilogue

This study has aimed to fill a significant gap in our knowledge about the practice of supervision and consultation among qualified counselling psychologists. It has gone some way to identifying some important issues and, as expected, has raised a host of other topics to be explored in the future. It is my view that as counselling psychologists, we have a leadership role in promoting awareness among our fellow professionals in other divisions about the importance of consultancy supervision and the way it can help to promote good practice and continuing professional development, reduce stress and help to promote the welfare of clients.

This is a crucial time in the development of the field in Britain, and it affords us the opportunity to define the territory as professionals in consultation and supervision with a unique psychological perspective. Beyond our psychologist colleagues, there are many other mental health professionals who are becoming aware of the need for non-managerial supervision and consultation, and this is an area where the expertise and knowledge of counselling psychologists could prove invaluable. As Hemp (2000) has pointed out, supervision is developing rapidly to encompass the world of business and organisations, as well as leadership beyond the mental health field, and exciting and challenging opportunities lie ahead for those who are ready to grasp them. Counselling psychology is well placed and has much to contribute to this expanding field and is ahead of other divisions in terms of supervision experience and knowledge. Before this happens, however, it is essential that we put our own house in order and demonstrate the best possible practice among ourselves and to the outside world.

SECTION C: SUPERVISION CASE STUDY

**AN EXPLORATION OF THE SUPERVISION NEEDS OF QUALIFIED PRACTITIONERS
WITH A CASE STUDY**

SECTION C SUPERVISION CASE STUDY

An exploration of the supervision needs of qualified practitioners with a case study

1. Introduction

1.1. Overview

Lifelong supervision is now a reality for many counsellors, psychotherapists and counselling psychologists. During the last few years, the British Psychological Society (BSP) Division of Counselling Psychology and the British Association for Counselling and Psychotherapy (BACP) have made it mandatory for all trainees and qualified members to engage in supervision or consultation as long as they are working with clients. Yet relatively little attention has been paid to the competencies needed for this new profession of supervisors which is inevitably expanding as rapidly as the counselling world itself. The changes taking place provide constant challenges to the knowledge and skills of existing supervisors, and to those who are providing training programmes in supervision.

The purpose of this paper is to explore some of the ways in which post-qualification (or consultative, to use its alternative epithet) supervision differs from that of training supervision. The aim is to do this using material from four sessions with a supervisee spread out over 20 weeks, as an example of the complexity of the issues which crop up and which the experienced supervisor is increasingly likely to meet. Names and identifying details have been changed to protect confidentiality. In the example presented here, part of the work involved supervision of supervision, while other aspects involved consultation regarding legal, ethical and training issues in an organisational setting. It is common for supervision at this level for specific issues to emerge over a period of time, rather than on a session-by-session basis, which tends to be the pattern with conventional case work as with trainees or in private practice. By using such an example, it is hoped to demonstrate the challenge which post-qualification supervision increasingly frequently presents and to discuss some of the implications for the profession as a whole. Where the term *counselling* is used it is intended to include *counselling psychology* and *psychotherapy*.

The distinction between training and consultative supervision has come under scrutiny as a result of changes in professional codes of ethics and practice. Gilbert and Evans (2000: 3) define the latter as an arrangement where a qualified practitioner seeks consultation with a peer or more senior practitioner regarding *client work* and as an opportunity to refine and extend *clinical practice* (author's emphases). This accords with the BACP definition which stipulates: "Counselling supervision is intended to ensure that the needs of the clients are being addressed and to monitor the effectiveness of the therapeutic interventions" (BACP 2000). This emphasis on the client and casework is indicative of the way in which current views of consultative supervision are limited by the lack of empirical evidence regarding the needs of mature practitioners and fail to take into account the reality of lifelong supervision.

Supervision work with experienced practitioners is markedly different from that with trainees, as Wosket (2000) has described. With trainees, she spends much time discussing treatment plans, counselling strategies or specific interventions, while with the mature therapist the work is much more often about their personal and professional life issues and changes, or their other convergent roles which impact on their therapeutic work. She has argued that as practitioners mature, so their personal and professional selves become more closely interwoven and inseparable as part of the movement towards autonomy and authenticity. This progression, she maintains, is not sufficiently recognised in the current definitions of supervision and therefore the codes of ethics and practice fail to take account of the differing needs of experienced practitioners who are obliged to remain in lifelong supervision.

Wosket's view accords with that of Skovholt and Ronnestad (1992) whose study of the evolution of professional identity involved 100 psychologists ranging in age from 24 to 71 years. They stated: "The evolution of the professional self by way of continuous professional reflection eventually means that personal life becomes more accurately understood and integrated into professional life." (p. 117).

Nobler (1980), writing about her peer supervision group, said their clients were not the main focus of supervision, but rather themselves in relation to their clients and their personal lives. Similarly, Lawton (2000) found in her small scale study of experienced counsellors that close monitoring of client work was not the most important need in supervision, but instead a place to discuss professional issues with an experienced fellow professional.

Experienced practitioners are likely to be in private practice either full or part-time, and many have a combination of private work and some kind of teaching, managerial or organisational counselling commitment. A survey carried out by Bor and Achilleoudes (1999) into the professional practice of counselling psychologists found that nearly half of the respondents were self-employed, and nearly one third were working part-time. Direct client contact accounted for approximately half of their time, with a mix of other activities, such as teaching, management, administration, supervision, research and consultation occupying the remainder. In my own work with practitioners seeing clients in the relatively stress-free context of private practice, our supervision tends to be dominated by casework, with the occasional administrative issue arising for discussion.

For those working in organisational settings, however, there is much more diversity in the content of supervision sessions. For example, the focus may more often be on the impact of the agency or organisation on the individual supervisee, and on the way in which this might be affecting the quality of work with clients. Supervisees with managerial and supervisory as well as counselling roles frequently bring issues relating to these domains to sessions so that supervision of supervision may be combined with casework and management topics.

In brief, then, there is growing evidence, both empirical and anecdotal, that what many experienced practitioners need from consultative supervision is often much more than a sole focus on case work. They require a more flexible, holistic approach which takes account of the total context of the clinical work, rather than the dyadic or triadic models derived from private practice which have dominated supervision theory for so long.

1.2 Theoretical underpinnings

The supervision literature has been dominated by American writers and theorists and has focused on the needs of trainees. The reasons for this are historical because until about ten years ago, supervision was only mandatory for trainees. It is only since lifelong supervision was introduced that the supervision needs of experienced practitioners have begun to be addressed, and that a few models have been developed which have relevance beyond the needs of trainee counsellors. The terms *training supervision* and *consultancy supervision* are increasingly commonly used to distinguish between the two levels.

Various authors have described some of the key differences between the neophyte and the experienced practitioner. For example, Bond (1993) has argued that novice counsellors tend to prefer more structure and didactic input from the supervisor, while mature practitioners tend to take more responsibility for supervision sessions, require less direction and seek more facilitation. Carroll (1996) has defined training supervision as part of the continuing education of a student involved in one of the helping professions, while consultative supervision takes place between two qualified individuals where one helps the other to reflect on their work. The former is essentially a hierarchical arrangement, whereas the latter is characterised by greater mutuality and equality.

My own approach to supervision theory is integrative and I draw on a number of models to inform my work. None of them is complete and they are best regarded as frameworks which provide helpful ways to think about the supervisory process. With trainees I am strongly influenced by concepts such as Stoltenberg et al.'s Integrated Developmental Model (1998), which describes a sequential process of therapist development from novice stage to an integrated and autonomous level. This is helpful in recognising the needs of a particular trainee and the way in which progression takes place. However, it stops just beyond the end of training and fails to allow for continuing development over the professional lifespan. It was intended to describe the early learning stages because this was the main focus of supervision model development in the United States for many years.

For the purpose of this case study there are several maps or models which have relevance to supervision work with experienced practitioners. Among the most useful I have found are Inskipp and Proctor's Supervision Tasks framework and their Seven-Eyed Supervisor framework (Proctor, 2000); Carroll's Generic Integrative Model (Carroll, 1996); Scaife and Scaife's General Supervision Framework (Scaife, 2001), and Gilbert and Evans' seven themes of supervised supervision (Gilbert and Evans, 2000: 106). These models inform various aspects of my work and are all transtheoretical, so they differ from clinical work with clients in that they are not tied to particular theories of psychotherapy or counselling. To date, there is no unifying or detailed theory of supervision which encompasses the variety of aspects that work at the post-qualification level entails. While the theories do not neatly integrate into a larger map, they emphasise different ways of looking at the supervisory process, and share certain aspects in common in some cases. As

Scaife (2001: 74) has pointed out, all classification systems have a greater or lesser fit when understanding supervision, and this will vary according to the individuals using them and the material to which they are applied. A brief overview of these models follows, while a summary of their key features is included in Appendix H.

The counsellor and supervisor can be seen as part of a larger and more encompassing system which could be seen as a set of sub-systems and parts, all of which are connected with each other, and making a whole. According to Boyd (1978), part of the supervisor's role is to act as a system analyst, entailing a sophisticated diagnostic skill to enable him or her to identify where a particular problem may lie, while keeping the operation of the whole system in mind all the time. Inskipp and Proctor based their Seven-Eyed Supervisor framework (Proctor, 2000) on the Hawkins and Shohet (1989) double matrix or six-eyed supervisor concept (and now adopted by Hawkins and Shohet, 2000). It is a useful way of thinking about these sub-systems, whereby the focus of attention may be directed to the client, the interventions and goals, the relationship between client and the counsellor, the internal awareness of the counsellor, the relationship between the counsellor and supervisor, the internal experience of the supervisor, and finally the collection of systems related to all three individuals, as well as agency, cultural, professional and economic systems. The sixth eye — the internal experience of the supervisor — and the seventh systemic “eye” both have particular relevance to this case study.

If a systemic approach is needed in supervision, then it is even more necessary in supervision of supervision. Gilbert and Evans (2000: 106) have used the term “consultant” or “consultant supervisor” to distinguish this role in the cascading supervisory process. They pointed out that the process more often focuses on the general principles governing psychological therapy, or on guidelines relating to ethical and professional practice — which is the case in the example used in this case study. Inevitably, the supervising supervisor will be further removed from the client, so that the supervisee becomes the client. This distance however, also has the advantage of enabling the supervisor to gain an overview at a meta-level so that patterns and themes may become easier to identify. They have identified seven areas of possible focus at this level of supervision — namely, ethics, general professional matters, the relationship between supervisor and supervisee, organisational issues, professional development issues for the supervisor, competency issues, and professional relationships with peers. This framework can be seen as more of an outline within their broader model of supervision, and would lend itself in the future to further development into a more specific map for supervised supervision.

Scaife and Scaife's General Supervision Framework (Scaife, 2001) offers a three-pronged approach, involving:

1. the supervisor's role and behaviour (listen-reflect, enquire and inform-assess);
2. the focus (on cognitions, affect and behaviour);
3. the medium of supervision (such as self-report, audio or video recording, live or role play).

These three dimensions allow the supervisor to determine where the focus of work might be at a given time and to monitor whether there is a tendency to become fixed in the supervisor process.

Inskipp and Proctor's framework for tasks within their Supervision Alliance Model (Proctor, 2000: 12) features three domains – namely, *formative* (addressing learning needs, skill and knowledge development), *normative* (monitoring the quality of work and addressing standards and ethics), and *restorative* (discharge, managing stress and personal issues, and rebalancing). Bond (2000: 188) has added a fourth domain to this list – namely *perspective*, which addresses the larger picture, including other sources of help, and links with other professionals.

Carroll's Generic Integrative Model of Supervision (Carroll, 1996) identifies three functions – supportive, educative and administrative — and seven tasks — relating, teaching, counselling, monitoring professional/ethical issues, evaluating, consulting, and administrating. In particular, he views the consulting task as one which is most frequently used with experienced supervisees as it addresses process and systemic aspects of supervision, and this together with the monitoring task, were the two most in evidence in this case study.

Closer examination of these models indicates that they overlap in certain respects. For example, Inskipp and Proctor's seventh systemic eye (Proctor, 2000) can be compared with the perspective task added by Bond to the Supervision Tasks Framework (Proctor, 2000), and the consulting task, identified by Carroll (1996) in his Generic Integrative Model. The restorative task of the Supervision Tasks Framework is similar to Carroll's supportive function of supervision. His monitoring task is similar in concept to both the normative task in the Supervision Tasks Framework (Proctor, 2000) and the ethics theme identified by Gilbert and Evans (2000). Carroll's consulting task also embraces some of the features in the Gilbert and Evans supervised supervision framework, and in particular the dynamics of the relationship between supervisor and supervisee.

2. Background to the case study

Ray worked as a counselling services manager in a youth counselling agency catering for young people under 26 years. Before training as a counsellor, he qualified as a social worker. We negotiated a three-way consultancy contract with me acting as an external supervisor, but paid by the agency. Our work began in February 2000 and we met twice monthly for an hour until he left the agency at the end of 2001.

Our contract covered his initial meetings with clients before allocation to volunteer counsellors, his own client work at the agency, his individual and group counselling supervision, his role on the selection panel for the annual intake of volunteers and trainee counsellors, his training and induction responsibilities with these volunteers, and his general managerial responsibilities. Thus our sessions were a combination of supervision of his multiple roles, and supervision of Ray's own supervision. During the time we worked together, Ray moved from a part-time job share post to full-time, while covering for his colleague who took maternity leave for several months. He found this transition very demanding and stressful, trying to hold the multiplicity of roles and there were times when he felt under huge pressure, describing himself on one occasion as "almost cracking up" with the strain. The overall responsibility for the agency was in the hands of the senior manager to whom Ray reported, but

I often had the impression that staffing and resources were stretched to the limit, so that Ray was handling more than he should have reasonably been expected to.

A typical supervision session with Ray might include an overview of significant events since our last session, discussion of a problem relating to his managerial work, case work with a client or supervisee, or a review of his training work with new counselling volunteers at the agency. The case presented here came from his role as an individual supervisor in the agency, with unusual legal and ethical aspects. He first talked about it in our 21st session, and we picked it up again at our 22nd session two weeks later. He next raised it in our 24th session where we discussed the latest developments, and we reviewed the implications of the case a number of weeks later in our 31st session.

2.1. The case

Session 21

At our 21st session, he raised some concerns regarding one of his supervisees, a trainee counsellor working with a 19-year-old female client who had a daughter aged three. This child was the result of sexual abuse perpetrated by the client's father, and the case was being investigated by police. Ray had been shocked to discover the child wandering unsupervised around the waiting area at the agency while the mother and the counsellor were in a session upstairs. He also discovered that the counsellor had made a telephone call at the client's request to a Child Protection Team police officer during the counselling session.

Ray said that the involvement of the police had not been picked up at the initial interview session with the client, and he pointed out that these interviews were always carried out by a senior member of staff, before the case was allocated to a volunteer. He also said that at the time he had not been clear about whether counselling could prejudice legal proceedings and was unsure what view the court might take if a key witness had undergone counselling prior to a trial. During our discussion it emerged that he planned to seek legal advice on this point and to alert the counsellor to the particular legal and confidentiality aspects of this case.

We also discussed the additional complication of child protection in relation to the unsupervised child, who could have wandered out into the street or even been abducted. Ray acknowledged that the agency did not have the resources to employ anyone to look after small children while parents were in counselling sessions, although toys and books were available in the waiting area. Towards the end of the session we talked about the agency's existing guidelines for casework with legal aspects, which Ray said needed to be overhauled as they were inadequate, and I suggested the agency needed to set up provision for rapid access to good quality legal advice for such cases in the future. A final point concerned the question of his supervisee getting out of her depth with the complexity and seriousness of the work. The trainee had unwittingly talked to the police at the client's behest, without consulting her supervisor first, and had embarked on a process which could potentially lead her to be subpoenaed to give evidence at a trial.

This session raised a variety of issues, including legal, ethical (confidentiality and boundaries) and child protection, as well as agency procedures. Ray's concern swiftly communicated itself to me and I was aware of a mutually sombre mood in the session. Most of the time was spent with Ray describing the events, and my role was largely in the Listen-Reflect and Enquire modes of the Supervisor role-behaviour dimension of the GSF (Scaife, 2001). My aim was to help Ray clarify the events, identify the key problem areas, and to enable him to discharge some of his troubled feelings about the case. I saw it as important for us to feel that we were collaborating in exploring the complex and sensitive issues he had brought to supervision. In terms of Gilbert and Evans' (2000) supervised supervision framework, ethical and organisational issues were most significant in this session.

Session 22

At our next session Ray reported that the client's father had absconded and his disappearance had been publicised on a television crime programme. Meanwhile the trainee counsellor had spoken to the Crown Prosecution Service and sought guidance regarding the counselling process pending further legal proceedings. Ray said they were discussing childcare arrangements for the client, without which the counselling could not continue for any length of time. He was concerned about the little girl's safety as she had a split lip and other injuries last time he saw her. The mother reported feeling very ambivalent about her daughter as she reminded her of her father's abuse and was reluctant to keep her. Ray wondered if the agency might be involved in a breach of confidentiality around the child's welfare. We discussed the use of volunteers and Ray said there were some without any formal training at the agency, but they did not misrepresent their services to clients or the public. None of the staff had training as witnesses and the solicitor had described it as a legal minefield because of the lack of clarity about good practice guidelines about counselling for pre-trial witnesses.

We talked about counselling training and the fact that legal aspects were not usually part of the syllabus, to the best of our knowledge. I expressed concern that what was happening at Ray's agency might also be happening in other counselling services where trainees work as placement volunteers. Ray pondered on the ethical aspects of matching a client to a counsellor with sufficient experience. I commented that I believed that such questions were also the responsibility of the whole profession and the training institutes which relied on placements for trainees to gain their clinical hours.

We discussed the problem of ensuring that trainees work within their limits of competence and of the rights of clients to make their own decisions about whether they wanted counselling, even if it might prejudice the outcome of a court case. We talked about the viability of an agency when the service could be under threat from the risk of legal proceedings, the use of unqualified trainees and the lack of clear guidelines. Ray felt concerned about abandoning the client and I raised the question of the rights of the trainees to give informed consent regarding the kind of casework they agreed to undertake, given that they might be called to give evidence in court or that their records might be subpoenaed. I expressed the view that such risks were better addressed in an agency context, as independent practitioners might feel more vulnerable without the support and protection of colleagues.

Our discussion moved on to look at the different sets of needs in complex cases involving counselling

and the law, and how practitioners can work with clients according to the current Crown Prosecution Service guidelines which bar counselling on the central issue of a trial. I said that I thought Ray and the agency had handled the difficult situation in a professional and ethically responsible way, and that there was a need to look at the whole case from a broader perspective, to review policy guidelines and to raise these issues with colleagues working in similar agencies for advice and support.

This session was characterised by various shifts in focus, perhaps inevitably with the complexity of the issues which Ray was bring to supervision. For example, Carroll's (1996) monitoring task of supervision was uppermost for me in terms of tracking the agency standards, counsellor competence and the legal dimensions of the case. In terms of Inskipp and Proctor's Supervision Tasks Framework (Proctor, 2000), this could be compared with the normative task in its concern for standards of practice. I was very aware of feeling disturbed by the complexity of the case once more, and this unease remained long after the session was over. In this respect my own focus was in mode six of the Seven-Eyed Supervisor, relating to the internal experience of the supervisor, and the Feelings and personal qualities domain of the Focus dimension of the GSF (Scaife, 2001). I was also aware of the need to shift perspectives from the large picture down to specific details and aspects, and back again, akin to the "helicopter ability" described by Hawkins and Shohet (1989: 37, and 2000: 44). Finally, it seemed important for there to be a real acknowledgement of Ray's efforts to fulfil his commitment to the responsibilities of his post as counselling services manager and it was towards the end of the session that I sought to introduce a restorative focus to our work (Supervision Tasks Framework, Proctor, 2000).

Session 24

Ray reported that he and his line manager had agreed that the little girl was in need of nursery care for observation purposes as they both felt she could be suffering from developmental delays. However, there was not enough evidence for an arbitrary breach of confidentiality relating to neglect. The client had agreed that Ray could contact the health visitor at her GP's surgery for support for her and her child, and she had expressed a wish to leave the area in due course. Her solicitor had contacted the agency demanding her case notes and they were currently dealing with this development. Ray and I discussed whether the client had been made fully aware of the meaning of the term "informed consent" when authorising disclosure of her records.

The client believed that she could not discuss her sexual abuse in the counselling process because of the risk of contaminating her evidence, but Ray had pointed out that she did have a choice about going to court. He had offered to discuss the agency's position with the client to clarify how they saw things and their legal and ethical position. The client had arrived at the agency distressed that her benefit book had been taken away from her and had decided to discontinue the counselling work. The trainee counsellor had struggled with the complexity of the whole case and he had tried to support her as her supervisor throughout the whole difficult process.

In this session our focus was mainly on the contextual aspects of the case. In terms of Carroll's (1996) monitoring task, for example, we were addressing the professional and ethical domains, or using the

seventh systemic eye of Inskipp and Proctor (1993), we focused primarily on the agency, legal, and social aspects. It was clear that Ray was feeling very stressed by the difficulties this case presented and he believed that he carried much of the responsibility for the supervisee and for the client and her welfare. The supervisee's struggles were mirrored by his own, and here the restorative domain of supervision (from the Supervision Tasks Framework, in Proctor, 2000) was evident in his efforts to support her and in mine to support him.

Session 31

In session 31 Ray raised the original case again, adding that the agency now had seven clients presenting with acute risk issues and complex therapeutic needs, particularly in relation to trauma and abuse experiences. This sudden influx was raising serious questions at the agency about their policy and procedures, about its dependency on trainee counsellors, and about psychiatric support and access to appropriate referral agencies for longer-term psychotherapy.

During this session we had a lengthy discussion reviewing recent developments in the agency's client profile. We talked about improving the agency's resources such as consultancy and psychiatric support, developing their assessment procedures in order to identify clients at risk at the earliest opportunity, and improving referral procedures within the agency (such as to trainees or qualified therapists), and outside for more specialised psychological therapy. We also explored the question as to whether there was a need to expand the basic training of counsellors to encompass a broader range of knowledge and skills, than many colleges and institutions currently provide.

In terms of Scaife's General Supervision Framework (Scaife, 2001) much of this session was located in her Focus domain, with particular relevance to knowledge, thinking and planning – that is, the cognitive and intentional aspects and the identification of specific areas of concern, with discussion about how they could be remedied, where possible. Gilbert and Evans' (2000) Integrative Relational Approach for supervised supervision was also relevant to this session, with the focus on ethics, organisational and competency issues, and general professional matters, as was Carroll's (1996) monitoring task. It was again important to keep in mind the links between the various aspects of the case — not only the human factors, but also the social, economic and professional realities of the agency's work and the limitations under which they operated.

3. Supervision

I found myself rather overwhelmed by this case and all the questions it raised for me in my role as supervisor. On reflection it became clear that the anxiety and struggle with the issues were being paralleled throughout the supervision hierarchy, from the client and the trainee, to Ray and then to myself. This was an example of parallel process as described by Searles (1955) and elaborated by Doehrman (1976) where processes between client and counsellor may be unconsciously mirrored or played out between counsellor and supervisor. In our case the paralleling was continuing up to a further level – that is between supervisee and supervisor. I also realised with hindsight when I took the

problem to my peer supervision group, that my body language and voice embodied some of the urgency and stress that Ray's behaviour had communicated to me.

At one point Ray told me that he had felt quite defensive in the way I had questioned the involvement of a trainee in this kind of counselling work, as if I had been criticising him or the agency in their policy. I was surprised by this and on reflection realised that I must have communicated my own concern much more forcefully than I was aware of at the time, and it became clear that anxiety was an underlying theme for all of us throughout the work on this case.

I took the matter to my peer supervision group and there was a very lively discussion as we explored the problem from different angles, with my colleagues drawing on their own experience as supervisors and trainers, and broadly agreeing with my own concerns. One member of the group said on principle she would refuse to take on any case with legal implications, as she would be unwilling to risk being called to give evidence, lacking the professional support in private practice that would be available to a practitioner working in an agency setting. We did not reach any definite conclusions, but my colleagues also felt very concerned about the case and identified some questions, such as whether trainees should be doing this kind of work; whether a counselling trainee had ever been called to give evidence in court; and what counselling trainees are being taught on courses regarding legal, ethical and confidentiality issues. We did not know the answers to the second two questions, as none of us was aware of any published research, but agreed that trainees should only work within the limits of their competence, in accordance with BPS and BACP guidelines.

4. Discussion

This case raised many issues for me and was one of the most complex I have ever had to work with as a supervisor. My task was to keep as much of the total picture as possible in mind, with the various individuals occupying their respective places in the drama, while trying to focus on specific aspects as needed. To this end, adopting a systemic perspective was the only way to hold so much information and to understand the links between the individuals concerned, the responsibilities, the legal and professional implications, and the impact of the whole process on the client and her daughter (Boyd, 1978, and Proctor, 2000). As Gilbert and Evans have pointed out (2000: 106) in relation to supervised supervision, the consultant supervisor is removed from the client, and I was aware that I knew relatively little about the details of the actual case. However, this was less important than maintaining a meta-perspective of the whole system and supporting Ray in his difficulties with the case.

I saw four individuals here as needing support – the client and her child, the trainee counsellor who was out of her depth, and Ray, who was feeling very burdened by the case and worried as to what might happen if things went wrong. My direct contact was with Ray and I hoped that our discussions would help to clarify his own thoughts and strategies for coping and provide a place for him to discharge his emotional stresses, so that he in turn would be able to support the trainee in her work with the client. It was this dimension of the work that fell within Inskipp and Proctor's notion of the restorative task of supervision, and the supportive function identified by Carroll (1996). It was important to me to validate Ray's efforts with this case, as he had seemed at various points to be grappling with too many things at

once. Of Carroll's seven tasks, undoubtedly the consulting and monitoring ones were the most relevant for our work, in that Ray was a qualified counsellor and social worker and had several years' experience in managerial work.

In terms of Scaife's supervision model, I found myself using all of the three supervisor's modes – listening-reflection, enquire and inform-assess at different times over the several sessions in which we discussed this case. The medium for our work was Ray's self-report, as is usually the case in supervised supervision, and the focus was mainly on cognitions and behaviour. However, at times in these sessions we also paid attention to his depleted emotional state, and I noticed that on occasion I, too, felt depleted by the end of the session. I found the discussion and support of my colleagues in my peer consultation group of considerable value in helping me to keep a sense of perspective about the key issues (Bond's modification of Inskipp and Proctor's tasks of supervision in Bond, 2000).

This case presented a number of serious issues simultaneously, each of which deserved reflection and discussion. Ethical issues were certainly in the forefront, with client confidentiality being put at risk with the intervention of the police and possible legal proceedings. The client's solicitor's demand for her case notes reflects an increasingly common ethical dilemma facing practitioners and agencies where clients involved in legal proceedings are asked to give consent for their counselling records to be handed over to their legal advisors (Barnett, 2001). This consent is usually evidenced in the form of a signed paper authorising the release of the notes. However, in my experience, clients are rarely aware of the full implications of giving such consent, and therefore their consent cannot be deemed to be properly informed. My own policy in such cases where I received a signed authority is to meet the client to discuss what might be involved. This includes giving the client an opportunity to see the records and explaining that once they leave the premises confidentiality cannot be guaranteed since I have no control over who may have access to them. One can surmise that legal, secretarial or other office staff may not treat confidential client records with the same fastidious respect as do psychologists, as has been pointed out by Hudson Allez (2001).

It is worth noting that the most recent guidance from the British Psychological Society Division of Counselling Psychology (2002) recommends that psychologists should seek legal advice before releasing any client records for legal purposes. These guidelines also emphasise that when clients are asked to consent to disclosure of confidential information, practitioners should ensure that they understand what will be disclosed and “...the likely consequences of that disclosure”. My experience is that after a full discussion, most clients withdraw their consent and opt instead for a brief report on their counselling to be submitted to their solicitor.

The question of informed consent on the part of the client for disclosure and breach of confidentiality needed to be balanced with the rights of the trainee. I believed it was important for her also to be able to give her informed consent to participate in a counselling process which could potentially not only lead to the counselling records being demanded but also to herself being subpoenaed to give evidence in court. In this case, it seemed to me that the trainee had not been able to make a choice before taking on the client, as the question of legal proceedings was not evident at the initial interview. As far as the

question of maintaining records was concerned, the agency had its own established procedures which would need to be reviewed in the light of changes in the law, as discussed by Bond (2000: 240).

A further dimension of the ethical aspects concerned safety. Not only was it important for the client to feel safe while engaging in counselling at the agency, but there was also the question of her daughter's safety. The child might well have been at risk of injury from her mother because of the circumstances of her birth, although this risk was not confirmed, but she was definitely at risk while left unsupervised on the agency premises, for which Ray felt acutely responsible when he discovered what had happened.

This led to an important clinical issue which concerned the lack of an assessment procedure for all new clients. On several occasions prior to this case arising at the agency, we had discussed whether the staff should implement a comprehensive assessment procedure with all new clients as a matter of course. I had raised this with Ray because I believed that that were strong practical and ethical grounds for making such assessments, particularly to identify risks, such as suicidal and self-harming behaviour, drug-taking, abuse, domestic violence and so on, as well as taking a routine history of family, social, educational, occupational, psychological, and medical aspects, and any legal aspects which might be involved. Ray acknowledged that this was not part of the normal policy of the agency, which was founded on the person-centred model. However, as a result of this case and the several following ones with legal aspects, he planned to review the screening process, particularly because of the need to make sure that only experienced counsellors would have such clients referred to them for on-going counselling. This was important both for the clients' protection and to protect the agency's reputation if there were any repercussions.

Another aspect of the clinical domain in this case concerned the question of trainee competency to work with such difficult cases. It was clear that this trainee, while regarded by the agency as competent within the limits of her level of training, was quite out of her depth here and unable to recognise the implications of what she was doing with the client. This was through no fault of her own, and I saw it as an inappropriate referral which could be prevented in the future with better assessment procedures and a stricter policy in the agency relating to referrals to trainees. Curtis Jenkins (2001: 110) has pointed out that trainee counsellors are vulnerable to inappropriate referrals elsewhere, such as in primary care, where placements may be badly managed, unsupported or poorly supervised. While this was not the case with Ray's agency, it served to focus attention on the general issue of support for trainees in placements. In retrospect, I have wondered whether the focus on the trainee as Ray's supervisee, might not have become rather lost in the attempt to address so many issues during our four supervision sessions on this case.

This case also raised questions for us about legal aspects of counselling pre-trial witnesses, which neither Ray nor I had knowledge of until this issue arose. He consulted the agency's solicitor and obtained some guidance from the Crown Prosecution Service, which could help in similar cases in the future. Meanwhile, the best information available suggests that practitioners counselling clients who are involved in criminal proceedings should avoid addressing the facts of the event(s), their emotional impact, and rehearsing court proceedings, because of the risk of "contaminating" the evidence (Hudson Allez, 2001). This guidance does not appear to be widely understood by practitioners, perhaps because

it has had little publicity. As a result there is a real risk that such clients might engage in counselling which could potentially jeopardise the outcome of the trial of the accused party. This is because it could be construed as “rehearsing the evidence” and therefore potentially distorting the way in which it is presented at a trial. The fact that many cases take years to come to court mean that this dilemma concerning engaging in counselling can become one of trying to decide whether the client’s well being or the outcome of the trial is more important.

Professional aspects of the cases included accountability – that is, who is to be held responsible if things go wrong? Ray as the counselling services manager at the agency was accountable to his line manager who had ultimate day-to-day responsibility for staff at the agency. She in turn was responsible to the voluntary management committee. So the line of accountability was clear, and my role was as an external consultant supervisor, but I nevertheless felt it important for me to have access to quality professional guidance so that my input was as sound as possible.

Another area of concern for me was the pressure Ray was experiencing when his role expanded to a full-time post. His part-time post had been very demanding, and these demands seemed to become overwhelming when he stepped into his job-share partner’s shoes during her maternity leave. He was experiencing the difficulties shared by staff in many voluntary sector agencies – namely the chronic shortage of funding which leads to long hours of work, anxiety about future budgets and planning, and lack of resources to pay professional staff, leading sometimes to over-reliance on unqualified trainees. When agencies are run on restricted budgets and resources, inevitably there is a real risk of burnout and exhaustion among staff who push themselves to the limit, and I could see this happening with Ray. In fact, he left the agency to pursue a less stressful lifestyle and career not long after this particular case was concluded.

Taking a broader view of the professional aspects, we also explored this case by looking at it from the perspective of a problem affecting other counselling services, and not just Ray’s. He followed this up and attended a national conference where questions of abuse and confidentiality were discussed. He found it illuminating to recognise that his colleagues were dealing with similar issues and he also felt less isolated after discussing it with them.

I chose this case to illustrate the some of the ways in which qualified practitioners who often have multiple roles or responsibilities may bring them to supervision. Supervision with trainees or newly qualified practitioners is largely focused on casework and therapeutic issues, while it becomes more complex when practitioners move into organisational contexts such as counselling services, the NHS or education, for example, as I hope this case demonstrates.

5. What was learned

I have learned a number of important things from this case, which I would have no hesitation in passing on to new supervisors. For example, I accepted an invitation to visit Ray’s agency and to meet his colleagues and other external supervisors, so that I would be familiar with the physical environment, the scope, the culture and the philosophical underpinnings of the organisation. As Copeland (2000:

166) has pointed out, supervisors in various organisational settings tend to agree that direct or indirect experience of the context is beneficial to the supervisory process. As far as Ray's agency was concerned, apart from visiting it initially and later attending a supervisors' meeting, I did not have regular direct contact. However, my previous experience of working in the voluntary sector in two other organisations gave me considerable insight into many of the problems confronting agencies, including tight budgets, lack of other resources, multiple roles necessitated by staffing constraints, often long working hours, and dilemmas resulting from the tensions between idealism and the practical realities of survival.

Overall, I was impressed with the quality and standard of care in this agency, as well as the ethical approach of the staff and volunteers. Ray supplied me with documentation relating to policies, recruitment of staff and volunteers to keep me abreast of changes that are important for a supervisor to know about. Without this contact it would have been more difficult to maintain a systemic perspective, in my view.

Supervision at this level places considerable demands on the individual in terms of being informed about rapid changes in professional (both in supervision and in psychological therapy), legal, and organisational domains. It also requires the supervisor to have access to good quality consultation and in my case I have found a group of colleagues to be the most helpful because of the spread of experience and knowledge. Previous professional experience can also be invaluable, whether gained in a counselling context or otherwise. In my own case, I have found my experience in the commercial, voluntary, medical and education sectors to have illuminated my understanding of supervisees and their difficulties while working in these areas.

5.1 Recommendations

There are two areas where I envisage recommendations. The first concerns the training of counselling students, where I believe that often the links between training organisations and placement agencies are too fragile or non-existent. Relatively few training institutes in my experience have adequate links with placements and all too often leave students to find their own in a haphazard manner, with the result that there is no effective supervision of the type and quality of placement. There are a few exceptions to this, but as Kahr (1999) has described, it can take effort and considerable patience for a trainee to find a suitable placement, unlike clinical psychologists, where placements are automatically arranged as part of the training. Consultation and formal contracting between trainers and agency placements might help to protect students against situations where they are confronted with a client involved in criminal court cases. It seems only fair that trainee counsellors should be aware of the possible consequences of undertaking this kind of work – and that their trainers should also be aware that they might engage in it.

Secondly, students need more training in the legal and ethical aspects of therapeutic work. I often find that while their skills and theoretical knowledge may be quite well developed, they may have little understanding of ethical principles and dilemmas or legal frameworks, unless they have prior experience in an allied helping field, such as social work. The recent spate of books on these subjects

testifies to the urgent need for practitioners and supervisors to bring their knowledge up to date (for example, Horton and Varma, 1997; Jones et al., 2000; Lawton and Feltham, 2000; and Wheeler and King, 2001)

5.2. Implications for training

There are also certain implications for supervision training arising from this case. Space does not allow me to address this in more than a few sentences, but my own experience with this and other cases has led me to conclude that there is a considerable difference between supervising private practitioners and those working in other settings. Copeland (2000) has argued that supervisors now need more knowledge and skills when working in organisational settings and practitioners are moving into this field for economic reasons but without the training to meet these challenges.

There is a growing recognition that supervising trainees presents different challenges from post-qualification supervision (Copeland, 2000; Jacobs, 2000; Wheeler, 2000; Wosket, 2000). It seems that a logical step might be to propose a core syllabus for supervisor training in two stages. The first level could be for working with trainees with the main focus on theory and skills development, and developing the supervisor's didactic skills needed for working with students. The second level could be training for the more complex context of supervising in diverse contexts and organisations and would include a deeper knowledge of ethical, legal and professional issues, with practical experience of organisational supervision as part of the training process.

Finally, it is worth noting that while there has been a rush to expand the profession of supervision in recent years, there is little representation for supervisors, except for the annual conference of the British Association for Supervision Practice and Research (BASPR) and the recently established supervisors' division of the Association of Counsellors and Psychotherapists in Primary Care (CPC, 2001: 4). A supervisors' forum, along the lines suggested by Proctor and Inskipp (2000) could be established by the Counselling Psychology Division of the British Psychological Society to enable us to access support, information and guidance, which would be invaluable in difficult cases such as the one described in this paper. It might also be possible for such a forum to be established across divisional lines, to include other psychologists from the educational and clinical domains, to pool our knowledge, identify the gaps, and to develop further training possibilities.

SECTION D: LITERATURE REVIEW

PEER SUPERVISION:

WHAT DOES IT OFFER FOR THE EXPERIENCED PRACTITIONER?

SECTION D: LITERATURE REVIEW

Peer supervision: What does it offer for the experienced practitioner?

1 Introduction

There has been an avalanche of books and articles on supervision in the last few years in Britain. Yet in spite of this, little attention has been paid to the subject of peer supervision. The format is a popular one, and has recently been described as “potentially groundbreaking” (Proctor, 2000: 135) because its radical horizontal structure contrasts with the traditional hierarchical one. Individual supervision is undoubtedly the preferred format among qualified counselling psychologists, with seven out of ten opting for it, according to the results of the survey in this dissertation portfolio. The survey also showed that peer supervision is the next most popular format after individual supervision, with 55 % having engaged in it in the past, and over a quarter of respondents involved in peer groups at the time of the survey.

American psychologists working in independent practice appear to have similar preferences, as shown in a survey carried out some 12 years ago by Lewis et al. (1988). They found that of their 480 respondents, nearly one quarter (23 %) were currently involved in peer consultation groups (to use their term) and approximately the same number (24%) had been in the past. Moreover, 60 % of those not in a group said they would like to join one if it were available.

The participants in peer supervision groups tend to be predominantly the more experienced practitioners. According to Skovholt and Ronnestad (1992), in their study of the professional lifespan of 100 therapists and counsellors from the first year of graduate training to the fortieth year beyond training, there is a shift in the individual practitioner over time. This shift represents a change from an external focus of working in ways to satisfy the gatekeepers to the profession, to a more internally focused one involving the development of a unique professional self. This happens long after early training is complete and is characteristic of their final two identified developmental stages — namely, individuation and integrity. These stages typically take place about ten and 25 years after qualification respectively. Central to the developmental process is the need for continuous professional reflection, without which the accommodation/assimilation processes of learning cannot effectively be integrated. Such reflection can take place in a number of ways, of which consultation with peers and colleagues emerged as a very significant influence, according to their research (p. 78).

These authors also suggested that with increasing experience and maturity, practitioners tend to move into more self-employment. The twin factors of age and professional independence mean there is less likelihood of more senior consultants or supervisors being available (through retirement and death), and there is less contact with colleagues in the daily workplace. Although the authors did not specifically discuss the use of peer consultation or supervision groups, their research indicated that practitioners at this stage of development do rely on informal networks with colleagues as part of their own self-reflective process. Peer supervision groups can therefore be seen as a way of creating more structure and regularity in this kind of contact, as well as a forum for the continuous professional reflection

process so essential to effective practice and learning and described by Schön (1991) as “reflection-in-action”.

This paper aims to look at the use of peer supervision by experienced practitioners because it is at the post-qualification stage that this format becomes most relevant. The literature examined included descriptive and empirical studies and theoretical papers published over the last 40 years. The purpose is to identify various characteristics of peer group supervision and to gain a picture of the state of knowledge about this particular field.

1.1 Definitions

There is some confusion about the definition of peer supervision (and its alternative name, *peer consultation*), especially in the American arena. Some writers (Fraleigh and Buchheimer, 1969; Duncan, 1976; Borders, 1991) have used the term *peer supervision* to refer to a group of peers with a supervisor in charge, which would then put it into the category of group supervision with a leader. Other variations include the focus to be on private practice issues (Greenburg et al., 1985), or involving trainee counsellors (Wagner and Smith, 1979) or young (sic) professionals (Hardcastle, 1991). A number of authors have published articles referring to peer groups and peer supervision but they refer to groups with peer members which also have a leader, or some other variation (Fraleigh and Buchheimer, 1969; Duncan, 1976; Seligman, 1978; Schuman, 1983; Carrilio and Eisenberg, 1984; Borders 1991; and White 1998).

The definition of peer supervision given by the British Association for Counselling (1996) will be the one adopted in this paper. Included in their definition is also the term *co-supervision* which “... involves two participants providing counselling supervision for each other by alternating the role of supervisor and supervisee”, while peer group supervision entails three or more counsellors sharing the responsibility for providing each other’s supervision within the group. “Typically, they will consider themselves to be of broadly equal status, training and/or experience.”

An essential characteristic of peer consultation is that it does not involve evaluation, according to Bernard and Goodyear (1992: 6). They saw it as referring to informal and one-off (or at most occasional) meetings in order to obtain help with difficult cases and deal with blind spots. Rabi et al. (1984) defined peer supervision as giving advice and sharing ideas about work in progress. Shared responsibility, mutual learning, equality and absence of a permanent leader are key features of peer supervision, according to Hare and Frankena (1970), Allen (1976), Hamlin and Timberlake (1982) and Proctor (2000). Chaiklin and Munson (1983) believed that the group should ideally begin with a paid or unpaid leader, who would then become redundant as the group gained experience and maturity in the consultative process. Leadership would continue with members taking responsibility for organising or facilitating, a view shared by Billow and Mendelsohn (1987).

Peer supervision is a horizontal arrangement because of its principle of equal partnership and either individually contracted, or an arrangement between a group of people with similar needs, expertise and approach (Hawkins & Shohet (1989: 104). Its essential characteristic is the absence of a leader, and it

can cross professional boundaries if necessary, as long as the members of the group have sufficient in common to make the group viable.

2 Participants in peer supervision

Information about the typical peer supervision participant is very limited, mainly because of the dearth of literature generally on the subject. Eighteen descriptive studies were traced, all of them originating in the United States, and of these six were focused on social workers. Five were reports about mixed professional groups, such as psychologists and social workers, and four were focused on psychiatrists. Two reports were on supervisors and one was focused on family therapists. The authors tended to give little information about the characteristics of their participants, beyond the fact that they were male or female, and in some cases the lengthy duration of the groups meant that the balance of sexes would alter over the years with the change of membership.

Probably the most detailed picture available comes from the study of psychologists in independent practice carried out by Lewis et al. (1988). Their typical peer group member was male, in his mid-forties, with 11 years' experience in sole private practice in professional premises in a metropolitan area, working mainly as a generalist with a wide variety of mainly individual clients. Their typical peer group was formed largely through personal contact, with an average of six members, rotating the meeting venues between themselves in their homes or offices, sharing leadership, and discussing difficult cases, ethical and professional matters, and giving each other emotional support. The authors noted that commitment seemed strong, particularly as attendance meant giving up valuable time, and the average duration of a group was five years, as was the average duration of individual membership. The authors commented that peer consultation was far more widespread than previously realised and provided an effective forum for emotional and cognitive support, as well as a mechanism for peer review which helped to monitor their clinical work and protect the public.

This study described the peer supervision activities of one particular professional group and there is no information about other kinds of practitioners in the USA. It would be worth replicating this with other professional groups to document the extent to which the format is used by them. Kevlin (1988) attempted to tackle aspects of this question in his small-scale investigation into British humanistic practitioners, in which he found that his peer respondents tended to be more experienced, to be more authentic and less defensive, and to obtain more value from supervision than a comparable group of practitioners in individual supervision. His study was based on a very small sample, however, and there could have been a built-in bias in the way his rating scale was structured, so his findings need to be regarded as suggestive, rather than confirmatory of the significance of those aspects of peer supervision which he was investigating.

A similar study to the one conducted by Lewis et al. has yet to be carried out in Britain and there are as yet no hard data to build up a profile of the typical peer group participant here.

3 The purpose of peer supervision groups

Peer supervision groups offer a unique form of professional support and meet a variety of needs, depending on their members. Addressing professional isolation, gaining support, and reducing alienation were all cited by Todd and Pine (1968), Hunt and Issacharoff (1975), Nobler (1980), and Greenburg et al., (1985). Some wanted a forum for professional development, to discuss casework, problems and professional matters, to be able to share experience, and consult with colleagues (Fizdale, 1958; Todd and Pine, 1968; Hare and Frankena, 1970; Winstead et al., 1974; Hunt and Issacharoff, 1975; Allen, 1976; Nobler, 1980; Hamlin and Timberlake, 1982; Schreiber and Frank, 1983; and Greenburg et al., 1985). Others cited a wish to supplement training and improve competence (Brugger et al., 1959; Woods, 1974; Marks and Hixon, 1986; Rubin, 1989) and to promote individual and agency growth (Wendorf et al., 1985). Winstead et al., 1974 and Marks and Hixon, 1986, cited improving and evaluating service delivery, and having a place to express feelings and explore counter-transference issues. Finally, Hunt and Issacharoff (1975) wanted a place to deal with mid-life issues which face professionals.

4 The focus of peer supervision

As might be expected, case work occupied much of the members' attention, according to the descriptive accounts of peer groups, and for some it was the only topic on the agenda. However, in other groups there was a much greater variety of content and tolerance of non-clinical issues, which might not happen in individual supervision or in groups with a leader where a more formal structure is usually involved.

Apart from case work, the most common focus was on transferential issues in the therapeutic relationship and particularly counter-transference (Brugger, 1959; Todd and Pine, 1968; Winstead et al., 1974; Hunt and Issacharoff, 1975; Nobler, 1980; Schreiber and Frank, 1983; Greenburg et al., 1985). Other topics mentioned briefly by some of these authors included accountability, miscellaneous clinical details, premature termination and other termination problems, referrals, assessment of suitability for beginning or remaining in therapy, and collusive processes between client and therapist.

Two-thirds of American psychologists responding to the survey conducted by Lewis et al. (1988) spent considerable time on case work, with one fifth spending most of their peer group time on it. However, and surprisingly perhaps, nearly a third said they spent relatively little time on case work, which implies that they used the group time for other related professional purposes. After case work, the most frequently occurring activities in the peer groups were providing mutual support, sharing therapeutic techniques and tools, discussing ethical and professional issues and sharing information. A host of topics cropped up in the "Other" section of the survey questionnaire responses, including counter-transference, socialisation, fun, professional views and gossip, business and practice management issues and office problems, preparing for workshops and conference presentations, presenting clinical and theoretical papers and so on.

The descriptive accounts of peer supervision were on the whole quite limited in the information about other activities outside casework, but professional news and information about workshops, conferences and seminars were mentioned by Nobler (1980), Schreiber and Frank (1983), and Greenburg (1985). New (at that time) techniques such as family sculpting, psychodrama, voice dialogue and dream work were enthusiastically demonstrated and received by members in Nobler's group, and current clinical and theoretical literature were mentioned by Schreiber and Frank (1983) and Rubin (1989).

Professional and organisational issues also occupy a significant place in peer groups (Hunt and Issacharoff, 1975; Hamlin and Timberlake, 1982; Schreiber and Frank, 1983; Greenburg et al. 1985; and Danto and Mazzella, 1988). For example, organisational dynamics, continuing professional development, political matters, agency policy, accountability, staff and trainee issues, and private practice and referral issues were all given space for discussion and reflection in their groups. It seems clear therefore from these accounts that peer supervision has provided an invaluable forum not only for case discussion but also for self-directed learning, exploration of transferential processes, and professional development for many of the participants.

4.1 Mode of presentation

Oral self-report and audiotapes of clinical sessions were the most common modes of presentation, with peer group members taking turns to make a presentation (Todd and Pine, 1968; Marks and Hixon, 1986;) or videotapes (Bardill, 1978). Tapes have a great advantage over selective reporting because they can be stopped, rewound and replayed as needed in the retrospective evaluation of both the content and process of the interactions of client and practitioner (Brugger et al., 1959). In another case, group members would present clients using drawings, paintings, "thematic summaries" and anecdotes – although this was partly in an effort to upstage each other in their success stories (Todd and Pine, 1968).

Oral reports appeared to be the method of case presentation in Greenburg et al.'s (1989) peer consultation group which consisted of members with widely differing orientations including behavioural, systemic and psychodynamic. Case discussion might lead to very different views on the formulation of a problem and appropriate therapeutic strategy, such as with a flying phobia. However, the group cohesiveness and acceptance of differences, as well as group processing skills, meant that conflict of opinion was handled constructively and the individual therapist nevertheless would usually feel confident with the group support about the way she was handling the case.

A group of five members in private practice — three social workers and two clinical psychologists — used the self-report method when focusing on individual, couple or group case work (Nobler, 1980). Early in the group's existence, the presentations tended to be rather formal, with little spontaneity or emotional reaction. Members, fearing criticism or exposure of their vulnerabilities, would tend to bring their success stories rather than their therapeutic impasses or failures. Later, when they felt safer, they would take more risks and ask for help with the assessment or treatment approach, or for colleagues to point out what might be being missed. Talking and questioning would lead to intense discussion and exchange of ideas until problems were clarified satisfactorily.

4.2 Case-centred versus process-centred

Opinions differ as to whether peer groups should focus on case work or group process, and some have resolved this question by explicitly having a dual focus. In the case of Hunt and Issacharoff's (1975) 11-member group of analysts and psychologists, there was an agreement to work in a very task-oriented way, with the focus on clinical issues relating to their work as group therapists. It became clear after a while that members divided into two broad groups — those who preferred to focus on content, and those who preferred to deal with process. The latter group would emphasise the importance of the expression and exploration of emotion and personal experience within the group. By the second year of the group's existence, the focus had shifted from being case-centred to entirely process-centred and included the exploration of personal experience and group dynamics.

Personal material was also explored in Nobler's (1980) group, but more in the context of the interweaving of the personal and the professional identity, which Skovholt and Ronnestad (1992) have described as the development of authenticity, where personal life is seen as a central component of professional functioning. Nobler believed that the exchange of personal opinions about each other and the inclusion of process issues led to the development of much greater trust and intimacy in the group with a willingness to expose their limitations and vulnerabilities to each other. She acknowledged that this took much hard work and risk-taking but eventually led to a genuine mutuality which enriched their personal and professional lives. Goldberg (1981) recommended sharing (derived from psychodrama and other group therapy approaches) as a way to help develop this sense of trust and spontaneity in a peer group. He described it as a useful antidote to an over-intellectual approach to case work. At its simplest, it would consist of always asking the members to disclose their emotional responses to the case material presented as well as their clinical reactions. The communication of feelings would, in his view, help to express the underlying care and concern for the presenter which no amount of intellectual theorising could do.

Other reports have described the dual focus model with a regular space to review process issues in the peer group, and in Fizdale's (1958) paper, the author was the one who carried the main responsibility for identifying key aspects. By pointing out ways in which group members were initially avoiding commenting on a colleague's case work, and later by indicating out how they were all hastening to join in, she helped the group to move into a collaborative mode of consultation with a strong sense of shared responsibility for the agency's performance.

Observation of process was assigned on a rotating basis in the peer supervision groups in a social work agency described by Marks and Hixon (1986). Their model was to have oral case presentations followed by questions and discussion, with 15 minutes allocated at the end of each session for the observer's comments on the group process. The summary might include comments on whether the group had succeeded in staying with the task, had adhered to the ground rules, and to what extent the members had participated. Interestingly, the frequency of meetings of the groups seemed to be associated with the degree of mutuality and emotional support, with those meeting weekly developing a more process-oriented approach, and the fortnightly groups tending to focus more on facts and content.

Bardill (1978) reported on an eight-year project involving 19 supervisory groups which followed a similar model of a 15-minute period at the end of each session for process feedback from an observer, who was also expected to be a participant. Greenburg et al. (1985) recognised that task and process were related to each other and built in a feedback mechanism so that emotional reactions could be addressed, evaluated through a consensus and integrated so that they did not create blocks in the group's functioning.

A structured peer supervision model with a dual focus was developed in an Australian family therapists' group which paid formal attention to process feedback (Proctor, 1997). Participants were divided into three roles — presenter, consultant and observer. The presenter would focus on the case in a structured format, while the consultants would ask questions, clarify, make interpretations and so on. The observer's role was to remain in the background until the end of the case discussion and give feedback according to three criteria — namely, themes and issues arising from the presentation; the role of the therapist and what they liked/did not like about the presentation; and what connections came up for the observer that linked with their personal or professional life. The presenter would have the opportunity to comment on the feedback and its usefulness as a way of bringing the session to a close.

More recently, Spy (1999) reported on her own peer supervision arrangement, where she and her colleague would meet for two hours every three weeks, with occasional longer sessions of up to six hours. The key to this successful arrangement was the monitoring of process issues between them, while the main focus was always the client work. Without the authority of a supervisor, they would share responsibility for giving each other feedback about their interactions, which she described as offering mutual empowerment and a very flexible relationship.

However, a dissenting voice on the importance of working with process issues in peer supervision groups came from Schreiber and Frank (1983). Their group had lasted for five years with the main focus on case presentation and also began with strong feelings of anxiety. They gradually built up an atmosphere of trust and support, while remaining open to constructive criticism. The authors pointed out that they were aware that competitive and rivalrous feelings about professional competence and success were never far below the surface, but there was a conscious decision not to address these in the group because they "represented a potential threat to group solidarity". They regarded case discussion as their priority and preferred not to focus on process issues or group dynamics. In their experience, this approach enhanced the group cohesiveness and task functioning, rather than interfered with it, and they attributed the success in minimising conflict to the careful selection of members with homogeneous backgrounds.

In contrast, a review of the termination of a 15-year long peer group of psychiatrists identified the failure to address group process issues as a major factor in the group's disintegration (Brandes and Todd, 1972). In particular, when two members died, discussion of the serious impact of these deaths on the group was avoided. Paradoxically, group process issues had been addressed in the earlier years of the group, largely because of the efforts of one faction in the group who pressed for greater openness of personal and emotional issues, in addition to the standard agenda of addressing transference and countertransference processes at each session. From the early years of the history of this group there

had been a tension between two unofficial “leaders” who sought to have their own approach adopted as the group model. One of them argued for a case-centred focus with only transference aspects being discussed, while the other wanted a more process-centred focus which would also allow for personal issues to be brought to the group. It was not possible for this tension to be effectively resolved into a dual-focus approach of the kind described by Billow and Mendelsohn (1987) where there is a balance between the two perspectives, and the group split apart a year before its final demise.

5 Size and duration of groups

There was considerable variation in the size of the peer supervision groups reported in the literature. The smallest groups were reported by Brugger et al. (1959), Hare and Frankena (1970), Winstead et al. (1974) and consisted of four members, while the largest groups had 11 members (Hunt, 1975) and 12, reported by Rubin (1989). Interestingly, four papers failed to give any details concerning the size of the groups and eight authors omitted to say how long the groups lasted, or had been in existence for at the time of writing the articles. The shortest times reported were 11 months (Winstead et al., 1974) with their psychiatric residents and one year for mental health supervisors (Rubin, 1989), while the longest lasting group was 15 years, as reported by Todd and Pine, (1968), and Brandes and Todd, (1972) who were writing about the development and progress of their group and its demise, respectively. Four groups lasted for up to 2 ½ years, while two lasted for five and six years respectively.

The main problem with the individual accounts concerns the inconsistencies in reporting details of independent variables such as the size and duration of the groups, their composition, and professional backgrounds, as well as information about the contracts and ground rules, and variations in reporting content and process. Nevertheless, in spite of the paucity of comparable data, one might cautiously suggest that the longest lasting groups were those involving private practitioners, rather than agency staff, where one would expect the turnover to affect the stability of the groups. There is perhaps an argument here for future writers on their peer groups to include basic demographic data so that studies can be compared more meaningfully with each other. These individual accounts do illuminate the practice and process of peer supervision vividly and there are grounds for appealing for more descriptive studies — especially if the reporting could be more systematic while allowing for the individuality to shine through.

6 Stages of group development

In their review of models of group development, Bradley and Ladany (2001: 198) summarised the stages which small groups typically pass through, although there might be variations in this process. They identified five stages, based on the work of Tuckman (1965), and Tuckman and Jensen, (1977) as follows: 1. Forming, where members meet and get to know each other; 2. Storming, where there may be conflict, difficulty over resolving differences and a struggle for dominance or leadership; 3. Norming, where the group becomes cohesive, establishes norms and roles; 4. Performing, where there is an acceptance of group realities and the members address the tasks; and 5. Mourning, where the

members deal with the review and evaluation of the group and focus on the ending and separation process. Tuckman and Jensen (1977) named this fifth stage “adjourning”

Various writers identified models or stages in their group's development (Todd and Pine, 1968; Winstead et al., 1974; Woods, 1974; Hunt and Issacharoff, 1975; Nobler, 1980; Hamlin and Timberlake, 1982; and Greenburg et al., 1985). There was considerable consistency between them and five were very similar to the one described above, although two (Woods, 1974, and Nobler, 1980) included only four stages and omitted the mourning or termination stage. A few noted that there were periods of turbulence and regression after the loss of a member and the introduction of a new one, with the group eventually settling back into the performing stage. Todd and Pine (1968) described a slightly different model consisting of three stages —

1. general to specific and personal; 2. from competition to cohesion; and 3. using the self as the focus and working with counter-transference. Hamlin and Timberlake (1982), however, confined their model to one outlining seven learning phases with no focus on group dynamics or process.

7 Guidelines for setting up and running a peer supervision group

It has been argued that that peer supervision should be regarded as an adjunct to individual supervision, rather than a replacement for it (Boyd (1978). He believed (in common with many other writers on supervision) that peer supervisors benefit from training for the task, since the process can be helpful or harmful, depending on the way in which it is approached. He also proposed that the core attitude needs to consist of a wish to be helpful, co-operative and egalitarian; that group supervision should precede peer group supervision for training and practice purposes, and in order to provide experience with group processes; and that such groups should only consist of members with sufficient knowledge and skill to make a useful contribution. Some of these points have been reiterated by Bradley and Ladany (2001), in the most recent of all of the comprehensive texts on supervision.

British authors (Hawkins and Shohet, 1989 and 2000; Carroll, 1996; Gomersall, 1997; and Proctor, 2000) have tended to emphasise the egalitarian nature of peer supervision, the need for clear contracts and ground rules, commitment to the group as part of continuing professional development and accountability for one's work, the need for shared values as well as some diversity in views, clarification of expectations and needs, allowing for social time, and arranging regular reviews and feedback about the group process, if possible by inviting an outside consultant from time to time. Gomersall (1997) recommended a maximum of ten members in the group, while Hawkins and Shohet (1989 and 2000) and Carroll (1999) suggested a limit of seven. Proctor (2000) emphasised the importance of the selection of members and suggested that groups may work best when the members have already had connections in the past.

Most of the descriptive studies discussed in this paper were written during the lifetime of the group and therefore did not include a review of the process in the later stages or after the end of the group. A follow-up review of such accounts might have yielded further insights into the benefits and disadvantages of this supervision format. By their nature, peer groups tend to be used as forums for experienced and busy practitioners and most of those in private practice lack access to research

facilities and resources. It is not surprising, therefore, that there is a lack of systematic studies with evaluative measures. Much of the supervision research has tended to be conducted using trainees in academic settings where the structure and variables are more easily controlled than in the everyday life of agency work or private practice.

However, there was a virtually universal endorsement of peer group supervision by the authors of first-hand reports, providing certain guidelines were followed. Several made suggestions for the effective functioning of peer groups, including the following: very motivated participants (Woods, 1974), homogeneous membership such as age and experience, (Hare and Frankena, 1970; Woods, 1974; and Allen, 1976), but from different agency backgrounds (Woods, 1974), small size of the group (Hare and Frankena, 1970), clear ground rules for effective functioning and regular review sessions (Hamlin and Timberlake, 1982), shared responsibility for decisions (Allen, 1976), addressing theory first and practice later on (Woods, 1974), holding regular meetings, making explicit the core values and purpose of the group and the need for openness and honesty to prevent destructive processes from arising, and recognising that a leader (presumably unofficial) may emerge and that as the group changes this leadership role may change too (Brandes and Todd, 1972).

8 Benefits and limitations

Convenience and low cost have been cited as practical advantages of peer supervision (Hawkins and Shohet, 1989; Bernard and Goodyear, 1992; Feltham and Dryden, 1994; Gomersall, 1997; and Wilkins, 1997). Proctor (2000) emphasised the trust which develops in such groups, the shared leadership roles and responsibility, the way in which ethical development and judgment are fostered and the importance of balance in personal qualities and abilities. Feltham and Dryden (1994) mentioned specifically that this format is best suited for experienced practitioners, while Gomersall (1997) and Bradley and Ladany (2001) expressed the view that peer supervision should not be considered a substitute for individual supervision. This view is not shared by organisations such as the British Association for Counselling and Psychotherapy and many professionals, especially in the UK, where peer supervision for experienced practitioners is considered to be appropriate as a means of consultative support. Hawkins and Shohet (1989) devoted some space to the potential problem of “game-playing” between members, while Feltham and Dryden (1994) considered that the absence of a leader could also be a potential problem where issues of ethics or authority surfaced. Bradley and Ladany (2001) probably expressed the greatest ambivalence about peer supervision, when they said they believed it could be a helpful or harmful method, depending on the way in which it was conducted.

The positive aspects of peer supervision which emerged from the first hand accounts clustered around four broad themes — emotional, cognitive, interpersonal and individual.

Among the emotional benefits to participants were reassurance, acceptance, a sense of satisfaction, reduced anxiety, isolation and stress, feeling supported and secure, improved morale, discharge of strong feelings, working with counter-transference, greater spontaneity, motivation and enthusiasm, willingness to take more risks and a sense of continuity over time (Brugger et al., 1959; Todd and Pine, 1968; Brandes and Todd, 1972; Winstead et al., 1974; Hunt and Issacharoff, 1975; Schreiber and

Frank, 1983; Greenburg et al., 1985; Wendorf et al., 1985; Marks and Hixon, 1986; Danto and Mazzella, 1988; and Rubin, 1989).

Among the cognitive benefits were learning and self education, problem solving, integration, working with innovative ideas, developing accountability, self-reflection, keeping up with professional matters, giving and receiving advice, gaining unique perspectives, skill development and normalising of individual experiences (Brugger et al., 1959; Hare and Frankena, 1970; Brandes and Todd, 1972; Winstead et al., 1974; Woods, 1974; Hunt and Issacharoff, 1975; Hamlin and Timberlake, 1982; Schreiber and Frank, 1983, Wendorf et al., 1985).

Interpersonal benefits included a sense of belonging, respect, participation, exchange, sharing, loyalty, commitment, informality, trust, cohesion, mutual and empathic understanding, and having a forum for discussion and debate. Cross-fertilisation of ideas, peer review, feedback and shared responsibilities were among others mentioned (Fizdale, 1958; Brugger et al., 1959; Todd and Pine, 1968; Winstead et al., 1974; Woods, 1974; Allen, 1976; Nobler, 1980; Schreiber and Frank, 1983, Greenburg et al., 1985; Wendorf et al., 1985; Marks and Hixon, 1986).

Various individual benefits were also described, such as self-reliance, autonomy, personal growth, greater confidence, flexibility, competence, a stronger sense of self-worth/esteem, and an enhanced professional identity (Hare and Frankena, 1970; Winstead et al., 1974; Woods, 1974; Allen, 1976; Nobler, 1980; Hamlin and Timberlake, 1982; Wendorf et al., 1985; and Marks and Hixon, 1986).

Improved patient care, quality control, and unspecified benefits to clients have also been mentioned as a positive result of peer supervision (Todd and Pine, 1968 and Schreiber and Frank, 1983). Other benefits cited were that the peer supervision group could be a valuable model for continuing professional development after the end of training (Winstead et al., 1974) and that it was economical and cost effective (Hamlin and Timberlake, 1982). This latter point notably was only cited once in the literature of individual reports, and rather surprisingly as it has often been mentioned by peer group enthusiasts as a significant advantage over individual supervision, which can prove very expensive.

The limitations of peer supervision groups fell into three main categories — emotional, cognitive, and interpersonal. As far as the emotional dimension was concerned, anxiety was the most frequently cited (Nobler, 1980; Schreiber and Frank, 1983; Greenburg et al., 1985; and Marks and Hixon, 1986). Ambivalence was also cited by Greenburg et al., (1985) and acting out neurotic needs by Brugger et al. (1959).

Cognitive aspects included distortion of the purpose of the group (Todd and Pine, 1968), failure of members to examine themselves in the group (Brandes and Todd, 1972) and the development of a false sense of competence (Winstead et al., 1974). Negative group dynamics led to the most frequently cited interpersonal limitations, such as competition between members (Schreiber and Frank, 1983 and Wendorf et al., 1985), disruption caused by staff or team turnover (Marks and Hixon, 1986), hostility, rivalry, aggression, clashes, game-playing and jealousy (Brugger et al., 1959; Brandes and Todd, 1972, and Hamlin and Timberlake, 1982). Turmoil, dissension, criticism and defensiveness were cited by

Brugger et al., (1959) and struggles for leadership and the formation of sub-groups within the main group by Brandes and Todd (1972). Winstead et al., (1974) cited giving excessive advice as a problem, while collusion, trying too hard, and over-protectiveness were cited by Wendorf et al. (1985).

Structural factors intrinsic to the group supervision model which may be a limitation (and which applies equally to led and peer groups) have been reported. These include the size of the group limiting the possibility for presentations (Hamlin and Timberlake, 1982, and Rubin, 1989), not enough time over the lifetime of the group for the dynamics to settle down (Rubin, 1989), and the actual sessions not being long enough for all members to feel they have a reasonable share of time (Allen, 1976). Other factors were financial loss because of time taken out from self-employed work (Greenburg et al., 1985), problems arising where the group was asked to take responsibility for deciding non-supervision issues (such as salary increases), and the kind of crisis which affects a group when members die unexpectedly (Brandes and Todd, 1972).

9 Conclusion

A major criticism of the peer supervision literature is that it is not representative of the activities of the individuals who take part in it. For example, social work is over-represented in the descriptive studies and there is a lack of studies involving psychologists with the notable exception of the Lewis et al. (1988) survey and the small number which included psychologists in their mixed groups. Generalisations made in this paper are limited to the mainly qualitative observations of participants reporting on their groups which are therefore subject to the individual biases of the authors.

Future studies would benefit from greater methodological rigour in reporting results for meaningful comparisons to be made. Lack of control of independent variables such as duration, composition, frequency of sessions and number of members and so on means that comparisons are difficult to make and only qualified conclusions can be drawn. The few existing empirical studies (Remley et al., 1987; Benshoff, 1993; and Crutchfield and Borders, 1997) extended only for brief periods of time such as a few sessions or two or three months, and their tentative results can only be suggestive of trends in peer supervision.

This review came about because the major texts on supervision have virtually ignored the subject of peer consultation while focusing mainly on supervision at the pre-qualification level. They have had little to say about supervision after qualification and the limited research carried out to date has shown that peer supervision is popular among experienced practitioners. The first-hand accounts of peer supervision groups are overwhelmingly positive but this should not lead us to overlook the fact that there may have been negative experiences of this format which have not found their way into the academic press. The limitations of the format have been documented and are largely consistent between authors of differing orientations.

There is a great need for further research, both in the form of personal accounts and empirical studies and there is also a need for greater rigour in the evaluation procedures, whether qualitative or quantitative. For practical and professional reasons it is likely that peer supervision will continue to be

a significant aspect of continuing professional development for counselling psychologists, as well as practitioners from other backgrounds.

APPENDICES

Date as postmark

I am currently piloting a survey questionnaire investigating the use of supervision among Chartered Counselling Psychologists and am asking a few practitioners to help me at this stage. Thank you for agreeing to assist in this research.

I would be grateful if you would complete the attached questionnaire as fully as possible. I would also appreciate your comments (which may be written on the back of this letter, if you wish) on the following aspects:

1. Clarity of the covering letter
2. Clarity of questions
3. The layout
5. Terminology
6. Any omissions or redundant items
7. The length of time it took you to complete
8. Any other comments

I would appreciate it if you would return this to me within ten days, if possible, together with your comments. Your questionnaire responses will, of course, be kept completely confidential. Thank you very much again for your help.

Yours sincerely

Wendy Rose-Neil

Appendix A.2: Pilot mailing letter

Wendy Rose-Neil
BA(Hons), MSc, C Psychol, AFBPsS

40 Barrow Road
London SW16 5PF

Tel: 0181-664 6896
Fax: 0181-664 6897
Email: rose_neil@which.net

Date as postmark

Dear colleague

I am writing to you in the hope that you will be able to help with a research project I am carrying out to investigate the use of supervision among Chartered Counselling Psychologists. I obtained your name from the current BPS Register of Chartered Psychologists and I am mailing copies of this questionnaire to all those who are Chartered in the Division of Counselling Psychology.

The questionnaires are anonymous but in the hope of getting the maximum possible return rate, all of the envelopes are coded, so that reminders can be sent to those who do not reply. The returned envelopes will be destroyed to protect confidentiality.

I am hoping to publish the results of this survey in due course, but if you would like a summary to be sent to you, please put your name and address on the back of the return envelope which will then be kept separately from the questionnaire.

I do hope you will be able to help with this research as it is an important area of concern for the future of counselling psychology. If you have any questions about it, please feel free to contact me.

Thank you in anticipation

Wendy Rose-Neil

Appendix A.3 : Pilot supervision questionnaire

COUNSELLING PSYCHOLOGISTS' EXPERIENCES OF SUPERVISION

PART ONE: ABOUT YOU

- 1. Are you:** Male ☐ Female ☐

- 2. Your age: years**

- 3. What are your qualifications in counselling, counselling psychology or psychotherapy?**

Diploma in Counselling ☐ **Diploma in Psychotherapy** ☐

MA/MSc ☐ PhD/DPsy ☐ No formal qualification ☐

Other

- 4. How many years have you been working as a counselling psychologist?**

.....

- 5. Please indicate your orientation (Tick one only):**

Humanistic ☐Psychodynamic ☐

Cognitive/behavioural ☐

Existential ☐

Body oriented ☐

Systemic ☐

Integrative/Eclectic ☐

Other ☐

- 6. In which of the following areas do you work? (Tick all that apply)**

Counselling practice ☐

Consultancy ☐

Teaching/training ☐

Research ☐

Other ☐

- 7. Please indicate the context(s) in which you work and the percentage of time you spend**

in each: (Tick all that apply)

% time

General practice/Primary care ☐

☐	
☐ Private practice	

Student counselling service ☐

NHS hospital/clinic setting ☐

Private medical service ☐

Employment

(eg Employee Assistance Programme) ☐

Other

- 8. What is your average number of client contact hours per week?**

PART TWO: YOU AS A SUPERVISEE

9. Are you in formal consultancy supervision? Yes ☐ No ☐
If no, please go to Question 11.

10. How many years have you been in supervision?

11. If not in supervision, is it because:
It is too expensive ☐ Not enough time ☐
It is not necessary ☐ No suitable supervisor available ☐
Other (please specify reason
.....

12. What type of supervision arrangement do you have? (Tick all that apply)
Individual ☐
Peer group ☐
Co-supervision ☐
Group with leader ☐
Other (Please specify)

13. If you are in a group please say how many members it has
Peer group Led group

14. On average, how many hours of supervision do you have per month?
.....

15. Is your supervision paid: by you ☐ by your employer ☐
unpaid ☐?

16. Please indicate the main purpose(s) of your supervision and the frequency of each:

		Never	Rarely	Sometimes	Usually	Always
Case work	☐	1	2	3	4	5
Administration	☐	1	2	3	4	5
Appraisal/evaluation	☐	1	2	3	4	5
Organisational issues	☐	1	2	3	4	5
Training	☐	1	2	3	4	5
Other.....						

17. If you are in individual, led group or co-supervision

a. what are your supervisor's *practitioner* qualifications?

Chartered Psychologist ☐

UKCP registered ☐

BAC accredited counsellor ☐

Not known ☐

Other.....

b. what are your supervisor's qualifications in *supervision*?

BAC accredited supervisor ☐

Certificate/Diploma in supervision ☐

Not known ☐

Other

18. What is your supervisor's orientation? (Tick one only)
- | | |
|-----------------------|--------------------------|
| Humanistic | ☐ |
| Psychodynamic | ☐ |
| Cognitive/behavioural | ☐ |
| Existential | ☐ |
| Body oriented | ☐ |
| Systemic | ☐ |
| Integrative/Eclectic | ☐ |
| Not known | ☐ |
| Other | |
19. Overall, how satisfied are you with your supervisor? (Please rate from 1 - 10, from very dissatisfied to very satisfied).
- | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|----|

PART THREE: YOU AS A SUPERVISOR

20. Do you work as a supervisor? Yes ☐ No ☐
If no, please go to Part Four on the next page
21. How many supervisees do you have?
22. On average, how many hours a month do you spend supervising?
23. Have you had any formal training as a supervisor? Yes ☐ No ☐
If so, where did you train?
How long was your training? (hours or days)
What qualification did you gain? (Tick one only)
- | | |
|-------------|--------------------------|
| Diploma | ☐ |
| Certificate | ☐ |
| Other | ☐ |
| None | ☐ |
24. Do you have a particular model of supervision? Yes ☐ No ☐
If so, please describe briefly
.....
.....
.....
25. What kind of supervision do you do? (Tick all that apply)
- | | | | | |
|--------------------------------------|------------|--------------------------|-------|--------------------------|
| ³ Consultancy supervision | Individual | ☐ | Group | ☐ |
| ⁴ Training supervision | Individual | ☐ | Group | ☐ |
| ⁵ Managerial supervision | Individual | ☐ | Group | ☐ |
| Supervision of supervision | Individual | ☐ | Group | ☐ |
26. Do you have supervision of your supervision? Yes ☐ No ☐

³ Where the supervisee keeps responsibility for the work
⁴ Where the supervisor is in a teaching or training role ⁵ Where the supervisor is also a line manager

If so, do you: a) combine it with your personal supervision? ☐
 b) have a separate supervision arrangement? ☐

27. What has been or is the most stressful aspect of your work as a supervisor? (Please include only factors intrinsic to supervision, and not those such as travelling, time constraints and so on)

.....
.....
.....

PART FOUR: YOUR VIEWS ON SUPERVISION

28. How important do you think supervision is
a. for trainees? (Please circle)

Unimportant Useful Important Very important Essential
 1 2 3 4 5

b. for qualified counselling psychologists?

Unimportant Useful Important Very important Essential
 1 2 3 4 5

30. Below are some aspects of supervision. Please circle the number corresponding to your opinion in column A. In column B, please rank the items from 1-14 in order of importance.

Key: Strongly disagree 1
 Disagree 2
 No opinion either way 3
 Agree 4
 Strongly agree 5

“It is the task of supervision with qualified practitioners to....

		A				
B		1	2	3	4	5
Ensure maintenance of professional standards		1	2	3	4	5
Provide teaching in counselling theory		1	2	3	4	5
Ensure agency policy and practice is being pursued		1	2	3	4	5
Provide a supportive and sustaining environment		1	2	3	4	5
Provide training in counselling skills		1	2	3	4	5
Provide counselling or therapy		1	2	3	4	5
Facilitate the counsellor’s explorations		1	2	3	4	5
Identify unconscious factors in the counselling relationship		1	2	3	4	5
Assess for counsellor competence		1	2	3	4	5
Challenge and confront the counsellor		1	2	3	4	5
Formulate and review counselling goals		1	2	3	4	5
Check on counsellor’s level of personal and/or work stress		1	2	3	4	5
Monitor the welfare of the client		1	2	3	4	5
Evaluate the quality of work		1	2	3	4	5

Please add any other aspects of supervision which you believe are important:
.....
.....
.....

Please use this space to add your comments on specific questions in this survey (using the question numbers where relevant) or to give your views on any other aspect of supervision. This might include your experience as a supervisee, as a supervisor, or what should be included in a training programme in supervision specifically for counselling psychologists. Please continue on another sheet, if necessary.

Would you be willing to be interviewed in connection with this research? I anticipate that it would take about 45 minutes. If so, please complete the details below. If you prefer your questionnaire responses to remain anonymous, this slip may be detached and sent under separate cover.

Name:

Address:
.....

Telephone: Fax: Email:

Thank you for your help with this research. Please return the questionnaire to:

Wendy Rose-Neil, 40 Barrow Road, London SW16 5PF.
Tel: 0181 664 6896; Fax 0181 664 6897; Email: rose_neil@which.net

Appendix B.1: Covering letter

Wendy Rose-Neil
BA(Hons), MSc, C Psychol, AFBPsS

40 Barrow Road
London SW16 5PF

Tel: 0181-664 6896
Fax: 0181-664 6897
Email: rose_neil@which.net

Date as postmark

Dear colleague

I am writing to ask for your participation in a research project I am carrying out as part of a Doctorate in Counselling Psychology. It concerns the use of supervision among Chartered Counselling Psychologists and I am mailing copies of this questionnaire to everyone in the Division whose name appears on the BPS Register.

The questionnaire should take between 20 - 25 minutes to complete. It is completely anonymous but in the hope of getting the maximum possible return rate, the envelopes are coded, so that reminders can be sent to those who do not reply. The returned envelopes will be destroyed to protect confidentiality.

I am hoping to publish the results of this survey in due course. If you would like a summary to be sent to you, please put your name and address on the back of the return envelope which will then be kept separately from the questionnaire. I would be most grateful if you could return the questionnaire to me by *5 July* at the latest.

I do hope you will be able to help with this research. It is an important area of concern for the development of professional standards in counselling psychology about which we know very little at present. If you have any questions about it, please feel free to contact me.

Thank you in anticipation

Wendy Rose-Neil

Appendix B.2: Supervision questionnaire

COUNSELLING PSYCHOLOGISTS' EXPERIENCES OF SUPERVISION

PART ONE: ABOUT YOU

1. Are you: Male ☐ Female ☐
2. Your age: years
3. What are your qualifications in counselling, counselling psychology or psychotherapy?
- | | | | |
|-----------------------------------|----------------------------|-----------------------------------|----------------------------|
| Diploma in Counselling | ☐ 1 | MA/MSc | ☐ 5 |
| Diploma in Psychotherapy | ☐ 2 | PhD/DPsy | ☐ 6 |
| Diploma in Counselling Psychology | ☐ 3 | Clinical Psychology qualification | ☐ 7 |
| Statement of Equivalence | ☐ 4 | No formal qualification | ☐ 8 |
| Other 9 | | | |
4. How many years have you been working as a counselling psychologist? (Include the years before becoming chartered)
5. Please indicate the extent to which your work is guided by the following frameworks:
- | | 1 = not at all | | | 5 = very greatly | | |
|------------------------|----------------|---|---|------------------|---|---|
| Humanistic | 1 | 2 | 3 | 4 | 5 | 1 |
| Psychodynamic | 1 | 2 | 3 | 4 | 5 | 2 |
| Cognitive/Behavioural | 1 | 2 | 3 | 4 | 5 | 3 |
| Existential | 1 | 2 | 3 | 4 | 5 | 4 |
| Body oriented | 1 | 2 | 3 | 4 | 5 | 5 |
| Systemic | 1 | 2 | 3 | 4 | 5 | 6 |
| Integrative/Eclectic | 1 | 2 | 3 | 4 | 5 | 7 |
| Brief/Focused | 1 | 2 | 3 | 4 | 5 | 8 |
| Other (please specify) | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 9 |
6. In which of the following areas do you work? (Tick all that apply)
- | | |
|------------------------------------|----------------------------|
| Counselling psychology client work | ☐ 1 |
| Consultancy | ☐ 2 |
| Teaching/training | ☐ 3 |
| Research | ☐ 4 |
| Other (please specify) 5 | |
1. Please indicate the context(s) in which you see clients / patients for psychological therapy and the percentage of total client working time that you spend in each: (Tick all that apply)
- | | % time |
|--|----------------------------------|
| General practice/Primary care | ☐ 1 |
| Private practice | ☐ 2 |
| Student counselling service | ☐ 3 |
| NHS hospital/clinic setting | ☐ 4 |
| Private medical service | ☐ 5 |
| Workplace/employment counselling service | ☐ 6 |
| Other (please specify) | 7 |
8. What is your average number of client contact hours per week?

PART TWO: YOU AS A SUPERVISEE

9. Are you in supervision? Yes ☐ No ☐
10. If not in supervision, is it because (Tick all that apply):
- | | | | |
|-------------------------------|----------------------------|----------------------------------|----------------------------|
| It is too expensive | ☐ 1 | Not enough time | ☐ 3 |
| It is not necessary | ☐ 2 | No suitable supervisor available | ☐ 4 |
| Other (please specify reason) | 5 | | |

If you are not in supervision, please go to Question 20 in Part Three on the next page

11. How many years have you been in supervision?
12. What type of supervision arrangement
- | | | | |
|--------------------------|----------------------------|---|----------------------------|
| a. have you experienced? | | b. do you have now? (Tick all that apply) | |
| Individual | ☐ 1 | Individual | ☐ 1 |
| Co-supervision | ☐ 2 | Co-supervision | ☐ 2 |
| Peer group | ☐ 3 | Peer group | ☐ 3 |
| Group with leader | ☐ 4 | Group with leader | ☐ 4 |
| Other (specify) 5 | | Other (specify) 5 | |

13. If you are in a supervision group, how many members does it have?
- | | | | |
|------------------|---|-----------------|---|
| Peer group | 1 | Led group | 2 |
|------------------|---|-----------------|---|
14. How many hours of supervision in *total do you have per month?
(*Group and/or peer group: Include total of group hours rather than your share of time)
15. Is your supervision paid:
- | | | | | | | |
|-------------|--------|----------------------------|------------------|----------------------------|--------|----------------------------|
| Individual: | by you | ☐ 1 | by your employer | ☐ 2 | unpaid | ☐ 3 |
| Led group: | by you | ☐ 1 | by your employer | ☐ 2 | unpaid | ☐ 3 |

16. Please indicate the main purpose(s) of your supervision and the frequency of each:
- | | | | | | | |
|--------------------------|-------|--------|-----------|---------|--------|---|
| | Never | Rarely | Sometimes | Usually | Always | |
| Case work | 1 | 2 | 3 | 4 | 5 | 1 |
| Administration | 1 | 2 | 3 | 4 | 5 | 2 |
| Appraisal/evaluation | 1 | 2 | 3 | 4 | 5 | 3 |
| Professional development | 1 | 2 | 3 | 4 | 5 | 4 |
| Organisational issues | 1 | 2 | 3 | 4 | 5 | 5 |
| Training issues | 1 | 2 | 3 | 4 | 5 | 6 |
| Personal development | 1 | 2 | 3 | 4 | 5 | 7 |
| Team issues | 1 | 2 | 3 | 4 | 5 | 8 |
| Other (specify) | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 9 |

17. If you are in individual, led group or co-supervision -
- a. what are your supervisor's *practitioner* qualifications? (tick all that apply)
- | | | | |
|---------------------------|----------------------------|----------------------------|----------------------------|
| | Individual | Led Group | Co-supervision |
| Chartered Psychologist | ☐ 1 | ☐ 1 | ☐ 1 |
| UKCP registered | ☐ 2 | ☐ 2 | ☐ 2 |
| BAC accredited counsellor | ☐ 3 | ☐ 3 | ☐ 3 |
| Not known | ☐ 4 | ☐ 4 | ☐ 4 |
| Other (specify) | | | |
| | ☐ 5 | ☐ 5 | ☐ 5 |

b. what are your supervisor's qualifications in supervision?

	Individual	Led Group	Co-supervision
BAC accredited supervisor	☐ 1	☐ 1	☐ 1
Certificate/Diploma in supervision	☐ 2	☐ 2	☐ 2
Not known	☐ 3	☐ 3	☐ 3
Other (specify)	☐ 4	☐ 4	☐ 4

18. What is your supervisor's main orientation? (Tick one only in each column, if applicable)

	Individual	Led Group	Co-supervision
Humanistic	☐ 1	☐ 1	☐ 1
Psychodynamic	☐ 2	☐ 2	☐ 2
Cognitive/behavioural	☐ 3	☐ 3	☐ 3
Existential	☐ 4	☐ 4	☐ 4
Body oriented	☐ 5	☐ 5	☐ 5
Systemic	☐ 6	☐ 6	☐ 6
Integrative/Eclectic	☐ 7	☐ 7	☐ 7
Brief/Focused	☐ 8	☐ 8	☐ 8
Not known	☐ 9	☐ 9	☐ 9
Other (specify)	☐ 10	☐ 10	☐ 10

19. Overall, how satisfied are you with your supervisor? (Please circle below)

Very dissatisfied

Very satisfied

Individual									
1	2	3	4	5	6	7	8	9	10
Led Group									
1	2	3	4	5	6	7	8	9	10
Co-supervision									
1	2	3	4	5	6	7	8	9	10

PART THREE: YOU AS A SUPERVISOR

20. Do you work as a supervisor? Yes ☐ No ☐
If no, please go to Question 29 in Part Four on the next page

21. How many supervisees do you have on average?

22. On average, how many hours a month do you spend supervising?

23. Have you had any formal training as a supervisor? Yes ☐ No ☐

- a) If yes, where did you train?
.....
- b) How long was your training? (hours or days)
- c) What qualification did you gain? (Tick one only)
Diploma ☐ 1
Certificate ☐ 2
None ☐ 3
Other (specify) 4

24. Do you have a particular model of supervision? Yes ☐ No ☐
If so, please describe briefly
.....
.....
.....

25. What kind of supervision do you do? (Tick all that apply)

¹ Consultancy supervision	Individual	☐ 1	Group	☐ 1
² Training supervision	Individual	☐ 2	Group	☐ 2
³ Managerial supervision	Individual	☐ 3	Group	☐ 3
Supervision of supervision	Individual	☐ 4	Group	☐ 4

(¹ Where the supervisee keeps responsibility for the work. ² Where the supervisor is in a teaching or training role. ³ Where the supervisor is also the line manager.)

26. Do you have supervision of your supervision? Yes ☐ No ☐
If yes, do you: a) combine it with your personal supervision? ☐
b) have a separate supervision arrangement? ☐

27. What is the most rewarding aspect of your work as a supervisor?
.....
.....
.....

28. What is the most stressful aspect of your work as a supervisor? (Please include only factors intrinsic to supervision, and not those such as travelling, time constraints and so on)
.....
.....
.....

PART FOUR: YOUR VIEWS ON SUPERVISION

29. How important do you think it is for supervisors to have specific training in supervision? (Please circle below)

Unimportant	Useful	Important	Very important	Essential
1	2	3	4	5

30. How important do you think supervision is
a. for trainees?

Unimportant	Useful	Important	Very important	Essential
1	2	3	4	5

b. for Chartered Counselling Psychologists?

Unimportant	Useful	Important	Very important	Essential
1	2	3	4	5

31. Below are some aspects of supervision. Please circle the number corresponding to your opinion regarding the following statement.

- Key:
- Strongly disagree

Disagree

No opinion either way

Agree

Strongly agree
- 1

2

3

4

5

"It is the task of the supervisor of qualified practitioners to....."

1. Ensure maintenance of professional standards and ethics	1	2	3	4	5
2. Provide teaching in theory	1	2	3	4	5
3. Ensure agency policy and practice is being pursued	1	2	3	4	5
4. Provide a supportive and sustaining environment	1	2	3	4	5
5. Provide skills training	1	2	3	4	5
6. Provide counselling / therapy	1	2	3	4	5
7. Facilitate the supervisee's explorations	1	2	3	4	5
8. Identify unknown factors in the therapeutic relationship	1	2	3	4	5
9. Assess for supervisee's competence	1	2	3	4	5
10. Challenge and confront the supervisee	1	2	3	4	5
11. Formulate and review therapeutic goals	1	2	3	4	5
12. Check on supervisee's level of personal / work stress	1	2	3	4	5
13. Monitor the welfare of supervisee's clients	1	2	3	4	5
14. Evaluate the quality of the work formally or informally	1	2	3	4	5
15. Address organisational aspects of client work	1	2	3	4	5
16. Deal with team issues where appropriate	1	2	3	4	5

Please add any other aspects of supervision which you believe are important:

.....
.....

Please use the space overleaf to add your comments on specific questions in this survey (using the question numbers where relevant) or to give your views on any other aspect of supervision. This might include your experience as a supervisee, as a supervisor, or what should be included in a training programme in supervision specifically for counselling psychologists.

over —>

Would you be willing to be interviewed in connection with this research? I anticipate that it would take about 45 minutes. If so, please complete the details below. If you prefer your questionnaire responses to remain anonymous, this slip may be detached and sent under separate cover.

Name:
Address:
.....

Telephone: Fax: Email:

Thank you for your help with this research. Please return the questionnaire to:

Wendy Rose-Neil, 40 Barrow Road, London SW16 5PF.
Tel: 0181 664 6896; Fax: 0181 664 6897; Email: rose_neil@which.net

Please use this sheet for any further comments on questions in this survey and for your views on supervision generally.

**40 Barrow Road
London SW16 5PF**

**Tel:0181-664 6896
Fax: 0181-664 6897
Email: rose_neil@which.net**

Date as postmark

Dear colleague

I am writing to ask for your participation in a research project I am carrying out as part of a Doctorate in Counselling Psychology. It concerns the use of supervision among Chartered Counselling Psychologists and I am mailing copies of this questionnaire to everyone in the Division whose name appears on the BPS Register.

The questionnaire should take between 20 - 25 minutes to complete and your reply is completely anonymous. I am hoping to publish the results of this survey in due course. If you would like a summary to be sent to you, please put your name and address on the back of the return envelope which will then be kept separately from the questionnaire. I would be most grateful if you could return the questionnaire to me within the next three weeks, if possible.

I do hope you will be able to help with this research. It is an important area of concern for the development of professional standards in counselling psychology about which we know very little at present. If you have any questions about it, please feel free to contact me.

Thank you in anticipation

Wendy Rose-Neil

Appendix C: Tables of results

Table C.1 Age bands of all respondents

Age bands	n	%	Cum %
20-29	2	1.3	1.3
30-39	20	13.0	14.3
40-49	55	35.7	50.0
50-59	59	38.3	88.3
60-69	17	11.0	99.4
70-79	1	0.6	100.0
Total	154	100.0	

Table C.2 Other qualifications

Other qualification	n
Training/Certificate in Psychotherapy:	7
UKCP Registered:	6
BAC Accredited:	4
Certificate in Counselling:	3
BA/BSc Psychology:	3
Educational Psychology qualification:	2
Art Therapy qualification:	2
Cognitive-Analytic Practitioner qualification:	2
Relate training:	2
Counsellor training:	1
Counsellor supervision:	1
Certificate in FT	1
AFBPsS:	1
B Ed:	1
Diploma in Special Education:	1
UKRC registered:	1
DPsy ongoing:	1
BAP Associate Member:	1
CTA (Certificate in TA?):	1
Diploma in Hypnotherapy:	1
Post-MSc Diploma in Counselling Psychology:	1
Total	43

Note. Five respondents put answers already covered in the question. One entered Chartered Counselling Psychologist. Certificate in FT and CTA qualifications unknown to author. AFBPsS = Associate Fellow of the British Psychological Society.

Table C.3 Years working as a counselling psychologist in five-year bands – all respondents

No. years	n	%	Cum %
0-5	25	16.1	16.1
6-10	57	36.8	52.9
11-15	43	27.7	80.6
16-20	21	13.5	94.2
21-25	7	4.5	98.7
26-30	1	.6	99.4
31-40	1	.6	100.0
Total	155	100.0	

Table C.4 Other theoretical frameworks

Framework	n
Cognitive-Analytic Therapy:	4
Trauma (TIR, EMDR):	3
Attachment theory	2
Feminist	2
Personal Construct	2
Adlerian	1
Social constructivism	1
Transpersonal	1
Therapeutic imagery/metaphor	1
Sexual/Marital	1
Total	18

Note: Abbreviations for Trauma are TIR (Trauma Incident Reduction) and EMDR (Eye Movement Desensitisation Reprocessing).

Table C.5 Other areas of work

Area of work	n
Supervision	13
Writing	6
Child/Family therapy	4
Occupational/Organisational Consultancy	4
Psychotherapy	2
Examiner/Assessor	2
Continuing Development	2
Clinical Psychology	1
Service development	1
Professional Committee Work	1
Research	1
Probation Officer	1
Health Authority Advisor	1
Groups	1
Vocational Guidance: Mental Health	1
Management of psychologists	1
Total	42

Table C.6 Other contexts of client work

Context of client work	n
Voluntary Sector	4
Mental Health Team/Centre	2
Learning Disabilities	1
Educational Support Service	1
Coaching	1
Group work	1
Staff	1
NHS Residential Homes	1
Total	12

Table C.7 Frequency of client hours per week in five-hour bands

Hours	n	%	Cum %
Up to 5	20	13.3	13.3
6 – 10	31	20.7	34.0
11 – 15	37	24.7	58.7
16 – 20	34	22.7	81.3
21 – 25	14	9.3	90.7
26 – 30	12	8.0	98.7
30 – 40	2	1.3	100.0
Total	150	100.0	

Table C.8 Other purposes of supervision

Purpose	n
Ethical issues	3
Personal awareness/support	2
Supervision of supervision	2
Research	1
Discussion of theoretical issues	1
Client protection	1
Total	10

Table C.9 Supervisors' other practitioner qualifications

Qualification	n
Psychoanalyst/therapist	9
Psychiatrist	3
Experience/No formal qualification	2
Clinical Psychologist	2
BAP	1
En route to chartered	1
Member of IGA	1
AHCP	1
Family therapist	1
BPS Psychology training	1
Mental health nurse manager or	1
Occupational Therapist	
MA	1
Social worker	1
Medical practitioner + CAT trained	1
Foreign qualification	1
Total	27

Note. Abbreviations used in Qualifications column: BAP = British Association of Psychotherapists; IGA = Institute of Group Analysis; AHCP – Not known; BPS = British Psychological Society; CAT = Cognitive-Analytic Therapy.

Table C.10 Supervisors' other supervision qualification

Qualification	n
None	6
Experience	5
Training & no qualification	3
Qualified social worker	2
Clinical psychologist	2
Supervision trainer/senior trainer	2
BPS accredited	1
Psychiatrist	1
Professor of Psychology	1
Relate trained supervisor	1
UKCP	1
Psychoanalytic	1
TSTA	1
Diploma in Therapy	1
Foreign qualification	1
Total	29

Note. Abbreviations in Qualifications column: BPS accredited = British Psychological Society accredited; UKCP = United Kingdom Council for Psychotherapy; TSTA = Unknown abbreviation.

Table C.11 Frequency of supervisors' other main orientation

Orientation	n
Personal Construct/CBT	2
Psychoanalytic	2
Psychiatry	1
Cognitive-Analytic Therapy	1
Transactional Analysis	1
Group Analytic	1
Medical model supervision management	1
Psychosynthesis	1
Total	10

Note. Abbreviation used in Orientation column: CBT = Cognitive-Behavioural Therapy.

Table C.12 Frequencies, percentages, means and standard deviations of number of supervisees

N of supervisees	f	%	Cum %
0	1	0.9	0.9
1	19	16.2	17.1
2	15	12.8	29.9
3	17	14.5	44.4
4	15	12.8	57.3
5	9	7.7	65.0
6	13	11.1	76.1
7	2	1.7	77.8
8	10	8.5	86.3
9	1	0.9	87.2
10	6	5.1	92.3
11	1	0.9	93.2
12	2	1.7	94.9
13	1	0.9	95.7
14	1	10.9	96.6
15	1	0.9	97.4
19	1	0.9	98.3
20	1	0.9	99.1
25	1	0.9	100.0
Total	117	100.0	
Mean	5.1		
SD	4.2		

Table C.13 Frequencies, percentages, means and standard deviations of hours spent supervising per month

Hours	f	%	Cum %
0	1	0.9	0.9
1	1	2.6	3.5
2	12	10.4	13.9
3	8	7.0	20.9
4	18	15.7	36.5
5	8	7.0	43.5
6	9	7.8	51.3
7	4	3.5	54.8
10	9	7.8	69.6
11	2	1.7	71.3
12	8	7.0	78.3
13	1	0.9	79.1
14	2	1.7	80.9
15	4	3.5	84.3
16	3	2.6	87.0
18	1	0.9	87.8
20	6	5.2	93.0
25	2	1.7	94.8
28	2	1.7	96.5
30	1	0.9	97.4
38	1	0.9	98.3
40	1	0.9	99.1
56	1	0.9	100.0
Total	115	100.0	
Mean	9.3		
SD	8.8		

Note: The figure of zero in the first row relates to a supervising respondent who had no supervisees at the time of the survey.

Appendix D: Results for supervisors and non supervisors

Question 2: Your age?

Table D.1 Age bands of supervisors and non-supervisors' groups

<u>Supervisors</u>				<u>Non-supervisors</u>		
Age bands	n	%	Cum %	n	%	Cum %
20-29	1	0.9	0.9	1	2.7	2.7
30-39	13	11.4	12.3	7	18.9	21.6
40-49	45	39.5	51.8	8	21.6	43.2
50-59	41	36.0	87.7	17	45.9	89.2
60-69	13	11.4	99.1	4	10.8	100.0
70-79	1	0.9	100.0	0	0	
Total	114	100.0		37		

Table D.2 Mean ages of male and female supervisors and non-supervisors

<u>Supervisors</u>				<u>Non- supervisors</u>		
Gender	n	Mean age	SD	n	Mean age	SD
Female	68	48.2	7.9	22	47.9	7.7
Male	46	50.3	9.2	15	48.9	10.5

Question 3: What are your qualifications?

Table D.3 Qualifications of supervisors and non-supervisors

<u>Supervisors</u>			<u>Non-supervisors</u>	
Qualification	n	%	n	%
Diploma in Counselling	25	21.2	10	25.0
Diploma in Psychotherapy	17	14.4	3	7.5
Diploma in Counselling Psychology	6	5.1	3	7.5
Statement of Equivalence	93	78.8	36	90.0
MA/MSc	76	64.4	26	65.0
PhD/DPsych	19	16.1	8	20.0
Clinical Psychology Qualification	20	16.9	4	10.0
No qualification	0	0	0	0
Other qualification	27	22.9	5	12.5

Question 4: How many years have your been working as a counselling psychologist?

Table D.4 Years working as a counselling psychologist – supervisors and non-supervisors

No. years	Supervisors			Non-supervisors		
	n	%	Cum %	n	%	Cum %
0-5	17	15.2	15.2	8	20.0	20.0
6-10	39	34.8	50.0	17	42.5	62.5
11-15	33	29.5	79.5	9	22.5	85.0
16-20	17	15.2	94.6	3	7.5	92.5
21-25	5	4.5	99.1	2	5.0	97.5
26-30	0	0	0	1	2.5	100.0
31-40	1	0.9	100.0	0	0	
Total	112	100.0		40	100.0	

Question 5: Indicate the extent to which your work is guided by the following theoretical frameworks.

Table D.5 Summary of mean ratings and standard deviations for supervisors and non-supervisors for all frameworks

Framework	Supervisors			Non-supervisors		
	n	Mean	SD	n	Mean	SD
Humanistic	111	3.1	1.5	37	3.3	1.4
Psychodynamic	111	3.3	1.5	37	3.5	1.2
Cog/Behavioural	111	2.9	1.4	37	2.7	1.2
Existential	111	2.3	1.4	37	2.3	1.4
Body-oriented	111	1.4	.8	37	1.5	.9
Systemic	111	2.2	1.4	37	1.8	1.0
Integrative/ eclectic	111	3.1	1.7	37	3.2	1.4
Brief/focused	111	2.5	1.3	37	2.6	1.3
Other	111	1.6	1.3	37	1.1	.5

Note: Total of supervisors and non-supervisors is smaller (148) than the figure of 151 in Table 11 for means and SDs for all respondents because three respondents did not answer Question 20.

Question 6: In which of the following areas do you work?

Table D.6 Areas of work for supervisors and non-supervisors

Work areas	Supervisors		Non-supervisors	
	n	%	n	%
Client work	117	99.2	39	97.5
Consultancy	64	54.2	14	35.0
Teaching/ training	87	73.7	14	35.0
Research	49	41.5	11	27.5
Other	28	23.7	9	22.5

Question 7: Indicate the contexts in which you see clients/patients for psychological therapy and the percentage of total client working time that you spend in each.

Table D.7 Contexts of client work for supervisors and non-supervisors

Contexts	Supervisors		Non-supervisors	
	n	%	n	%
Primary care	36	30.5	7	17.5
Private practice	79	66.9	24	60.0
Student counselling	14	11.9	3	7.5
NHS	49	41.5	16	40.0
Private medical service	9	7.6	6	15.0
Work counselling	27	22.9	11	27.5
Other	12	10.2	4	10.0

Table D.8 Percentages of mean time spent in different work contexts for supervisors and non-supervisors

Context	Supervisors		Non-supervisors	
	n	Mean % time	n	Mean % time
Primary care	29	27.6	6	37.5
Private practice	65	45.0	17	42.6
Student counselling	9	41.7	2	62.5
NHS hospital/clinic	40	50.6	12	43.8
Private medical service	4	25.0	4	25.0
Work counselling	23	31.5	8	62.5
Other	10	32.5	3	25.0

Table D.9 Breakdown of time spent in work contexts for supervisors' group

Context	Number of respondents			Percentage		
	0-25%	26-75%	76-100%	0-25%	26-75%	76-100%
Primary care	28	0	1	96.6	0	3.4
Private practice	47	1	17	72.3	1.5	26.2
Student counselling	7	0	2	77.8	0	22.2
NHS hospital	26	1	13	65.0	2.5	32.5
Private medical	4	0	0	100.0	0	0
Work	21	0	2	91.3	0	8.7
Other	9	0	1	90.0	0	10.0

Note: The three right hand percentage columns refer to percentages of respondents

Table D.10 Breakdown of time spent in work contexts for non-supervisors' group

Context	Number of respondents			Percentage		
	0-25%	26-75%	76-100%	0-25%	26-75%	76-100%
Primary care	5	0	1	82.3	0	6.7
Private practice	13	0	4	76.5	0	23.5
Student counselling	1	0	1	50.0	0	50.0
NHS hospital	9	0	3	75.0	0	25.0
Private medical	4	0	0	100.0	0	0
Work	4	0	4	50.0	0	50.0
Other	3	0	0	100.0	0	0

Note: The three right hand percentage columns refer to the percentages of respondents.

Question 8: Average number of client contact hours per week

Table D.11 Frequency of client hours per week in five-hour bands for supervisors and non-supervisors

Hours	Supervisors			Non-supervisors		
	n	%	Cum %	n	%	Cum %
Up to 5	11	9.9	9.9	9	24.3	24.3
6-10	27	24.3	34.2	4	10.8	35.1
11-15	28	25.2	59.5	8	21.6	56.8
16-20	27	24.3	83.8	7	18.9	75.7
21-25	10	9.0	92.8	4	10.8	86.5
26-30	7	6.3	99.1	5	13.5	100.0
30 +	1	0.9	100.0	0	0	
Totals	111	100.0		37	100.0	

Question 11: How many years have you been in supervision?

Figure D.1 Years in supervision before grouping into five-year bands for all respondents

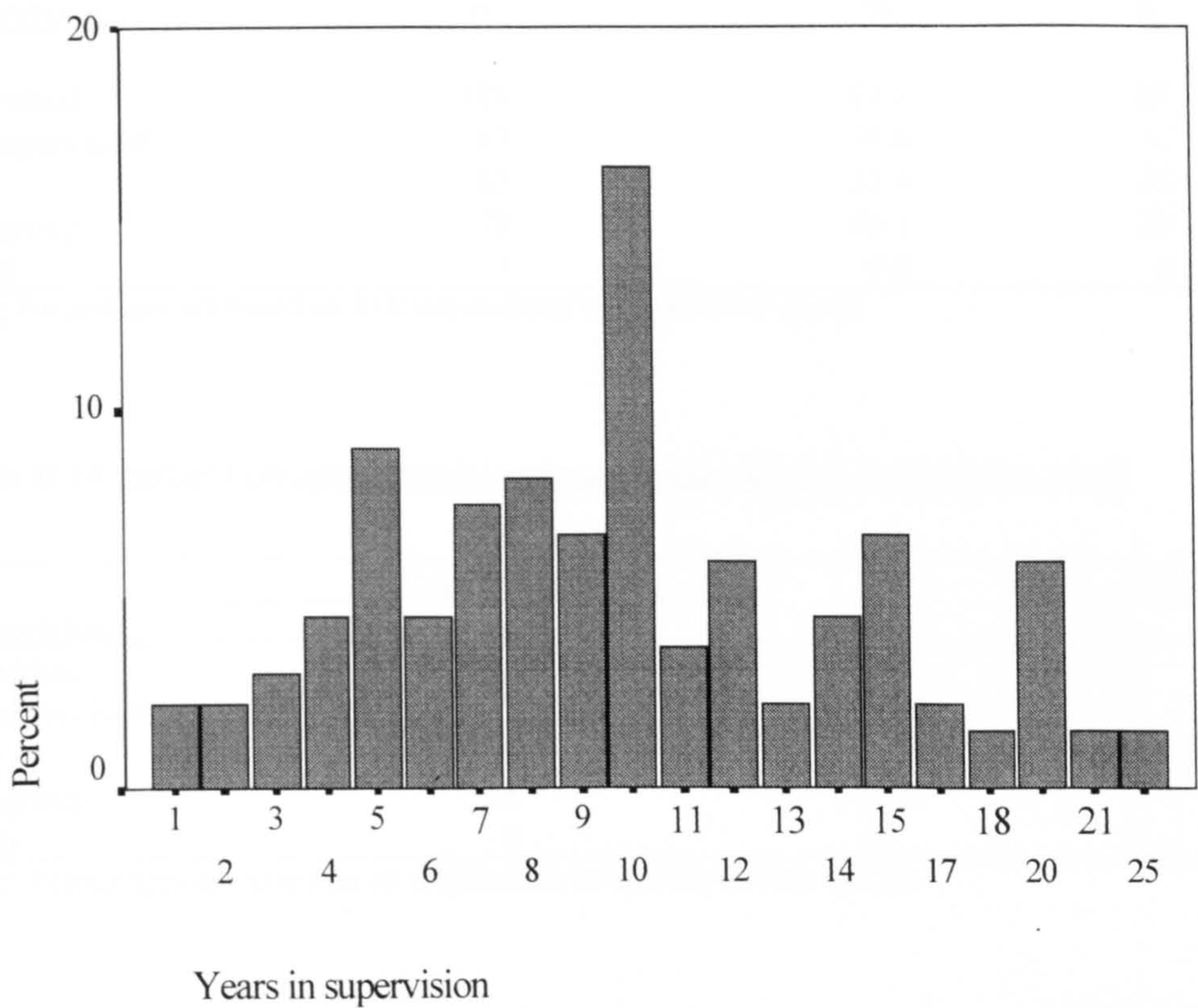


Table D.12 Number of years in supervision in five-year bands for supervisors and non-supervisors

Years	Supervisors			Non-supervisors		
	n	%	Cum %	n	%	Cum %
0-5	15	15.2	15.2	13	38.2	38.2
6-10	43	43.4	58.6	14	41.2	79.4
11-15	26	26.3	84.8	5	14.7	94.1
16-20	20	11.1	96.0	2	5.9	100.0
21-25	4	4.0	100.0	0	0	
Totals	99	100.0		34	100.0	

Question 12 a: What type of supervision have you experienced?

Question 12 b: What type of supervision do you have now?

Table D.13 Past and present supervision arrangements for supervisors' group

Supervision	Past		Present	
	n	%	n	%
Individual	101	85.6	82	69.5
Co-supervision	47	39.8	32	27.1
Peer	63	53.4	35	29.7
Led group	78	66.1	23	19.5
Other	1	0.8	1	0.8

Note: Percentages are based on 118 respondents in supervisors' group.

Table D.14 Past and present supervision arrangements for non-supervisors' group

Supervision	Past		Present	
	n	%	n	%
Individual	33	82.5	30	75.0
Co-supervision	7	17.5	1	2.5
Peer	21	52.5	9	22.5
Led group	26	65.0	8	20.0
Other	0	0	0	0

Note: Percentages are based on 40 respondents in non-supervisors' group.

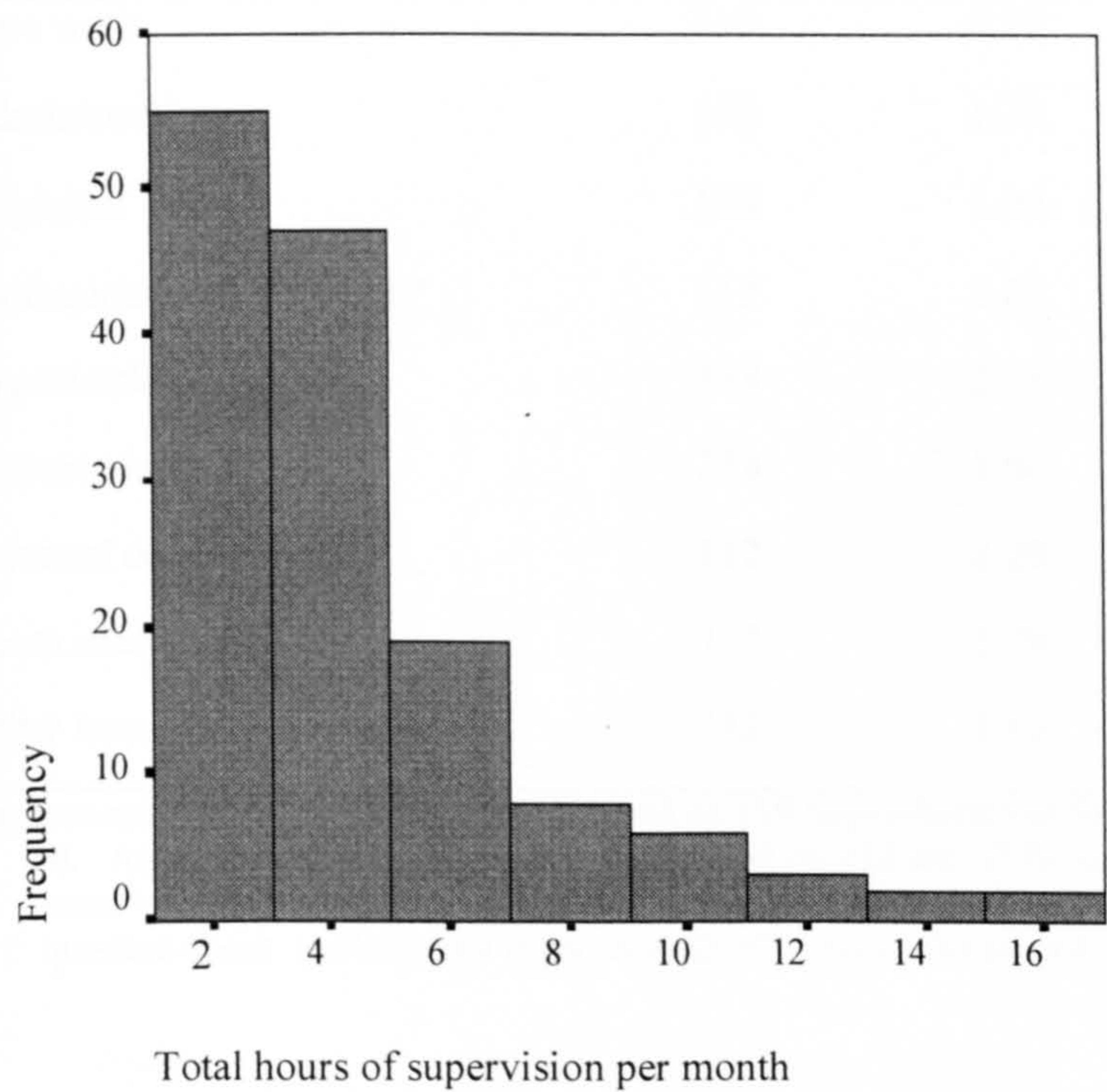
Question 13: If you are in a peer or led supervision group, how many members does it have?

Table D.15 Size of peer and led supervision group for supervisors and non-supervisors

No in group	Peer group				Led group			
	Supervisors		Non-supervisors		Supervisors		Non-supervisors	
	n	%	n	%	n	%	n	%
2	1	3.0	0	0	1	5.0	1	11.1
3	10	30.3	2	22.2	4	20.0	1	11.1
4	5	15.2	3	33.3	6	30.0	2	22.2
5	7	21.2	2	22.2	7	35.0	1	11.1
6	6	18.2	1	11.1	1	5.0	4	44.4
7	0	0	0	0	1	5.0		
8	3	9.1	0	0	0	0		
9	0	0	0	0	0	0		
10	0	0	1	11.1	0	0		
11	0	0	0	0	0	0		
12	1	3.0	0	0	0	0		
Total	33	100.0	9	100.0	20	100.0	9	100.0
Mean	4.82		4.89		4.30		4.67	
SD	2.05		2.15		1.17		1.50	

Question 14: How many hours of supervision in total do you have per month?

Figure D.2 Frequency of combined group and individual supervision hours per month in two-hour bands



Question 15: Is your individual/group supervision paid by yourself, your employer or unpaid?

Table D.16 Payment method for individual and led group supervision for supervisors and non-supervisors' groups

Payment	Supervisors		Non-supervisors	
	n	%	n	%
<i>Individual</i>				
Self	53	44.9	19	47.5
Employer	34	28.8	11	27.5
Unpaid	18	15.3	6	15.0
<i>Group</i>				
Self	8	6.8	1	2.5
Employer	16	13.6	5	12.5
Unpaid	5	4.2	1	2.5

Note: Total number in supervisors' group = 118. Total number in non-supervisors' group = 40.

Question 16: Please indicate the main purpose(s) of your supervision and the frequency of each

Table D.17 Mean ratings for nine areas of supervision for supervisors and non-supervisors

Supervision area	Supervisors		Non-supervisors	
	n	Mean	n	Mean
Case work	118	4.19	40	4.05
Administration	118	1.79	40	1.63
Appraisal	118	1.95	40	1.98
Professional development*	112	2.67	37	2.46
Organisational issues	118	2.07	40	1.83
Training issues	118	1.94	40	1.68
Personal development*	112	2.29	37	2.38
Team issues*	112	1.79	37	1.57
Other issues*	112	1.13	37	1.08

Note: Percentages for supervisors' group based on 118 respondents and for non-supervisors' group based on 40. Areas marked with an asterisk * are based on 112 and 37 for each group respectively as these items were not included in the pilot questionnaire. Three respondents of the 161 did not respond to the question about working as a supervisor (Q.20) – hence the overall total of 158.

Table D.18 Summary of ratings for areas of supervision

Rating	CW	%	Adm	%	Eval	%	Prof	%	Org	%	Train	%	Pers	%	Team	%	Other	%
Never	1	0.7	22	22.7	20	20.8	8	7.1	23	21.7	18	17.8	14	13.0	29	32.6	---	---
Rarely	3	2.1	41	42.3	22	22.9	21	18.8	28	26.4	42	41.6	31	28.7	23	25.8	---	---
Some- times	5	3.5	25	25.8	39	40.6	44	39.3	36	34.0	32	31.7	31	28.7	28	31.5	7	77.8
Usually	47	32.9	8	8.2	9	9.4	22	19.6	17	16.0	4	4.0	21	19.4	4	6.7	2	22.2
Always	87	60.8	1	1.0	6	6.3	17	15.2	2	1.9	5	5.0	11	10.2	3	3.4	---	---
Total	143	100.0	97	100.0	96	100.0	112	100.0	106	100.0	101	100.0	108	100.0	89	100.0	9	100.0

Note. Abbreviations used in column headings: CW = Case work; Adm = Administration; Eval = Appraisal/evaluation; Prof = Professional development; Org = Organisational issues; Train = Training issues; Pers = Personal development; Team = Team issues; Other = Other issues.

Question 17 a: If you are in individual, led group or co-supervision, what are your supervisor’s practitioner qualifications?

Table D.19 Frequency of supervisors’ practitioner qualifications for supervisors’ group

Qualification	Individual n	%	Group n	%	Co-supervision n	%
C Psychol	43	36.4	11	9.3	13	11.0
UKCP	41	34.7	13	11.0	12	10.2
BAC Accred	17	14.4	5	4.2	13	11.0
Not known	2	1.7	0	0	0	0
Other	15	12.7	5	4.2	4	3.4

Note. Abbreviations used in Qualifications column: C Psychol = Chartered Psychologist; UKCP = United Kingdom Council for Psychotherapy; BAC Accred = British Association for Counselling Accreditation.

Table D.20 Frequency of supervisors’ practitioner qualifications for non-supervisors’ group

Qualification	Individual n	%	Group n	%	Co-supervision n	%
C Psychol	16	40.0	3	7.5	1	2.5
UKCP	10	25.0	4	10.0	0	0
BAC Accred	7	17.5	4	10.0	0	0
Not known	1	2.5	0	0	0	0
Other	4	10.0	1	2.5	1	2.5

Note. Abbreviations used in Qualifications column: C Psychol = Chartered Psychologist; UKCP = United Kingdom Council for Psychotherapy; BAC Accred = British Association for Counselling Accreditation.

Question 17 b: What are your supervisor’s qualifications in supervision?

Table D.21 Supervisors’ qualification in supervision: supervisors’ group

Qualification	Individual		Group		Co-supervision	
	n	%	n	%	n	%
BAC Accredited	9	7.6	6	5.1	4	3.4
Certificate/ Diploma	11	9.3	6	5.1	5	4.2
Not known	47	39.8	11	9.3	6	5.1
Other	18	15.3	4	3.4	6	5.1

Note. Abbreviations in Qualification column: BAC Accredited = British Association for Counselling Supervisor Accreditation.

Table D.22 Supervisors’ qualification in supervision: non-supervisors’ group

Qualification	<u>Individual</u>		<u>Group</u>		<u>Co-supervision</u>	
	n	%	n	%	n	%
BAC Accredited	7	17.5	4	10.0	0	0
Certificate/ Diploma	6	15.0	2	5.0	0	0
Not known	15	37.5	2	5.0	0	0
Other	5	12.5	1	2.5	0	0

Note. Abbreviations in Qualification column: BAC Accredited = British Association for Counselling Supervisor Accreditation.

Question 18: What is your supervisor’s main orientation?

Table D.23 Frequency and percentages for supervisors’ main orientation for individual, group and co-supervision: supervisors’ group

Orientation	Individual		Group		Co-supervision	
	n	%	n	%	n	%
Humanistic	20	22.5	6	21.4	7	26.9
Psychodynamic	37	41.6	13	46.4	5	19.2
Cognitive-Behavioural	8	9.0	3	10.7	5	19.2
Existential	3	3.4	0	0	0	0
Systemic	0	0	1	3.6	0	0
Integrative/Eclectic	14	15.7	4	14.3	1	3.8
Brief/Focused	1	1.1	0	0	6	23.1
Not known	2	2.2	0	0	2	7.7
Other	4	4.5	1	3.6	0	0
Total	89	100.0	28	100.0	26	100.0

Table D.24 Frequency and percentages for supervisors’ main orientation for individual, group and co-supervision: non-supervisors’ group

Orientation	Individual		Group		Co-supervision	
	n	%	n	%	n	%
Humanistic	4	12.5	4	40.0	0	0
Psychodynamic	13	40.6	5	50.0	1	50.0
Cognitive-Behavioural	5	15.6	0	0	1	50.0
Existential	0	0	0	0	0	0
Systemic	2	6.3	1	10.0	0	0
Integrative/Eclectic	5	15.6	0	0	0	0
Brief/Focused	1	3.1	0	0	0	0
Not known	0	0	0	0	0	0
Other	2	6.3	0	0	0	0
Total	32	100.0	10	100.0	2	100.0

Question 19: Overall, how satisfied are you with your supervisor?

Table D.25 Frequencies, percentages, means and standard deviations of satisfaction with supervisors for supervisors’ group

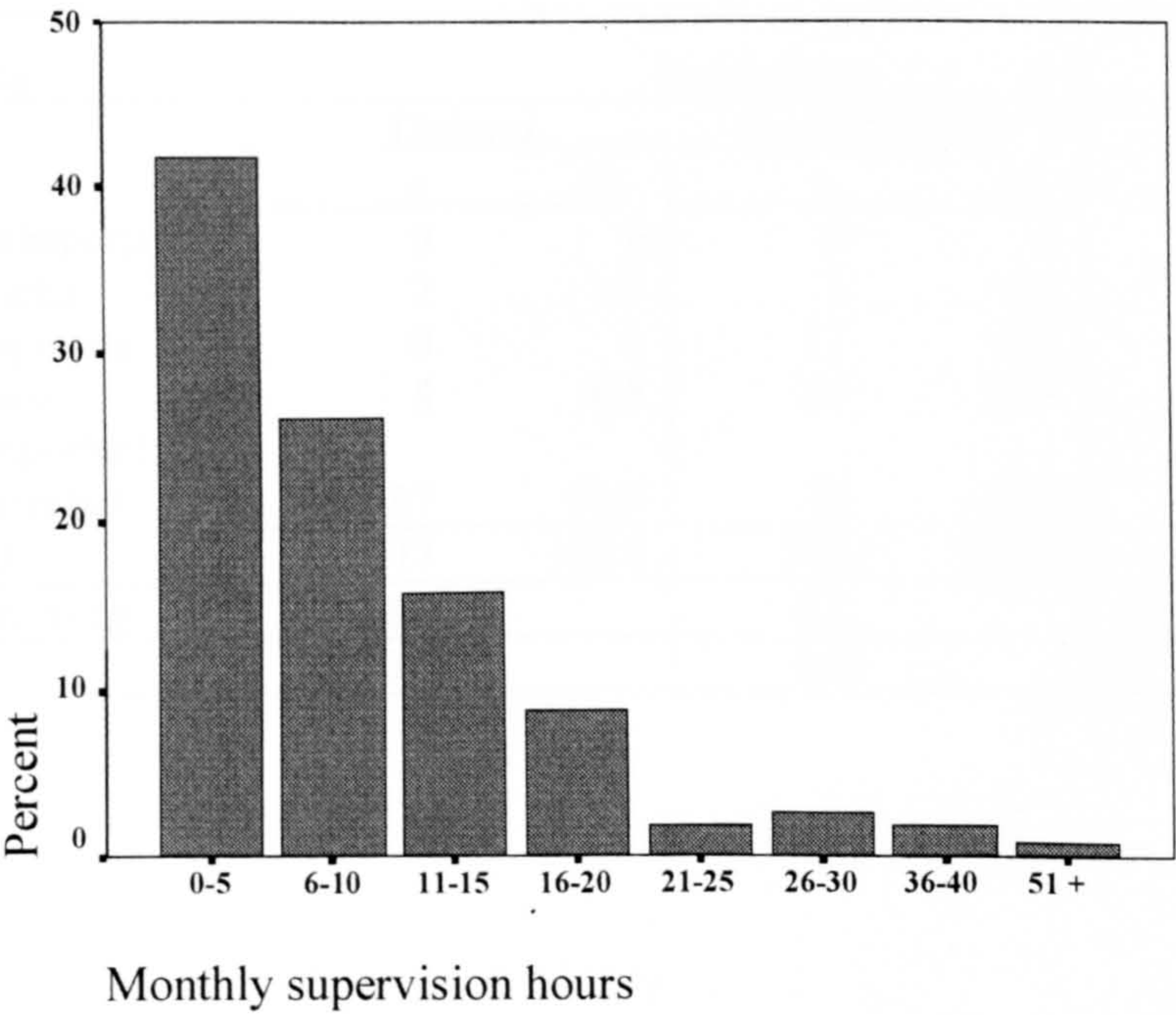
Rating	Individual		Group		Co-supervisor	
	n	%	n	%	n	%
1	1	1.1	0	0	0	0
2	0	0	0	0	0	0
3	1	1.1	0	0	0	0
4	1	1.1	1	3.8	0	0
5	1	1.1	0	0	4	13.3
6	2	2.3	1	3.8	2	6.7
7	6	6.8	4	15.4	3	10.0
8	19	21.6	8	30.8	10	33.3
9	32	36.4	4	15.4	6	20.0
10	25	28.4	8	30.8	5	16.7
Total	88	100.0	26	100.0	30	100.0
% of sample	74.6		78.0		25.4	
Mean	8.6		8.4		7.9	
SD	1.6		1.5		1.6	

Table D.26 Frequencies, percentages, means and standard deviations of satisfaction with supervisors for non-supervisors’ group

Rating	Individual		Group		Co-supervisor	
	n	%	n	%	n	%
1	0	0	0	0	0	0
2	1	3.1	0	0	0	0
3	2	6.3	0	0	0	0
4	1	3.1	0	0	0	0
5	2	6.3	0	0	1	50.0
6	0	0	1	11.1	0	0
7	3	9.4	4	44.4	0	0
8	8	25.0	2	22.2	0	0
9	6	18.8	2	22.2	0	0
10	9	28.1	0	0	1	50.0
Total	32	100.0	9	100.0	2	100.0
% of sample	80.0		77.5		5.0	
Mean	7.8		7.6		7.5	
SD	2.3		1.0		3.5	

Question 22: On average, how many hours per month do you spend supervising?

Figure D.3 Hours per month spent supervising in five-hour bands



Question 29: How important do you think it is for supervisors to have specific training in supervision?

Table D.27 Frequencies and percentages of ratings of importance of training in supervision for supervisors and non-supervisors

Rating	Supervisors		Non-supervisors	
	n	%	n	%
1 Unimportant	1	0.9	2	5.4
2 Useful	37	33.0	7	18.9
3 Important	25	22.3	15	40.5
4 Very important	32	28.6	2	5.4
5 Essential	17	15.2	11	29.7
Total	112	100.0	37	100.0

Question 30: How important do you think supervision is

- a. for trainees, and**
- b. for Chartered Counselling Psychologists?**

Table D.28 Frequencies and percentages of comparative ratings by supervisors and non-supervisors for the importance of supervision for trainees and Chartered Counselling Psychologists

Rating	Supervisors				Non-supervisors			
	Trainees		Couns Psychol		Trainees		Couns Psychol	
	n	%	n	%	n	%	n	%
1 Unimportant	0	0	0	0	0	0	0	0
2 Useful	2	1.7	5	4.2	2	5.0	7	17.9
3 Important	0	0	11	9.3	1	2.5	9	23.1
4 Very important	8	6.8	24	20.3	5	12.5	9	23.1
5 Essential	107	91.5	78	66.1	32	80.0	14	35.9
Total	117	100.0	118	100.0	40	100.0	39	100.0
Mean rating	4.9		4.5		4.7		3.8	
SD	0.5		0.8		0.8		1.1	

Table D.29 Mean ratings and standard deviations for supervision tasks for supervisors and non-supervisors

Aspect	Supervisors			Non-supervisors		
	n	Mean rating	SD	n	Mean rating	SD
Maintain standards and ethics	118	4.5	0.8	40	4.5	0.9
Teach theory	117	3.3	1.0	40	3.1	1.0
Ensure agency policy & practice	114	3.2	1.2	39	3.2	1.2
Provide supportive environment	117	4.6	1.7	40	4.4	0.8
Provide skills training	117	3.1	1.2	40	2.9	1.2
Provide therapy	118	1.7	1.0	40	2.0	1.1
Facilitate exploration	118	4.3	0.8	40	4.1	1.0
Identify unknown factors in therapeutic relationship	115	4.3	0.7	40	4.2	1.0
Assess competence	117	3.5	1.1	40	3.6	1.2
Challenge supervisee	118	3.9	0.8	39	3.8	1.2
Formulate/review goals	114	3.8	1.0	39	3.9	1.9
Check supervisee's stress level	114	3.7	0.9	39	3.4	1.2
Monitor client welfare	116	3.8	1.1	40	3.6	1.3
Evaluate work	117	3.7	1.0	40	3.7	1.1
Address organisational issues	112	3.4	1.0	37	3.0	1.1
Address team issues	110	3.4	1.1	37	3.1	1.1

Table D.30 Supervision tasks arranged according to mean ratings for all respondents,
and including supervisors and non-supervisors

Task	Strongly Disagree	Disagree	No opinion	Agree	Strongly Agree
Provide support				NS	A S
Maintain standards				A S NS	
Facilitate exploration				A S NS	
Identify unknown factors				A S NS	
Challenge supervisee				A S NS	
Formulate/ review goals				A S NS	
Check stress level			NS	A S	
Monitor client welfare				A S NS	
Evaluate work				A S NS	
Teach theory			A S NS		
Ensure agency policy			A S NS		
Provide skills training			A S NS		
Address organisation issues			A S NS		
Address team issues			A S NS		
Assess competence			A S		NS
Provide therapy		A S NS			

Note. A = all respondents; S = supervisors; NS = non-supervisors

Table D.31 Aspects of Supervision

Aspect	f
Relate theory and practice	3
Teaching/learning	2
Alternative viewpoint	2
Avoiding therapy	2
Contracting	1
Support	1
Listening and understanding	1
Maintaining standards	1
Promoting development	1
Modelling	1
Role of supervisee	1
Relationship	1
Organisational issues for client and counsellor	1
Interventions	1
Transference issues	1
Total:	20

Table D.32 Problems in Supervision

Problem	f
Managerial versus clinical supervision	6
Theoretical compatibility	4
Inadequate supervision	3
Other psychologists' perceptions of supervision	2
Lack of colleagues for peer supervision	1
Supervision as a facade	1
Total:	17

Table D.33 Needs of Supervisors

Need	f
Supervision changes with experience	2
Need to change supervisor	2
Supervision of supervision	2
Need for personal therapy	1
Total:	7

Table D.34 Training in Supervision

Issue	f
Need for training/skill development	3
Importance of clinical experience as well as training	2
Total:	5

Table D.35 Value of Supervision

Item	f
Valuable/essential	5

Table D.36 Challenges to Survey

Issue	f
Proliferation of surveys	1
Abuse in supervision	1
Terminology	1
Total:	3

SUPERVISION QUESTIONNAIRE

Transcribed Qualitative Data

Note: Numbers in left hand column refer to questionnaires

Question 3: Other qualifications

- 7 Counsellor supervision.
- 8 Counsellor training.
- 11 Advanced Certificate in Applied Counselling Skills.
- 14 BSc(Hons Psych), BAC Accred, Cert in FT, UKCP Reg, AFBPsS.
- 15 B Ed (Hons) AD, Dip Spec Ed; BA (Hons) Psychology.
- 17 Advanced Diploma in Counselling, plus Certificate in Clinical Psychodrama.
- 21 BAC accredited since 1984 on the basis of some training (Relate MG) and experience.
- 23 Completing Advanced Diploma in Existential Psychotherapy & Counselling.
- 26 Advanced Diploma in Counselling. Chartered Educational Psychologist.
- 28 Certificate in Person-Centred Art Therapy; Certificate in Circle Work Training.
- 31 Diploma in Art Therapy.
- 33 BA Psychology.
- 34 Certificate in Counselling.
- 36 Educational Psychology qualification.
- 38 UKCP registered psychotherapist.
- 42 “Old” Certificate in Counselling equivalent to new diploma (Manchester University);
Cognitive Analytic Therapy – practitioner status (CAT North).
- 48 UKCP Registered (Integrative Psychotherapist).
- 53 Relate trained.
- 59 UKCP Register; UKRC Register.
- 62 Certificate in Psychotherapy, UKCP Registered.
- 63 Advanced Diploma in Existential Psychotherapy.
- 73 BAC accredited.
- 79 DPsy Counselling (ongoing).
- 85 BSc Hons Psychology.
- 94 Associate Membership of BAP (Psychoanalytic psychotherapist).
- 96 Certificate in Psychoanalytic Psychotherapy.
- 102 Substantial in-service training in psychotherapy.
- 104 Diploma in Counselling Psychology; Diploma in Personal Construct Counselling and
Therapy.
- 114 MA in Counselling.
- 123 CTA.
- 126 Diploma in Hypnotherapy.
- 133 Chartered Counselling Psychologist.
- 138 Psychoanalytic Psychotherapy training.
- 141 Post MSc Diploma in Practice of Counselling Psychology.
- 150 CAT practitioner; CBT UKCP registered; Tavistock Clinic two-year Certificate in
Psychodynamic Therapy.
- 156 Graduate of Karuna Institute.
- 160 BAC Accredited 1985, 1990, 1995; Relate training (12 years).

Question 5: Other theoretical frameworks

- 2 Trauma specific (TIR, EMDR)
- 6 Attachment theory.
- 21 Person-centred approach.
- 22 Cognitive-Analytic Therapy.
- 36 Adlerian.
- 37 Feminist
- 40 Social constructivism.

42	CAT (an integrative model)
44	Cognitive/Analytical.
45	Feminist.
46	Traumatic Incident Reduction.
48	Attachment Theory (a non-traditional psychoanalytic/intersubjective and relationship focused vs intrapsychic.
59	Transpersonal.
71	Re body oriented: Does this mean taking account of physiology? If so – 3.
73	EMDR.
76	Personal Construct.
104	Personal Construct Psychotherapy UKCP registered.
114	Therapeutic use of Imagery/Metaphor.
121	Sexual/Marital.
128	Cognitive-Analytic Therapy.
144	Gestalt, TA.

Question 6: Other areas of work

6	Service development.
9	Writing.
15	Family therapy.
17	External Examiner/ examiner for counselling psychology courses.
18	Supervision.
20	Supervision.
21	Writing, professional committees, supervision.
26	Not formal research but read systematically & evaluate ideas, theories and practice.
27	Writing.
28	Counselling
31	Organisational consultancy.
33	Probation Officer.
36	Child & Family Guidance Clinic.
37	Continuing development.
42	Counselling supervision.
48	Preventive parent education and support/parent-infant mental health (Director).
52	Advisory for local health authority.
59	Supervision.
60	Supervision.
62	Writing.
65	Groups.
70	Supervision; writing – mostly theoretical not empirical research.
76	Supervision.
77	Supervision of trainees.
80	Business settings as a consultant.
85	Supervisor.
93	Assessment.
98	Organisations.
99	Supervision.
102	Supervision (ie professional counselling supervision – NOT managerial).
107	Work rehabilitation/vocational guidance mental health.
119	Family therapy.
121	Management of psychologists.
127	Psychotherapy.
128	Clinical Psychology; Psychotherapy.
136	Supervision.
143	Journalism.
145	Personal Development.
159	Occupational.
161	NHS Clinical Psychology department

Question 7: Other contexts of client work

- 6 Learning disabilities.
- 8 Counsellor training.
- 14. Voluntary (Cruse bereavement care, supervision/training etc).
- 16 Training.
- 20 Trainer/supervisor.
- 28 Education Support Service.
- 40 Research & education.
- 60 Community Mental Health Team.
- 98 Group work; training; executive coaching/consultancy.
- 111 Research and supervision.
- 113 Voluntary sector agency.
- 116 Social Services mental health resource centre.
- 119 Staff; NHS Residential Homes/RAC's (?).
- 122 Voluntary agency.
- 124 Secure (?).
- 129 EAP.
- 135 Nottingham Counselling Service – a charity.
- 139 Counselling my students and colleagues.
- 155 Academic setting – teaching and training.

Question 10: Other reasons for not being in supervision

- 2 Seek professional supervision on a case by case basis.
- 10 I have only just moved into my current post. Prior to that I was in regular supervision.
- 15 Have peer support/supervision/co-supervision with colleague (consultant psychiatrist).
- 44 Not available through department and frustrated suggestions to buy it in from outside. A rather hot issue at present.
- 45 Supervision is on an informal basis – as needed on the phone, in passing etc.
- 62 Currently in between arrangements. Changing from co-supervision which has ended to peer group which hasn't started yet.
- 86 I have regular peer consultations now but have had over 1000 hours of supervision.
- 130 Other forms of support available from colleagues.
- 146 In process of looking for one (supervisor).

Question 12a: Other past supervision

- 106 Co-counselling.

Question 12b: Other present supervision

- 119 Live Supervision Family Therapy.

Question 16: Other purpose of supervision

- 9 Supervision of supervision.
- 48 Research.
- 59 Ethical issues.
- 70 Ethical issues
- 71 Discussion of theoretical issues in counselling.
- 74 Ethical issues.
- 82 Client protection.
- 102 Personal awareness. Supervision of supervision.
- 156 Personal development as a therapist.
- 160 Occasional personal support.

Question 17a: Supervisor's practitioner qualifications: Other

- 3 Psychoanalyst & consultant psychotherapist.
- 8 Psychoanalyst BCP.
- 15 Consultant child psychiatrist.
- 19 Psychoanalyst.
- 26 Last supervisor had no formal qualifications in counselling as such but was an outstandingly able practitioner of the Egan approach. Now employed by the University of Hull.
- 48 BAP.
- 50 (Medical) Analyst.
- 53 Dip Psychotherapy.
- 56 Qualified in clinical psychology – I'm not sure if he's chartered or a BPS member. Some Leeds folk are rebels!
- 58 Analyst psychiatrist.
- 66 En route to chartered.
- 76 Consultant psychiatrist.
- 81 Psychoanalyst.
- 88 Member of Institute of Group Analysis.
- 98 AHCP.
- 99 BPS Psychology training.
- 100 Clinical Psychology.
- 107 Mental health NURSE manager or occupational therapist.
- 112 MA and years of experience.
- 116 Social worker.
- 121 Medical practitioner CAT trained.
- 138 Almost 30 years experience.
- 140 Qualifications from other country.
- 147 Psychoanalyst BCP registered.
- 148 Family therapist – ex-university professor from USA.
- 149 BCP.
- 153 Psychiatrist with TA Diploma.

Question 17b: Supervisor's other supervision qualifications

- 6 BPS Accredited.
- 26 As a very experienced psychologist, I know that my supervisor was of exceptional quality, even though he had no formal qualification.
- 36 Qualified social worker.
- 50 Psychiatrist.
- 57 Professor in psychology.
- 60 BPC Clinical Psychology.
- 67 Trained but no formal qualification.
- 70 Relate trained supervisor.
- 76 BASW.
- 79 Runs Dip Supervision course – not sure about professional qualifications.
- 80 UKCP.
- 81 Psychoanalytic.
- 93 Experience.
- 94 None in supervision.
- 102 None specifically in supervision.
- 103 Several courses – ie Inskipp & Proctor.
- 105 He is a Chartered Clinical Psychologist.
- 110 None.
- 114 On Cruse supervisors' course.
- 116 None.
- 123 TSTA.
- 124 Seniority.
- 129 Many years of experience.
- 131 Chair of training of major training organisation.
- 132 Diploma in therapy.
- 138 Experience.
- 140 Qualifications from other country.
- 148 No formal qualifications.

150 No formal qualification.

Question 18: Other main orientation of supervisor

15 Psychiatry.
22 CAT.
56 Various, including Personal Construct theory, Dialectical Behaviour Therapy. For classification I suppose these are rooted in Cognitive-Behaviour Therapy. I find this strange upon reflection as my training is so different and yet we own all the same books and hold a similar view of people.
81 Psychoanalytic.
85 TA.
86 Group analytic.
100 Psychoanalytic Kleinian.
104 Personal Construct Psychotherapy.
107 Medical model management supervision.
119 Psychosynthesis.

Question 23a: Where did you train as a supervisor?

(Note: Words in brackets indicate that the respondent said they had no supervision model)

2 In clinical psychology graduate school in the US.
3 Tavistock Clinic
6 BAC accredited supervisors' course, Durham University: Basic and Advanced.
7 York.
9 Brigid Proctor, Metanoia & IGA.
11 Roehampton workshops, CPD at Saloman's Centre.
12 Sheffield.
14 Cruse. Also supervision of my supervision.
15 Cruse + University of Surrey + voluntary counselling agency (over 5 years). (NO MODEL)
17 Several short two-day focussed courses.
20 Roehampton Institute, London; Metanoia.
21 Cascade.
22 1. Cruse supervisors' course; 2. Centre for Staff Development. (NO MODEL)
27 Workshops and Cruse. (NO MODEL)
28 Cascade.
30 National Marriage Guidance Council (NO MODEL)
32 Metanoia Institute.
41 Maudsley Hospital plus workshops ad hoc. (NO MODEL)
42 Manchester University.
46 Centre for Stress Management, Blackheath. (NO MODEL)
47 South West London College. (NO MODEL)
50 Uncompleted diploma course at WPF.
51 Comprehensive supervision workshop for clinical psychologists. (NO MODEL)
53 York.
54 Manchester University.
57 Metanoia. (NO MODEL)
61 Marriage Care. (NO MODEL)
64 Training at Guy's Hospital. (NO MODEL)
67 SPTI. (NO MODEL)
68 Harrogate Clinical Supervisors' Course led by Don Bannister. (NO MODEL).
69 BAC recommended 12 day residential – not much good.
70 Centre for Staff Team Development (Robin Shohet) plus other workshops.
72 WPF.
74 Cascade.
75 Metanoia Institute
79 Maudsley Hospital – regular meetings re supervision issues.
82 WPF.
90 A number of short trainings – couple of weekends, few day workshops.
95 Post-qualification workshops.
98 Institute of Psychiatry, London.
99 TA; SOLTAC and others; clinical psychology training.

- 100 Locally organised workshop.
- 103 Bristol University.
- 106 Relate and Inbucon (consultancy firm).
- 111 South Bank/Whittington Diploma in Supervision & Consultation.
- 120 Clinical Psychology training workshops. (No model)
- 127 Metanoia.
- 132 Borders, Edinburgh. (NO MODEL).
- 136 Saloman's House (Centre for Clinical Psychology training for South East Thames area.
- 137 Brighton Association of Analytical Psychotherapists. (NO MODEL)
- 139 I am accredited by BPS as a supervisor. (NO TRAINING)
- 141 City University, integrated part of Post MSc Diploma. (NO MODEL)
- 144 Some coursework during my PhD training. (NO MODEL)
- 150 Part-time course run by University of Birmingham Clinical Psychology course. (NO MODEL)
- 155 Metanoia, plus other workshops and conference events.
- 160 Bath Consultancy (Hawkins and Shohet).

19 respondents had supervision training but no model. Altogether 59 had some training in supervision.

Question 23c: Other supervision qualification

- 74 Letter of competence.
- 77 BAC accredited supervisor.
- 78 None.
- 106 None. Part of induction training for consultancy.
- 117 A mix of part-time course whilst in other social work/community work jobs.
- 124 Several years of experience and study in this area (No formal training).
- 131 Some in clinical psychology training.
- 141 Post MSc Diploma in Practice of Counselling Psychology.

Question 24: Model of supervision

(Note: words in brackets indicate that the respondent said they had no supervision training)

- 1 Process model as outlined in Hawkins & Shohet (1989). (NO TRAINING)
- 2 Usually supervise people working with specific trauma models and use those models for supervision.
- 4 Systemic.
- 6 Counselling model of supervision: non-directive.
- 7 Cyclical – Page & Wosket (1995).
- 8 Psychodynamic. (NO TRAINING)
- 9 Integrative, using contract to work out roles/responsibilities and focus points to review aspects of work.
- 10 Preferred models are either individual or group-led. (NO TRAINING)
- 11 Fit to supervisee, but includes practical issues, client issues, personal issues.
- 12 Based on psychodynamic model but now more integrative.
- 14 Supervisor as helicopter model. Developmental model.
- 16 Teaching type – communicative. Psychoanalytic. (NO TRAINING)
- 17 A personally developed model incorporating the views of several models.
- 19 Psychoanalytic and integrative. (NO TRAINING)
- 20 Based on work of P Clarkson (5 bands) and Michael Carroll (7 tasks).
- 21 Person-Centred – provide core conditions – focus on supervisee's experience – explore core conditions in their/supervisee's work – share symbols, hunches – identify change for supervisee → action.
- 26 When I have supervisees I tend to use the Egan framework as a guide and negotiate this with the counsellor. (NO TRAINING)
- 28 Person-Centred and Egan model.
- 29 Case report; process report. Focus on transference. Sometimes focus on system. (NO TRAINING)
- 31 Psychodynamically informed. Focus on process and therapist-client relationship. Case work orientation with attention to context. (NO TRAINING)
- 38 Psychodynamic. I modify my approach according to the experience of the practitioner. (NO TRAINING)

39 It incorporates the core model of the Diploma on which I am a tutor – Person-Centred and use
of the relationship, and also Transactional Analysis. (NO TRAINING)

40 Context focussed. (NO TRAINING)

42 Course model was Hawkins and Shohet – I have matched this to my model of CAT –
Vygotskian ideas are important as expounded by Ryle and Lerman.

48 Integrative and process based. (NO TRAINING)

50 Look at parallel process, transference, counter-transference, boundaries, contracts.

53 Hawkins/Shohet process model.

59 Humanistic – ie. deal with whole person. (NO TRAINING)

60 Following CBT model – identifying issues and goals, conceptualisation etc.
(NO TRAINING)

62 Consultative for trained practitioners, using their customary framework of practice. For trainee
(either specialist or basic professional training) psychodynamic with emphasis on counter-
transference and parallel process. (NO TRAINING)

63 Existential. (NO TRAINING)

69 Psychodynamic-person-centred.

70 Humanistic – strongly influenced by Hawkins & Shohet – process model – 6 modes.

72 WPF (psychodynamic).

74 I have developed my own conceptual model.

75 Developmental model – I use Hawkins’ & Shohet’s model with trainees and consider also
Carroll’s tasks of supervision.

76 I work with my supervisees.

77 Casework focused on clear understanding of client’s strategy for survival and how this is
brought into the therapeutic relationship.

78 Existential: focus on philosophical dilemmas. (NO TRAINING)

79 Client-centred.

81 Process recording.

82 I believe that all supervision should be to the client’s needs first, and then the counsellor’s
development.

86 This is too complicated to reply to in a brief way. (NO TRAINING)

89 Cognitive-Behavioural. (NO TRAINING)

90 I supervise primarily within a psychoanalytic framework.

92 Supervisee is required to have at least one clearly specified objective at commencement of
each session. The session is then guided by this objective. Supervision addresses primarily
casework, as well as psychological impact of the case/s on the supervisee. (NO TRAINING)

93 Psychodynamic (NO TRAINING).

94 Psychodynamic (NO TRAINING).

95 Variable and cannot be described briefly here.

98 Circular model, encouraging flexibility, feedback and sharing of knowledge. Humanistic for
client work and cognitive-behavioural for supervision and development.

99 TA – problem focused and eclectic – depending on the needs of the supervisee.

100 Hawkins and Shohet.

102 Broadly eclectic – to meet the needs of supervisees coming from different professional bases
and with different professional theoretical orientations. I do, however, draw on my Object-
Relations background to inform my understanding. (NO TRAINING)

103 Hawkins and Shohet, and integrative framework principles.

104 I do not have a formal model, although I have read several books on the subject (NO
TRAINING).

106 Action learning plus three stage problem-solving and decision management.

111 Generally consultative for qualified counsellors. Developmental for trainees.

112 Humanistic. (NO TRAINING)

114 Person-centred philosophy; focus on skills, self, ethics as key areas. (NO TRAINING)

117 Dynamic.

118 No model – aside from an existential-phenomenological stance to all I encounter. (NO
TRAINING)

119 Utilising the Hawkins’ framework (NO TRAINING)

121 Reflective; training; developmental; pastoral. (NO TRAINING)

124 The student is in charge of each session in that we follow a model of PLAN-DO-REVIEW.
They also raise issues of learning/conflict for them personally. (NO TRAINING)

125 Experienced as a qualified teacher, supervising trainees in special needs. (NO TRAINING)

126 I work therapeutically and supervise within a Humanistic, Integrative, Gestalt framework,
aiming to provide non-shaming supportive supervision. (NO TRAINING).

127 Integrative.

129 On three levels: Client work; Effect on supervisee; Effect on myself. (NO TRAINING).

- 131 Psychoanalytical/psychodynamic and, hopefully, empowering and encouraging.
- 136 Casework as core, though organisational issues having a place – particular attention to framework and working alliance issues and periodic reviews of the supervision and process.
- 145 Integrative.
- 148 The emphasis is on the reflection on the content and process of the counselling session, considering the strategies and interventions used. We consider transference and counter-transference issues as they arise in both counselling and supervision sessions. (NO TRAINING)
- 149 Psychoanalytic. (NO TRAINING)
- 152 Using problem-solving approach - cognitive-behavioural. (NO TRAINING)
- 154 Robin Shohet's Double Matrix model (NO TRAINING).
- 155 An integrative model as outlined by Gilbert & Clarkson when I am aware of my role as a "mentor". When supervising and focusing on theoretical development, it is more phenomenological.
- 156 Check with supervisee that they get what they want. Check boundary and other professional issues. Case work: check some or all of process, strategy, transference and counter-transference, What's "the client up to", pointing up therapy issues. (NO TRAINING)
- 157 Developmental. (NO TRAINING)
- 160 Hawkins & Shohet Process Model (six modes of process). Carroll's Purpose, Functions and Tasks – model more often used with training counsellors.

39 respondents had a supervision model but no training. Altogether, 76 respondents had a model of supervision.

Question 27: Most rewarding aspect of supervision

- 1 Seeing the supervisee grow and develop in their professional practice.
- 3 Growth and learning of the supervisee – also what I learn from them.
- 4 To see that a common understanding of the relevant issues is created and also the containment of feelings.
- 6 To see supervisees' personal development.
- 7 Being once removed from face-to-face client work. Knowing my experience has value.
- 8 Need to rethink what I do and why as a therapist – luxury of thinking about therapeutic interaction without being in the hot seat.
- 9 Watching development of supervisee. Working with organisations.
- 10 The communication to supervisees of my enthusiasm and the subsequent reciprocal learning process that's taken place.
- 11 Watching trainees develop competence out of willingness.
- 13 Learning/experiencing other approaches. Helping develop counsellor confidence.
- 14 Watching a counsellor enhance skills, confidence, maturity.
- 15 Sharing theories and ideas.
- 16 Teaching.
- 17 See the supervisee develop themselves as counsellors and develop their ability to work effectively with clients.
- 18 Helping supervisees understand their clients. Seeing practitioners grow in confidence and competence.
- 19 Seeing progress!
- 20 Professional dialogue.
- 21 Interest, stimulation and regular developmental contact with individuals doing difficult and worthwhile work.
- 22 Watching trainees develop.
- 24 Sharing ideas/experiences.
- 26 Helping counsellor clarify issues and see way forward – ie formulate this process in the work.
- 27 Seeing the development of the supervisee.
- 28 Development of supervisees.
- 29 Contact with other therapists. Orientation of other people's work.
- 30 Enthusiasing supervisees for their work – helping them progress.
- 31 Personal learning through sharing experiences and approaches of supervisees. Seeing development of supervisees and their clients.
- 28 Being part of the development of the practitioner.
- 39 Assisting trainee counsellors develop skills, understand the therapeutic relationship and apply theory.
- 40 Seeing development.

- 41 Thinking creatively about clients with someone else taking all the pain!
- 42 Seeing supervisees making progress in work which they find challenging.
- 45 To feel that I am providing effective support, learning, etc for supervisee. To learn from supervisees' practice, ideas etc.
- 46 Seeing the trainees develop professional and personally.
- 48 Supporting others and myself to constantly challenge our assumptions about human nature; seeing supervisees grow and develop to reach their potential.
- 50 When supervisee shows an increased level of competence in their work.
- 51 Learning from a supervisee.
- 53 Supervisee gaining insight to problems.
- 57 People develop.
- 58 Growth of trainee.
- 59 Seeing people blossom.
- 60 Everything – enjoy supervision/teaching, sharing ideas, watching change – learn as well as teach!
- 61 Being able to support individual counsellors and move them forward.
- 62 Co-constructing a reflective space with the supervisee(s) where new thoughts can emerge and discoveries can be made.
- 63 Learning from students, sharing experiences, applying existential model to practice.
- 66 Professional development of supervisee.
- 67 Seeing supervisee development.
- 68 Watching development of supervisee.
- 69 Seeing development of counsellor.
- 70 Learning with supervisee and facilitating development, particularly if supervisee is a trainee.
- 71 Hearing of the improvements in well-being in the clients of the counsellor whom I am supervising.
- 72 Too diverse to answer.
- 73 Supervisee's clinical development.
- 75 Watching supervisees develop as counsellors. Maintaining ethical practice in the profession.
- 76 Helping towards insight.
- 77 Professional and personal development of supervisees.
- 78 Seeing therapists gain confidence.
- 79 Seeing people grow and develop clinically.
- 82 When a counsellor realises that you have stumbled on something useful to his/her client.
- 84 Helping supervisee see the case from a different perspective.
- 88 Seeing change/development in supervisee's professional expertise.
- 89 Watching a therapist develop. Sharing knowledge and experience.
- 90 Seeing the development of the supervisees.
- 91 Discussion and re-generation of ideas and techniques (in connection with peer supervision).
- 92 Observing the increasing skill level and professional development of supervisees. (Personal development of supervisees is tangential and only of secondary interest to me, as it is more relevant, in my view, to therapy.)
- 93 Facilitating growth and understanding.
- 94 Seeing clients (under supervision) growing and developing, and also the professional and personal development of the supervisee.
- 95 Facilitation, sharing ideas, developing hypotheses.
- 98 1. The growth and confidence of the other.
2. Growing interest in the field being expressed.
- 99 Learning how other professionals work. Following through their counselling work.
- 100 Being involved in others' growth professionally and personally.
- 102 The interest and stimulation of being engaged in new learning – both the supervisee's and my own. Pleasure in sharing supervisee's enjoyment of development and new awareness – news of clients' progress.
- 103 Facilitating the supervisee's understanding of their clients' effect on them. Expanded exposure to client issues.
- 104 I enjoy the teaching aspect – and most rewarding is the growth of the supervisee.
- 106 Seeing other people grow in their own preferred directions – new insights shared.
- 110 Sharing perspectives and so broadening one's own framework of thinking.
- 111 Learning from supervisees.
- 112 Relationship.
- 113 Seeing people grow, develop and learn.
- 114 Opportunity to appreciate and learn from the skills and philosophy of my supervisees (especially humility).

- 117 Helping someone “think” about their work and seeing this progressing their direct work with patients.
- 118 Feeling the supervisee values our discussions.
- 119 Sharing the process with the supervisee. Learning and communicating about the process of supervision.
- 120 Development of supervisees. Stimulus to creative thinking.
- 121 A place to think and to teach.
- 124 Using my considerable skills and seeing them put to use.
- 125 Seeing the development of a trainee.
- 126 The teaching element.
- 127 Development of good practice.
- 128 Supporting my supervisee’s developing confidence/knowledge/wisdom.
- 129 Interesting and appears to be helpful.
- 130 Learning about how other counsellors think and work.
- 131 See people’s confidence and understanding of their work grow.
- 136 Seeing a supervisee overcome a difficulty, and recognising the benefits for the client.
- 137 Development of the other.
- 138 Illuminates the link between theory and practice.
- 141 Seeing students develop their own capacities.
- 144 Watching others grow and develop their skills.
- 145 Relationship with supervisee.
- 147 Being constantly challenged and learning from my students.
- 148 Having a feeling that the supervisee is doing good work and giving some impact on problem cases has some appreciation.
- 149 Helping others develop.
- 150 Developing a shared picture of the client and enabling the supervisee thereby to see the client more clearly (hopefully!).
- 152 Giving confidence to the hesitant.

Question 28: Most stressful aspect of supervising

- 1 Dealing with a supervisee whose work is causing me concern.
- 5 Supervising in situations where the practitioner has not sought help until a major problem has developed.
- 4 Supervising those from a different theoretical background.
- 6 Fitting it into an already overloaded schedule.
- 7. Not being involved in face-to-face contact with the client and thus having to trust the practitioner.
- 8 Expectation of supervisee for supervisor to “know”.
- 9 Difficult and disturbed clients (ethical issue). Evaluating supervisees and giving negative feedback where appropriate.
- 10 The prospect of having to combine two distinct roles – eg line management and training supervision (where issues of divided accountability are at stake).
- 11 Poor training courses failing to address theoretical and practical needs of trainees.
- 13 Organisational pressures on counsellor/self.
- 14 Working with someone not suited to counselling and working through that together.
- 15 None.
- 16 Being aware that clients are getting less than adequate therapy from some supervisees who are limited in terms of how they can improve.
- 17 Holding the boundary between my supervisee and their client. Dealing with breaches of codes of ethics effectively.
- 18 Working with trainees who are so defensive that they have difficulty learning! Or working with those who are not very aware of their limitations.
- 19 Students who should not be counsellors. Students who are in the profession for the wrong reason. Emergency cases and students needing extra help urgently.
- 20 Diversity of responsibility.
- 21 I don’t experience it as stressful. Occasionally with some supervisees it can be a little dull.
- 22 Managing a group of anxious beginner counsellors.
- 24 Unclear boundaries of responsibility for supervisee’s work.
- 26 Frustration when I feel counsellor lacks some relevant knowledge which cannot be easily developed by supervision alone but requires study/course on counsellor’s part. Probably stressful too because this means I shall have to find a way of challenging in a constructive and helpful way.
- 27 Having to challenge the supervisee about their work or their avoidance of challenging others.

28 With one group, the four supervisees come from different training backgrounds.
 29 Responsibility.
 31 Feelings of responsibility when I am uncertain about supervisees' levels of competence in particular cases.
 38 The feeling of holding a sense of responsibility for the supervisee's caseload.
 39 Understanding that this is a training role and that I do not have responsibility for the counselling practice.
 40 Suicidal patients.
 41 Living up to expectations.
 42 Challenging practice which is not in accord with codes of practice/ethics – but it is essential not to bypass these issues – having written codes makes it easier to address.
 45 When issues between myself and the supervisee “cloud” the process. To not have supervision myself.
 46 Clients who are not suitable for my trainees yet are referred to them by their placements.
 48 In NHS work, supervising people with very limited capacity for insight and very narrow views and assumptions about clients and mental health/game play with psychiatrists and social workers.
 50 Wanting to impart help that the supervisees will find helpful in the cases they bring.
 51 Too much! I supervised ten counsellors two years ago, and nine different counsellors or trainee counsellors last year. This year I only supervise two counsellors and one trainee counsellor.
 53 Supervisee's anxiety about patient safety.
 57 Being ignored by counsellor.
 58 Time pressures.
 59 Occasional emergency phone calls.
 60 Not enough time. Working on client issues I am not skilled in – need supervisor supervision for these so extra time commitment.
 62 The concentration of distress, human misery and suffering. It happens at one remove compared with therapy, but the sheer volume of supervising many therapists with many clients can be overwhelming.
 63 None.
 66 Decisions on ethical issues.
 67 (Sometimes) concern for their clients.
 69 Containing the ambivalence of supervisees.
 70 Referral issues.
 72 It isn't stressful.
 73 Recording/responsibility.
 75 Writing supervision reports. Telling supervisees they should give up the idea of being counsellors.
 76 Finding that supervisees may expect to be told “what to do” rather than discussing problems and coming to conclusions.
 77 Academic qualifications sought by anxious supervisees.
 78 Intervening when therapist is out of depth.
 79 Rating numerous client tapes. Having enough hours in a day.
 82 When it is necessary to make it clear that a counsellor is not working well with his/her client.
 84 Finding the time.
 86 Unresolved transference of the supervisee on me. Also if the supervisee is not in personal therapy it is difficult for the to deal with their counter-transference with patients.
 88 Handling supervisees' “blind spots”.
 89 Translating into the belief systems underpinning different models.
 90 When ethical and managerial conflicts arise in supervisees' practice or workplaces.
 92 Containing the anxiety and occasional distress of supervisees – although this is a very mild “stress”. Generally I do not find supervision/being a supervisor particularly stressful.
 93 Time.
 94 Don't find it stressful in general, but I guess being phoned re an emergency and hoping I've given right advice.
 95 Limited time. How to help “struggling” trainee grow.
 98 Working with someone who is finding work difficult or who is danger of burnout.
 99 Remembering details of the clients brought for supervision when the information is necessarily second-hand.
 100 When difficulties arise, re person's core competency levels.
 102 Where I supervise trainee counsellors – the issue of linking supervision material and process with course needs. Supervising qualified counsellors and trainee/student counsellors is different.

- 103 Establishing boundaries on responsibility when ethical issues are presented – ie. when does the supervisor intervene if the supervisee seems to be acting somewhat unethically (not clear cut issues of unethical conduct)?
- 104 Having to deal with aspects of the supervisee's work which are or may be anti-therapeutic (possibly what you later call "challenge and confront the supervisee").
- 106 Controlling my own urges to offer advice inappropriately – as I see it.
- 110 None.
- 111 Having to give negative feedback.
- 113 Time!
- 114 Nothing. It is not stressful.
- 117 Concerns about whether interventions suggested/discussed will be helpful. The level of accountability for what goes on in supervision.
- 118 Maintaining the focus on the supervisee's experience and avoiding speculations about the client.
- 119 Where the supervisee is unable to keep personal boundaries in the piece of work under review.
- 120 Those issues that might arise in the relationship with individual supervisees.
- 121 Fear of lack of skill.
- 124 Supervisees who don't want to take charge or are too inexperienced in counselling.
- 125 Being responsible for a client I have no contact with.
- 126 Feeling responsible for others' inexperienced practice.
- 127 Lack of time.
- 128 Fearing my own ignorance/inadequacy in my role as supervisor – eg. worrying I don't know enough about a particular issue.
- 129 When the supervisee is stressed and I feel at a loss to assist (doesn't happen often).
- 130 Feeling responsible for clients whom I have not met.
- 131 A feeling of imbalance. More people leaning on me than I have to lean on.
- 136 Occasions when I do not feel confident about supervisee's quality of work.
- 137 Separating therapists' personal from professional issues.
- 138 Trying not to "smuggle in" my own views.
- 141 Not particularly stressful – I enjoy it immensely.
- 142 Encourage confidence, autonomy, responsibility.
- 144 At times, not having a clear-cut model whenever unusual difficulties arise.
- 145 The need to challenge supervisee.
- 147 Dealing with students who also have psychological problems and are not in therapy themselves.
- 148 Having to say when I consider an aspect of the work compromises professional ethics in my opinion.
- 149 Uncertainty (re supervisee's practice etc).
- 150 Lack of time to focus in sufficient detail on individual clients and/or see the progress made.
- 152 When supervisee's work-related issues eg. organisational politics – touch my own.
- 154 Confronting supervisees on aspects of their work that have presented ethical issues.
- 155 Being the "middle man" between supervisees and the management structure.
- 156 Recollecting where they are at after a four-week gap.
- 157 When there are doubts about competence of supervisee and it is not clear who has clinical responsibility – ie. the agency or me as independent or training supervisor.
- 160 Managing potential ethical dilemmas. Counselling a student with potential out of an inappropriate course. Supporting trainee counsellors working under poor administration – eg. primary care.
- 161 Requirement of evaluation of trainees impinging on relationship

Question 31: Other important aspects of supervision

- 3 Giving psychotherapist confidence.
- 7 Matching important – same theoretical orientation.
- 9 Write supervisees' reports.
- 10 To ensure that both the supervisor and supervisee are aware of the boundaries, specific responsibilities etc of the supervisor's role. Confidentiality issues should be clearly stated.
- 14 A good working relationship.
- 17 Address counter-transference. Highlight areas where supervisee may consider further training.
- 18 To offer other ways of looking at things. To help supervisees think! To help identify transference and counter-transference.
- 19 For the supervisee to learn supervision/monitoring skills.
- 20 Guidance, support and provides a role model or mentor.

- 21 Enable the supervisee to be clearer about their feelings/in their thoughts about clients and issues so to be freer to really engage in a therapeutic relationship
- 22 Help supervisee clarify therapeutic goals.
- 27 A place to talk about one's work and express one's feelings – especially negative ones.
- 28 Group supervision – sharing, cross-fertilisation.
- 37 Help supervisee develop insight and understanding. Clarify values and their impact within the counselling process. Explore processes of transference and counter-transference.
- 42 Acknowledge difference in a way which enables supervisee to do so with their client – race, gender, culture etc. Be clear in contracting, setting the frame.
- 48 Support supervisees with multi-agency teams (especially in NHS and GP/primary care work.
- 56 Provide a sounding board and/or advice in handling difficult client issues (eg. risk to self/others/child).
- 59 Add to supervisees' map of reality where appropriate.
- 60 Space to think and reflect.
- 62 Create and maintain a reflective space/ tolerate not knowing/help learning from experience/be aware of his/her emotional reactions as a source of information.
- 69 Affirmation/love.
- 70 All of the above might be important but the tone of the statements suggests an authoritarian attitude which is not appropriate. The relationship is a horizontal one with qualified practitioners.
- 71 Helping supervisees locate their practice in a political context – eg. addressing issues of equal opportunity.
- 72 cf clinical rhombus – clients-therapist-organisation relationship.
- 74 Q 16 (deal with team issues where appropriate) – depends on impact of counselling.
- 76 There is a difference in the supervisor/supervisee relationship between occasions when the supervisee has initiated the “contract” – and when the supervisee has been instructed to come to supervision by some “authority”.
- 78 Help supervisee question herself.
- 80 Space for practitioner to reflect and reconsider matters “out loud” with a knowledgeable colleague.
- 82 Supervision should encourage rather than dissuade.
- 86 (Item 10 – Challenge and confront the supervisee) – “in a constructive way”.
- 94 (Item 3) How does this differ from 1?
(Item 6) But to suggest therapy if needed.
(Item 9) But only if absolutely essential.
(Item 12) Only if apparent in material.
(Item 13) Not sure what this means.
(Items 15 & 16) If affecting work.
- 95 Feedback about work of supervisee. Review and monitor supervision.
- 97 The relationship. Safety. Trust.
- 99 (Item 3) Depends on remit.
(Item 9) If in contract.
(Item 15) If appropriate.
Provide a safe and confidential check on reality in an otherwise closed situation.
- 100 Maintain boundaries to provide the thinking space for supervisees and support and focus on the therapist.
- 102 (Item 2) If supervisee requests.
(Item 11) Help to.....
(Item 16) Where this is central for the supervisee's functioning as a counsellor.
1. Monitoring the relationship between supervisee and supervisor. – ie, is this constructive, professional, helpful?
2. Monitor own reactions as a supervisor.
- 103 Career/professional development advice.
- 104 (Item 3) Depends.
Re: No 10 I have some difficulty with the wording “challenge and confront”. Yet the supervisee needs to be made to look at his/her own practice for his/her sake and his/her clients, including when the supervisor thinks that there are some problems.
- 105 I believe it is the task of the practitioner not the supervisor only!
(Item 16) Depends on what they were.
Quality assurance. Clinical audit. Complaints monitoring. Risk assessment. Application of evidence-based practice. The development of clinical effectiveness. Promotion of research questions. Clinical audit should be on the agenda.
- 106 (Item 5) Resources.
To provide other resources – lists of training possibilities, contacts, etc.

- 107 (Items 10 – 16) It depends on whether the supervision is management supervision or purely clinical supervision.
- 109 1. Encourage supervisee to raise issues which concern them.
2 Generate creative and imaginative thinking.
3 Stimulate reflective process through modelling and examples.
- 116 Advise on weak areas and suggest ways of improving – eg. books. Be very honest.
- 119 (Item 10)*sometimes* confront
(Item 11) *Help* to formulate.....
(Item 1) While vital, it is not the role of the supervisor.
- 120 (Items 9 and 14) If part of training contract.
- 122 To provide someone who will listen non-judgementally to the supervisee.
- 125 (Item 10) Challenge *in a supportive way*.
- 132 Statement should read *sometimes*. “The task” implies *always*.
- 136 (Item 13) “Monitor” doesn’t seem right – “consider or “hold in mind”
- 138 (Item 2) Provide teaching*if necessary and requested*.
(Item 7) Facilitate the supervisee’s..... *of their client work*.
(Item 8) *Explore factors* in the therapeutic relationship.
(Item 9) Assess..... *But not for employers*.
(Item 11) Formulate*these must be set by the practitioner*.
All these setting issues are the task of the employer or training organisation.
Re 5: I do not regard therapy as a matter of skills.
- 141 (Item 8) Relationship with whom?
(Items 11 & 12) For the trainee or with them? Depends on setting.
Sorry, some of your questions are not specific enough – the answer could be it depends!
- 144 (Item 5) *If requested by the supervisee*.
(Item 9) *only if requested*.
(Item 15) *if requested*.
- 145 Establish a trusting relationship.
- 149 To provide a space for thinking and reflection on work in a total situation; towards the internalisation and integration of development, theory and practice.
- 151 Supervision should be supervisee-led.
- 152 (Item 16) *How?*
Point supervisee to skills training or personal counselling.
- 155 Consider socio-cultural/political dimension and how it can be attended to.
- 156 (Item 7) Facilitate..... *if asked*.
(Item 10) Challenge..... *when appropriate*.
(Item 11) Formulate *occasionally*.
(Item 12) Check on *tactfully*.
Drawing attention to parallel processing in client work is so potent it is, in my opinion essential for psychotherapists.
- 160 Reviewing/renegotiating contracts : - Counsellor-client; supervisor-supervisee.
Develop and maintain and review an effective working relationship based on respect and honesty with the supervisee.

Other comments

- 1 Q16: I do not think the main purpose of supervision is development, but I think it sometimes/often happens.
Q11: Help supervisee to do this.
- 9 1. Difficult to answer 1 or 2 questions when in peer group supervision.
2. Very interested in the widening roles of supervisor and think it is essential to look at areas such as:
a. Clients, relationships, interventions etc.
b. Training and training courses.
c. Organisation that employs the counsellor.
d. Organisation from which clients come.
This makes supervision a very wide area with lots of potential ??????
- 10 I received the questionnaire at a very timely moment, having only just been appointed to the post of Co-ordinator of Counselling Psychology services within Grampian Healthcare NHS Trust. This is a completely new post and “supervision” has already become a buzz-word in the

Department (of Clinical Psychology). However, there has been an initial issue concerning the supervision of two trainee counselling psychologists who happen to be members of the department. On the one hand, they require supervision as part of their training and eventual qualification (Diploma in Counselling Psychology BPS by independent route). On the other hand, I felt it was not fair for me to act in this capacity (despite my Chartered status) since I am also their line manager. In addition, despite my 21 years of postgraduate counselling and clinical experience, I have never received a formal training in supervision and although I feel myself to be a competent practitioner, I would value more than mere guidelines regarding supervisory skills. I enjoy a “try it and see” approach, but also realise that it would be more ethical to practise in line with other counselling psychologists who work as supervisors. I believe that counselling psychologists could also act in a supervisory capacity for other health professionals, including clinical psychologists – and this is something I’d like to develop in this position. However, I would still prefer a sound “qualified” basis on which to act. I’m very keen to liaise with other counselling psychologists concerning supervision and would therefore welcome feedback.

- 11 Q 31 is a nightmare! Supervisees come in all shapes and sizes and the response is largely graded. The only thing I wouldn’t do is offer therapy, although a bit of work to unblock something is permissible.
- 16 My concern is that too many people are getting supervision because they feel they ought to and they tend to find supervisors who share their own blind spots about the therapy that’s being done. In psychotherapy having supervision was non-controversial. In psychology and counselling the controversy surrounding it as something the profession must be seen to be doing may be counter-productive. Supervision then becomes a façade.
- 17 For counselling psychologists it is important to address issues in the wider context of psychology and make links between psychology theory and practice.
- 18 In my view, one of the major values of the supervisor is their ability to shed light on what is happening between client and counsellor and to enable the counsellor to grow in confidence and competence. That includes drawing attention to transference and counter-transference phenomena and relating these to theoretical understanding – integrating theory and practice – but there is not much mention of this in the questionnaire. I should add that I only supervise trainees.
Question 13, part 13 is very unclear to me.
- 21 A person is not counselling or offering counselling psychology services unless they are in supervision – they are doing something else (God knows what!).
Question 12: NB:- Co-supervision relates to supervision of supervision which takes place 6 days per year providing each of us with 12 hours of supervision of supervision of supervision per annum. This work is monitored (supervised) by the use of a live consultation (the supervision of supervision takes place in the presence of a third party) for 2 hours p.a.
Question 30: Footnote:- It is my contention that one is not engaged in counselling or counselling psychology unless one is working under supervision – ie. the client – counsellor/Counselling Psychologist relationship is not a true counselling/therapeutic relationship unless “held” within the overview (super-vision) of a counsellor/Counselling Psychologist – “supervisor” relationship.
- 37 This will give you far greater insight into the issues. I wonder why there are so many counselling psychology trainees conducting questionnaire studies on registered counselling psychologists. I would hope more appropriate and participative research strategies emerge from this research.
- 47 Many psychologists do not understand counselling supervision.
- 48 Question 18: My therapeutic and supervision style is informed mainly by humanistic approaches. As I work mainly with adults with severe disturbance and attachment disorders or parent-infant and pre and perinatal issues (individual, couples, families and parent-infant work) on a mainly open-ended/long term basis, finding supervisors and supervisees with similar styles and training is difficult. I have learned to look for the mutual aspects of different ways of thinking and working vs denigrating any one way/theory and have been surprised how rewarding this can be. During my “eclectic” training route, supervisees have been psychodynamic, transpersonal, humanistic – Gestalt, existential, systemic and body work. I

have found the relationship with the supervisee of more importance than limited approach/theory base.

51 I am primarily employed as a (Chartered) Clinical Psychologist.

52 Question 30b: Importance of supervision for CCounsPsychol depends on extent of their experience.

I am increasingly convinced that the supervisory needs of the very experienced practitioner are very different from those of the trainee – and very difficult to meet in areas of the country – like Suffolk – where there are few experienced practitioners around. The need is much more for sustained and supportive case discussion, with similarly experienced colleagues, not necessarily very frequently. The need for close attention to the disentangling of the counsellor's own stuff from the client's which is a vital element for the less experienced therapist becomes less central after several years of experience, supervision and personal therapy. So too does the need for weekly monitoring and emotional off-loading.

56 Question 30b: Importance of supervision for CCoP (rated as 4): I say this as I work mostly in isolation in primary care, making all contact with colleagues highly valuable.

Sorry – I have written my comments as and when.

Main issues emerging:

1. The curious position of my being supervised by not one, but a whole series of clinical psychologists, who are basically trained in Cognitive-Behaviour Therapy - totally different from my original Client-Centred training; influenced by psychodynamic personal therapy, a Gestalt therapy group and later some psychodynamic and some cognitive training workshops. I think both clinical psychologists and myself broaden from the original training base and end up in a broad fairly eclectic model which overlaps. I think my supervisor adapts to my model also. The main thing seems to be that I trust them as a person!
2. Incidentally, I have been a supervisor of five staff (key workers) at a Social Services Day Centre. I did a two-day course in the basics of clinical casework supervision. I realise this is relatively little, but you also draw on your own experience of years of client work, triumphs and mistakes!
3. For clinical psychologists, supervision is seen more as for training and trainees. I think experienced clinical psychologists (of the old school) are actually rather frightened of exposing their clinical work to this kind of evaluation. This applies more to older colleagues. Whereas recently qualified staff seem to value the support of supervision more and recognise its role in containment (encompassing ethics, boundaries, competence, stress management, support, learning etc – ie. my view of supervision.

59 I think it is a requirement which should never be dropped.

62 I believe that one of the aspects rarely focussed on is the supervisee's responsibility to negotiate a way of making use of a supervisor. I think this parallels the task of the client to find a way to make use of the therapist. While this is, of course, a two-way process it is more often the supervisor's contribution which is more often commented on. In my own experience I cannot think of any supervisee (even if I did not select them or like them), whom I didn't learn at least something from.

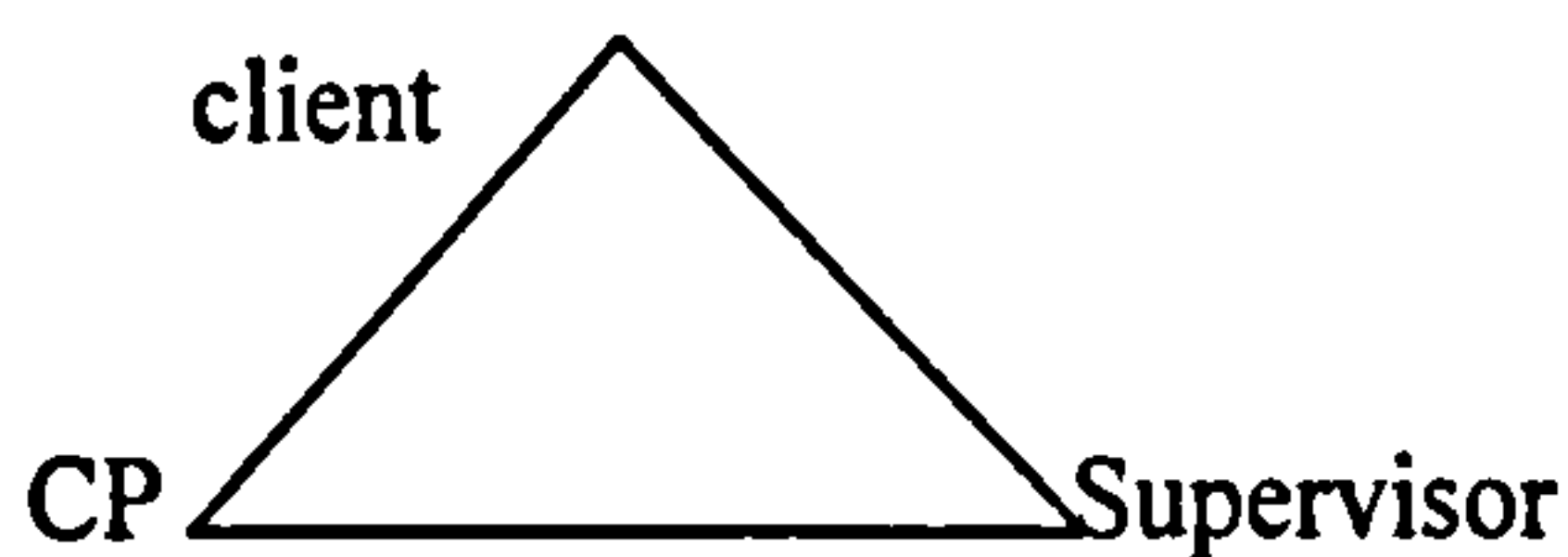
65 Professional development and experience in the field might make it more difficult for individuals to assess supervisors/or feel that they need it.
Therefore, the concept of supervision to a CP recently qualified, will be different to that of an established practitioner who may look upon supervision as an opportunity to exchange ideas/experiences within their particular work setting. The question of whether supervision is useful, desirable or necessary for CPD is clear, most CPs would say it is, the challenge is validating that experience in accordance to the requirement of the individual.

84 A good clear questionnaire – unusual these days!! Good luck.

87 1.0 Part 1V is crucial to the nature, function and raison d'être of counselling psychology.

1.1 A client whose world is vulnerable needs to know/sense/feel that his/her CP is in some sense seeking wholeness amidst fragmentation.

- 1.2 This felt sense (acknowledgement, really, by the CP to the client) on the part of the client is a modelling of connective reality. In short, it's hope-sustaining.
- 1.3 Deeper, this hope can be worked through in a psychodynamic fashion that the CP has his/her faults/failings and yet is human amidst all the odds.
- 1.4 Supervision enables the CP to relate to the client through modelling on the part of the supervisor.
In essence, it's a triangular relationship based on therapeutic modelling.



- 1.6 It's mysterious and yet scientifically measurable. All the best for your work.

102 Re: Section 31:

Some of the items here raise an important professional issue about possible confusion between the role of supervisor and that of manager. Clearly the manager would be concerned with items 3, 9, 13, 14, 15 and 16 and the overall issue of concern for efficient service delivery. The supervisor, on the other hand, in my view, would be appropriately focusing on the functioning of the supervisee as counsellor/therapist in relation to their clients. The supervisor needs to be aware of organisational issues insofar as they impinge on the therapeutic work and relationship between supervisee and client. The organisational setting could be detrimental or facilitative. In a similar way, the supervisee's personal/family problems are not a legitimate focus of work for the supervisor, unless they impinge on the counselling process with clients. I think there is sometimes a confusion, too, between the role of supervisor and that of therapist. The supervisor may be aware of issues which the counsellor/supervisee needs to take to a therapist, but the supervisor needs to resist the temptation to take on these issues him/herself. My personal orientation – Object Relations – informs my approach here. You haven't mentioned personal therapy – I regard this as very valuable – and perhaps actually essential for supervisors.

This is my current professional development goal. I intend to go on a supervision course.

- 103 Supervision offered in the NHS is not always adequate. Economic and organisational restraints mean that supervision is not always offered in line with the orientation of the counsellor/counselling psychologist - this can cause difficulties - especially if the supervisor also hold a line manager role.

Many trainee counsellors are not receiving adequate supervision from suitably qualified/experienced supervisors. I have worked with trainees who report supervision experiences which obviously indicate the supervision offered them was not appropriate.

We have formed a group locally so that as qualified supervisors we can monitor this trend which we feel is a result of an increase of counselling courses attended by would-be counsellors who may "cut corners" in achieving their ambitions – at the cost of the clients?

- 105 I found a few of the questions difficult to answer within the framework of the responses offered.

I feel some questions on the abusive relationships occurring between supervisor and supervisee would have been worth exploring. I was in a professionally abusive relationship as a student and did not know how to cope.

I feel supervision is an ideal medium for examining and protecting clinical standards via clinical audit methods. Good luck with your research and well done. We need more research in clinical effectiveness issues.

- 107 I believe that a distinction should be made between "management supervision" and "clinical supervision". The former is necessary when working in agencies.

The supervision I value as a practitioner is clinical supervision, which I believe should be carried out by an independent party. I have described overleaf my current supervision arrangements – a mix of management and clinical. In the past, during my training and for my private practice I received supervision regularly from qualified supervisors regularly from qualified supervisors from a variety of approaches. I found it to be a very useful experience and necessary to good practice. Also in the past, working in the NHS while running groups, I had a supervisor who was independent of my department. It was an enriching experience. The arrangement encouraged honesty and TRUST in the relationship and was especially valuable as a result.

- 109 In the NHS, boundaries between clinical supervision and managerial supervision are becoming increasingly blurred. I currently receive supervision from my line manager (clinical psychologist) and instead of feeling creatively supported and freed in my thinking, I sometimes end up feeling criticised and even threatened. Instead of my struggles to help clients being valued, I sometimes feel as if I'm being told what to do.

Over the last ten years, I have had several supervisors and been in several different peer groups for supervision. I know how easy it is to withhold problems if I'm not confident I will be helped with them. I think there may be problems across all types of boundaries – eg.

1. Clinical psychology/counselling psychology
2. Humanistic framework/cognitive-behavioural framework.
3. Manager/employee.

- 111 I don't usually participate in research due to constraints on time, but I feel quite passionately about the necessity for good supervision and supervisory training. Good luck in your research.

- 116 My experience of working in a Social Services setting shows me that many so-called therapists receive inadequate supervision – eg. social workers with little counselling training feel they are adequately equipped to supervise counsellors. I also observe little challenge or accountability. Selected clients can be left out and never brought to supervision. The counsellor can avoid embarrassing questions easily by being so selective. I also find that in group supervision if there are rivalries or unresolved issues within a team, there is resistance to exposing oneself with a colleague,. Additionally, I find that, for instance, a clinical psychologist may act as a supervisor to a counselling psychologist with much more training in counselling than themselves.

My personal experience leaves me on every occasion with a variety of supervisors, feeling less supported than I'd like to feel. Sometimes I need some real tlc and reassurance – this is rarely forthcoming. I also find praise rarely given and honest criticism also rare. I'd like to be challenged more and given more honest feedback.

- 119 Vital for all concerned! Whatever the level of training.

- 120 Some statements under 31 would be true of some contexts but not others.

- 122 I am very much in favour of supervision for counsellors. I get the impression that there are grandiose notions about the supervisor's role and status. What the supervisor provides is an alternative construction of reality.

- 125 Having been supervised by psychotherapists and clinical psychologists, I believe there is a strong need to develop our skills as supervisors in counselling psychology.

- 126 Question 18: Integrative is Humanistic and should not be lumped together with eclectic. This is confusing and impossible to tick one only. I am currently on another training (MA Integrative Psychotherapy). The training programme combines humanistic psychotherapy, Object Relations theory and psychoanalytic Self Psychology, together with the developmental psychology of Bowlby, Mahler and Stern. Both of my supervisors are "Integrative" and they have a background of TA and Gestalt.

- 136 Although I think explicit training in supervision useful, I see it as much less important than

depth and soundness of therapeutic training and clinical experience.

- 138 I make a distinction between the terrain – ie. the client’s material, and the map(s) – ie. the therapist’s understanding, and my understanding of the therapist ⇔ client dyad. I do not seek to *impose* a map, but rather to listen very carefully and allow meaning to emerge from our talking together. I am concerned with the meaning to the client, therapist and myself, and do not believe these can be disentangled, although they can be seen as separate figures to which the other two provide ground. Good luck with the research!
- 155 1. As a supervisee I’ve had the most excellent supervision when it has been independent of the setting. Supervision from a colleague with line management responsibilities is very unsatisfactory.
2. Receiving supervision from a colleague “committed” to an alternative paradigm is very difficult.
3. As a supervisor, I find it a little confusing trying to be open to the orientation of the counsellor and not fall into forcing my own interpretation/orientation.
4. Supervision of supervision: Working with supervisees from different orientations; Addressing issues such as work-induced stress, racism, sexism and homophobia.
- 160 Question 16: By “personal support”, I do not mean therapy (I get that elsewhere!) but some recognition of me as a person, with a cold, worried about my daughter, needing a holiday and carrying a heavy caseload.
- Question 21: I rather think there is a difference between counselling psychologists and other counsellors both as clients and supervisees – I become more psychological and mention research and theory more often, I think.
- Question 31: I hate this sort of question! I particularly found the questions about teaching theory and skills difficult because I do teach these, but when there is something specific which I believe would help a client when the practitioner is not sure or doesn’t know, for instance: dialogic enquiry, phenomenology. I suspect that as new trainees become qualified this will change because training courses will cover stuff that we “grandmothers” had to learn piecemeal.
- 161 1. Clear contracts are needed in supervision about the nature of the supervisory relationship, beginnings, endings, expectations.
2. For me, one of the most important and sometimes underrated aspects of supervision is teaching. I use supervision as an experienced practitioner learning new theory and skills.
3. Supervision should be varied and supervisees and supervisors should change from time to time – ie personnel! eg 2 – 4 years with one supervisor.
4. It is difficult to get peer support for counselling psychologists and to set up peer group supervision.
5. Supervisors underestimate how much teaching needs to be done with beginning practitioners. Often role play and modelling are the most powerful tools (ditto direct observation for evaluation of trainees’ skills).

Limits to the questionnaire

Question 6: In which of the following areas do you work? Four categories were provided – client work, consultancy, teaching/training, and research, plus “other”. Somewhat surprisingly in retrospect, the category of supervision was left out, and 13 respondents in the open-ended section mentioned it. This seemed a very obvious error when the questionnaires were being analysed, but it was overlooked at the construction stage.

Question 8: Average number of client contact hours: It would have been better if this question had specified the exclusion of supervisees, in case the term “clients” was thought to include them. It is unlikely that respondents would have made this assumption, given the nature of the previous question about client work, but greater precision would have been desirable to rule out any ambiguity.

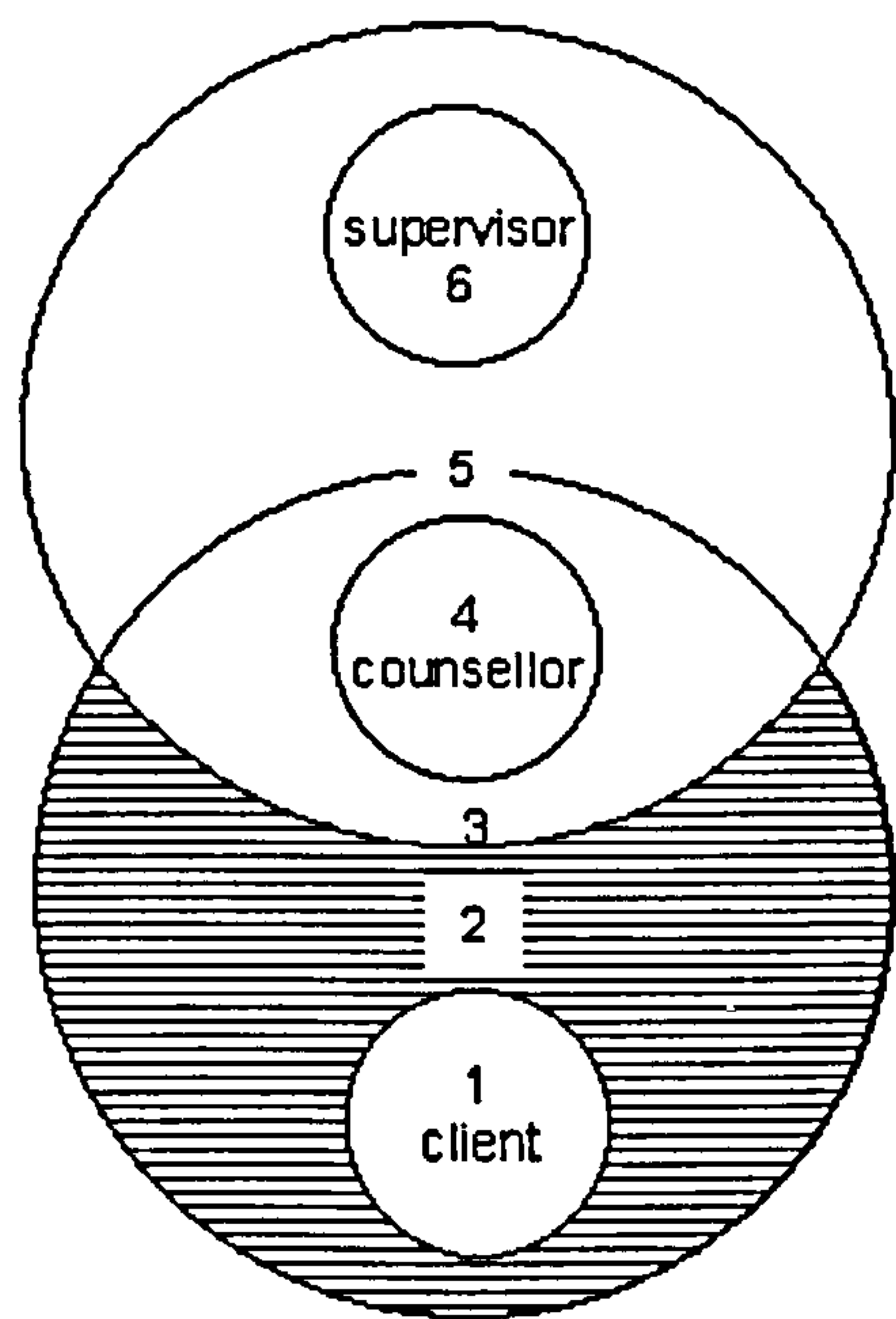
Question 12: Types of supervision in past and present: This question featured co-supervision as the second box to tick. The construct of “co-supervision” should have been defined clearly and not left to chance. It is possible that not everyone is familiar with the term, and only one in five respondents currently use this format.

Question 16: Please indicate the main purpose(s) of supervision. Again, a rather obvious omission was supervision of supervision, particularly since 41 respondents said they combined it with their personal supervision. This was in spite of the fact that only two respondents actually mentioned it in the open-ended section of the question.

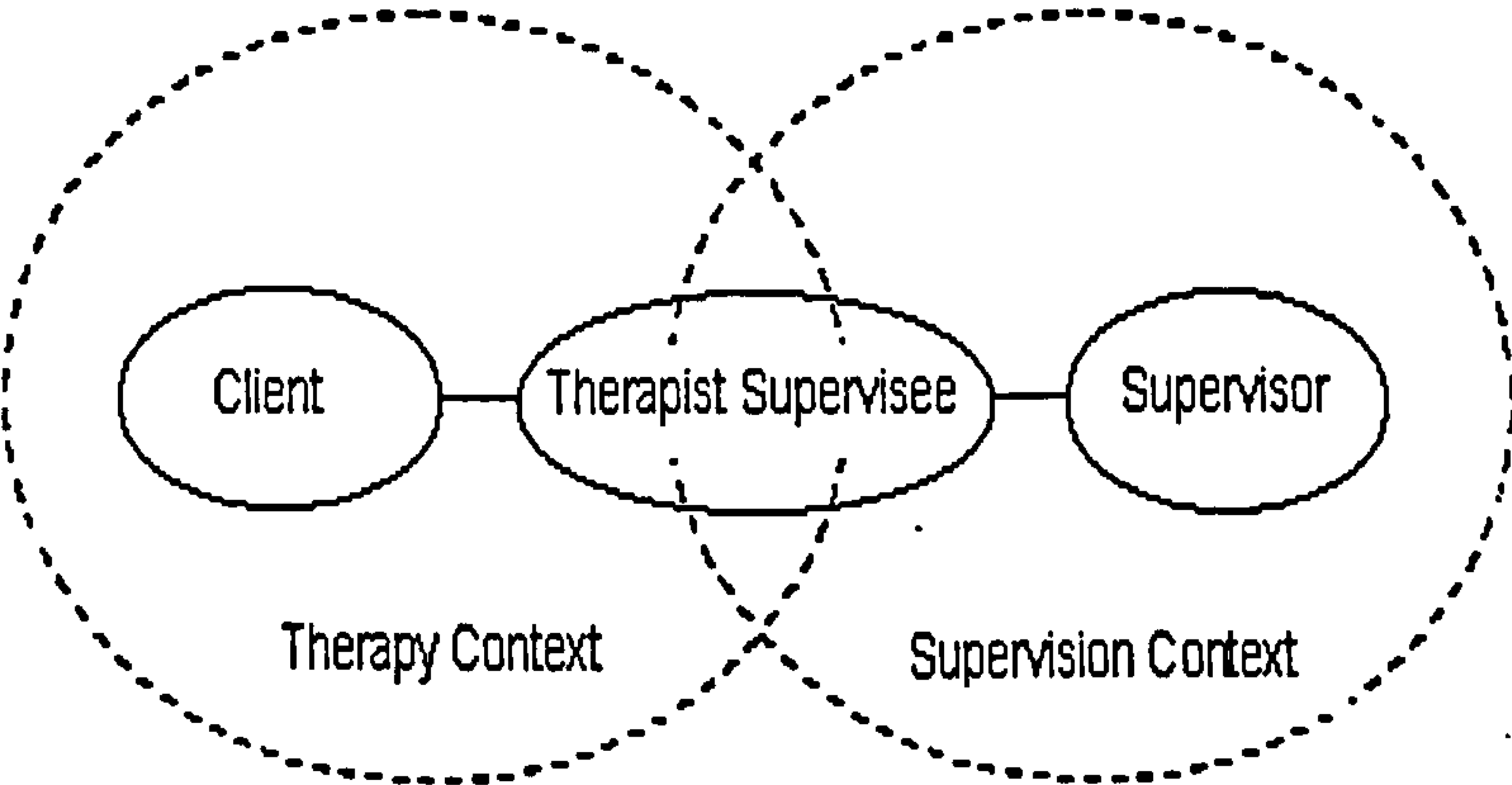
Question 17b: What are your supervisor’s qualifications in supervision? Here two possible categories were omitted – “No training”, and “Supervision training but no formal qualification”.

There is a case to be made for including as many categories as possible in multiple choice questions providing, of course, that they do not become unwieldy as a result. When a category is included it acts as a prompt and may elicit more responses than if it is left to the open-ended section which is really designed to pick up the less usual responses.

Hawkins’ and Shohet’s Double Matrix model and Hess’ Supervision Field



1 A
Hawkins and Shohet



1 B
Hess

Summary of supervision models

Seven-Eyed Supervisor

(Inskipp and Proctor, 1993,
based on Hawkins and Shohet, 1989
and revised in Hawkins and Shohet, 2000)

- 1. The client’s life and experience
- 2. Interventions, techniques and goals
- 3. Process and relationship between client and counsellor
- 4. Internal awareness of counsellor
- 5. Process and relationship between counsellor and supervisor
- 6. Internal experience of supervisor
- 7. Systems affecting these —
client
counsellor
supervisor
agency
cultural, social
professional, economic

Generic Integrative Model of Supervision
(Carroll, 1996)

- | | |
|------------|--|
| Functions: | Supportive
Educative
Administrative |
| Tasks: | 1. Relating
2. Teaching
3. Counselling
4. Monitoring professional/ethical issues
5. Evaluating
6. Consulting
7. Administrating |

Inskipp and Proctor
Supervision Tasks Framework
(Proctor, 2000)

- Formative
Normative
Restorative
Plus
Perspective (Bond, 2000)

Integrative Relational Approach:
Supervised Supervision
(Gilbert and Evans, 2000)

- 1. Ethics
- 2. General professional matters
- 3. Relationship between supervisor and supervisee
- 4. Organisational issues
- 5. Professional development issues for supervisor
- 6. Competency issues
- 7. Professional relationships with peers

General Supervision Framework
(Scaife, 2001)

<u>Supervisor role-behaviour</u>	<u>Focus</u>	<u>Medium</u>
Inform-assess	Feelings and personal qualities	Live
Enquire	Knowledge, thinking, planning	Recorded
Listen-reflect play	Actions and events	Reported and role

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