

Good Practice in Action 054
Commonly Asked Questions
Resource

Introduction to
supervision
(member version)



British Association for
Counselling & Psychotherapy

Introduction to Supervision

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Context

This document is one of a suite of resources prepared by BACP to enable members to engage with BACP's *Ethical Framework for the Counselling Professions*.

Using commonly asked questions resources

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

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

Specific issues in practice will vary depending on clients, particular models of working, the context of the work and the kind of therapeutic intervention provided. As specific issues arising from work with clients are often complex, BACP always recommends that practitioners discuss any practice dilemmas with a supervisor and/or consult with a suitably qualified and experienced legal or other relevant practitioner. People accessing counselling services, who would like more information, or have concerns about their practitioner, or service offered can access support through the BACP Register at: <http://www.bacpregister.org.uk/public/>

In these resources, the word 'therapist' is used to mean specifically counsellors and psychotherapists and 'therapy' to mean specifically counselling and psychotherapy.

The terms 'practitioner' and 'counselling related services' are used generically in a wider sense, to include the practice of counselling, psychotherapy, coaching and pastoral care, or those engaged in therapeutically-based services, working in roles where supervision may be appropriate.

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1 Introduction

Supervision is a formal arrangement for both qualified and trainee practitioners, engaged in therapeutically-based or helping services. It provides an opportunity to discuss their clinical work regularly with an experienced practitioner (the supervisor).

It should be read alongside the BACP *Ethical Framework for the Counselling Professions* (BACP 2016a) (EFfCP) in particular Good Practice Points 50-61, and other very useful resources that are available at http://www.bacp.co.uk/ethical_framework/

Q.1 What is supervision?

BACP describes supervision as:

A specialised form of professional mentoring provided for practitioners responsible for undertaking challenging work with people. Supervision is provided to ensure standards, enhance quality, advance learning, stimulate creativity, and support the sustainability and resilience of the work being undertaken (BACP 2016b).

It is usually a formal but collaborative process that involves regular 'consultative support'; two or more people form a 'supervisory alliance' with shared objectives about how to work together constructively to provide a safe, ethical and competent service to clients. Usually practitioners consult trained and experienced supervisors, but there are occasions when 'peer supervision' is undertaken; before working in this way, practitioners need to consider whether they are competent and experienced enough to have the 'additional skills and knowledge' (EFfCP: Good Practice point 52).

Supervision is not:

- 'policing' or 'checking up' on practitioners, although there are elements of monitoring the practitioner's practice to ensure clients are safe and have the best possible service, particularly when in receipt of services from trainees and newly qualified practitioners.
- the same as therapy. At times, it is appropriate for a supervisor to offer support to a supervisee who is experiencing a personal crisis, but that support should not become lengthy, overshadow client concerns or lessen the process of supervision.

Supervision can at times, be confused with case management but the *Ethical Framework for the Counselling Professions* states that:

Good supervision is much more than case management. It includes working in depth on the relationship between practitioner and client in order to work towards desired outcomes and positive effects. This requires adequate levels of privacy, safety and containment for the supervisee to undertake this work. Therefore a substantial part or preferably all of supervision needs to be independent of line management (Good Practice Point 51).

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Q.2 Who might benefit from supervision?

BACP recommends supervision:

for anyone providing therapeutically-based services, working in roles that require regularly giving or receiving emotionally challenging communications, or engaging in relationally complex and challenging roles (Good Practice Point 61).

Q.3 How does supervision assist the helping professions?

The *Ethical Framework* states that supervision:

is essential to how practitioners sustain good practice throughout their working life. Supervision provides practitioners with regular and ongoing opportunities to reflect in depth about all aspects of their practice in order to work as effectively, safely and ethically as possible. Supervision also sustains the personal resourcefulness required to undertake the work (Good Practice Point 50).

At a professional level, supervision:

- is a rich source of support, learning and understanding
- helps practitioners to work safely and effectively with clients
- supports the development of a reflective practitioner
- fosters and maintains the effectiveness of the therapeutic relationship
- helps practitioners develop their abilities to self-supervise when the supervisor is not present
- sets the tone, values and behaviours expected of practitioners
- involves accountability
- can help manage risks
- is recognised as good professional practice by a range of different professional bodies
- can contribute towards meeting requirements of professional bodies and regulatory requirements for continuing professional development (where applicable).
- provides a 'safe space' where practitioners can share, discuss and reflect upon their therapeutic practice?

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At a personal level, supervision can:

- lower stress enabling clearer thinking by the practitioner
- allow the recognition and defusing of strong or negative feelings and indirect traumatisation
- sometimes be the first place that non-work related problems that may impact on work are acknowledged
- help to develop resilience
- increase job satisfaction.

Q.4 What are the roles and responsibilities of a supervisor?

Supervisors may operate in multiple roles including mentor, teacher/tutor/trainer, evaluator, advisor, consultant, supporter gatekeeper of the profession (clarifying professional standards and practice), manager (of the process of the session) and facilitator. This requires flexibility and skill to determine which role is appropriate when and to move easily between them. Clarity of role and awareness of boundaries in each situation is vital.

A supervisor has responsibility to their supervisee, client(s) and sometimes a third party e.g. the employing organisation or training organisation. Supervisors also have responsibility to their professional association, society and themselves.

Some responsibilities are held by:

- a) supervisee only e.g. to prepare case-material for discussion
- b) supervisor only e.g. to manage a dual relationship such as would arise if supervisor and supervisee attended the same training event
- c) both e.g. *The application of this Ethical Framework to the work with clients will be reviewed in supervision regularly and not less than once a year (Good Practice Point 59).*

Practitioner training will often involve trainees undertaking therapeutic work through supervised placements. Part of the supervisor's role is to *ensure that the placement work satisfies professional standards (Good Practice Point 56).*

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The *Ethical Framework for the Counselling Professions* points out that:

When supervising qualified and/or experienced practitioners, the weight of responsibility for ensuring the supervisee's work meets professional standards will primarily rest with the supervisee (Good Practice Point 57).

Supervisors hold professional and ethical responsibility for:

- a) clarifying legal issues with supervisees and
- b) developing and maintaining their own up-to-date knowledge of legal issues via training and other CPD.

The *Ethical Framework for the Counselling Professions* states:

We will give conscientious consideration to the law and any legal requirements concerning our work and take responsibility for how they are implemented (Good Practice Point 42).

and

Supervisors will conscientiously consider the application of the law concerning supervision to their role and responsibilities (Good Practice Point 60).

Further information on legal responsibilities can be found in Good Practice in Action Legal Resources for the counselling professions *032: Supervision in England, Northern Ireland and Wales* and Wheeler and King (2001).

You are strongly advised to keep up to date with changes in the law and to consult a suitably qualified practitioner or lawyer when necessary. Some professional insurers will provide legal advice as part of their service.

Q.5 What is the nature of the supervisory relationship?

This professional relationship is sometimes called the 'supervisory alliance'.

Fundamental to the success of supervision, the alliance relies upon explicit and honest discussions held within the context that is collaborative, trusting and respectful. The relationship can be complex and multi-faceted with the potential for the supervisor to exert great influence over the supervisee.

The supervisor has the responsibility of setting and maintaining the supervisory relationship boundaries.

The *Ethical Framework* states:

All supervisors will model high levels of good practice for the work they supervise, particularly with regard to expected levels of competence and professionalism, relationship building, the management of personal boundaries, any dual relationships, conflicts of interest and avoiding exploitation (Good Practice Point 53).

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Both share responsibility to raise any concerns about supervision. The supervisor must however support the supervisee to do so (Stainsby 2015).

Part of the success of this alliance involves ‘monitoring’ what happens in that relationship. BACP has produced two resources about monitoring the supervisory relationship Good Practice in Action Fact Sheet Resource 010: *Monitoring the supervisory relationship from the perspective of the supervisor* and Good Practice in Action Commonly Asked Questions Resource 011: *Monitoring the supervisory relationship from the perspective of a supervisee*, which give more information. BACP members can access them at: http://www.bacp.co.uk/ethical_framework/newGPG.php.

Choosing (or being assigned) a line manager as a supervisor can lead to conflicts of interest between the needs of the organisation (the priority of the line manager) and the needs of the therapist. Such a dual relationship can inhibit presentation of material, difficulties and mistakes due to fears about job security.

Q.6 *Is supervision confidential?*

Yes. The *Ethical Framework for the Counselling Professions* states:

All communications concerning clients made in the context of supervision will be consistent with confidentiality agreements with the clients concerned and compatible with any applicable agency policy (Good Practice Point 54).

Overall, client confidentiality is protected during supervision. Clients are not identifiable by name and information given is protected under a contract of confidentiality made between supervisor and supervisee. The supervisory contract will describe the scope and limits of confidentiality between supervisor, supervisee (and any organisation involved).

Whilst supervisors are very reluctant to breach client confidentiality, there may be a legal duty or ‘exceptional circumstance’ (such as a serious risk of harm) when it would be appropriate to do so. BACP members can access information on this at: http://www.bacp.co.uk/ethical_framework/documents/GPiA014.pdf

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Q.7 What might practitioners discuss at supervision?

Practitioners can discuss anything that relates to their therapeutic practice and work with clients. The *needs* of the supervisee can be divided into three categories:

1. **Normative** – involves issues connected to professional and ethical guidelines, norms, laws standards of practice and competence e.g. discussion about data protection.
2. **Formative** – involves skills, theoretical knowledge e.g. the teaching of a stress management technique.
3. **Restorative** – involves recharging batteries, dis-identification from the emotional charge of client work or managing life crises whilst still working e.g. discussions about the impact of trauma work on the practitioner.

When preparing for supervision, supervisees may have to choose between a wide and sometimes confusing range of material to discuss. Common topics include:

- ethical issues, dilemmas and boundaries e.g. how to manage a dual relationship
- caseload management e.g. how to get more clients
- specific client issues or concerns
- the therapeutic relationship e.g. feelings of sexual attraction
- organisational issues e.g. tensions arising between stakeholders
- the counselling process e.g. feeling de-skilled
- impact of life on the work e.g. bereavement
- work having a negative impact on the practitioner e.g. burnout
- theory and techniques e.g. learning a new theory
- professional development needs e.g. making training decisions.

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Q.8 Does a supervision session have a structure?

At the beginning of supervision, it is useful to create an agenda. Here is the agenda for an *imaginary supervision session* between Adrienne, a counsellor who has recently begun to volunteer at a charity, and Rani her supervisor.

Adrienne and Rani – supervision agenda for 16 October, 2-3.30pm.

1. **How is Adrienne?** – Adrienne says she has back pain which stops her sleeping. She wishes to discuss the impact of this on her work (normative and restorative).
2. **Anything not covered from the previous agenda?** Yes, Adrienne forgot to borrow Rani's book on Suicide Intervention.
3. **Periodic review of supervisory alliance** – Adrienne realises that recently, she has been downplaying her own abilities to Rani. They wonder whether this could be connected to Adrienne's work with Keith (normative).
4. **Client work:**
 - a) **Keith** – his extreme low self-esteem.
 - b) **Sandra** – on leaving her session, Sandra pushed an envelope into Adrienne's hand saying 'You've become very special to me'. Inside was an invitation to Sandra's wedding. Adrienne knows she must refuse the invitation at Sandra's next session and this feels difficult (restorative and normative).
 - c) **Samir** – Samir has severe depression. Adrienne wants to find more specialised training on depression (normative, formative, restorative).
5. **Counselling contract issued by the charity** – Adrienne questions whether certain clauses are ethical (normative).
6. **Empty Chair technique** – Adrienne would like to use this technique but lacks confidence. She asks Rani (a Gestalt therapist) to teach her (formative).
7. **Room allocation** – Lately, Adrienne has been unable to use the same counselling room. One client said it was 'unsettling'. The charity manager does not understand Adrienne's concerns and says she is "making a fuss". Adrienne want to discuss what to do next (restorative and normative).
8. **Review of this session** – Adrienne got what she wanted from today's supervision.
9. **Next supervision session** – booked for 15 October, 2-3.30pm.
10. **Payment** – paid by charity.

This scenario is not prescriptive but provides a 'fly on the wall' view.

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Q.9 *Does supervision involve the use of techniques?*

The most common method used in supervision is dialogue but others include:

- analysing audio/video tapes of the practitioner's work
- use of creative techniques e.g. playing with words, brainstorming ideas, possibilities, images, objects, themes from fairy tales, archetypes, myths, metaphors and dreams, drawing, sculpting, sand-play etc.
- understanding 'parallel process' – when what happens in the therapeutic relationship is mirrored during supervision. Recognising it can be very helpful to understanding the work with the client.

Q.10 *Must supervision be on a one-to-one basis?*

No. Although as the *Ethical Framework for the Counselling Professions* points out, 'supervisors require adequate levels of expertise acquired through training and/or experience' for the work that is being undertaken, and relevant to the experience of the supervisee.

Supervision can be:

One to one – there is a designated supervisor. Work may be examined closely, with plenty of time to attend to the supervisory relationship. Facilitating a good overview of the practitioner's work and mirroring the therapeutic relationship. Nevertheless, it provides only one supervisory style and theoretical perspective.

But it could also be:

Peer one to one (co-supervision) – roles of supervisor and supervisee are interchangeable, each peer taking a turn. With no perceived 'expert' and usually no payment, peers may be at the same age/stage and understand each other's developmental needs. However, challenge may be difficult, collusion can occur and role confusion is possible.

Group – either peer-led or with a designated supervisor. Providing many viewpoints, varied feedback, a wider range of experience and ability, there are more opportunities for working with diversity. Groups can prove very creative but there is less time for each member, time may not be divided equally and competitive, destructive group dynamics may happen if not managed well.

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Q.11 *Must supervision be face to face?*

No. Secure videoconferencing, email and telephone supervision can be useful for those in geographically isolated areas or with access difficulties. However, as Bond (2015) points out:

It is considered ethically desirable to receive at least some elements of regular supervision by the same method of communication that is used with clients, in order to gain direct experience of the strengths and limitations of the chosen way of working (Page 12).

Q.12 *A supervision contract – is it recommended?*

Yes. The supervision contract sets the context, scope and terms of the supervisory relationship and work. It covers practical considerations, expectations, clarity about roles, terms of the relationship, responsibilities and accountabilities. A robust contract ensures protection of the client and has implications for safeguarding the rights and responsibilities of both supervisee, supervisor and any third parties.

Usually applied for a fixed period, this formalised, explicit legal agreement is subject to review.

Contracts can be *multi-way* – the lines of accountability and responsibility between counsellor, client, supervisor and organisation need to be very clearly defined and terms compatible between all parties.

The contract should be a working (and workable), preferably written agreement. If not negotiated between parties, it may appear imposed and seem more about protecting the organisation or supervisor than supporting the supervisee in their work.

If difficulties arise within the supervisory relationship, a contract forms the essential basis of discussion and either resolution or termination of that relationship. For more information (including contracts for trainees) see Good Practice in Action 032: Legal Resources: *Legal Issues and Resources for Supervision in England, Northern Ireland and Wales*.

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Q.13 How much supervision is enough?

The *Ethical Framework for the Counselling Professions* states supervision should be: 'regular and ongoing' (Good Practice, Point 50).

Whilst some practitioners hold the opinion 'You can never have too much supervision', quantity is no substitute for quality e.g. five hours of low-quality supervision a month does not suffice nor does one hour of high-quality supervision. Time allocated should allow for reflection on all dimensions of the work, meet the needs of the practitioner and help promote the best service for clients.

In addition to BACP baseline requirements, how much supervision to have and how often depends in part, on the amount of work undertaken, the contexts/settings, the complexity of the work, the supervisee's experience, training and development needs and any life events that may impact. **Unless they are trainees, it is primarily the supervisee's responsibility to ensure they work to professional standards and have adequate supervision (see *Ethical Framework*, Good Practice, point 57).** However, it is also important that supervisors and managers of services (in their duties to their employees, service providers and service users) ensure that these arrangements and requirements are reviewed regularly.

The current BACP baseline for supervision differs according to membership category:

Accredited members (or those working towards accreditation) need to ensure they have a minimum of 1.5 hours per month, and additional supervision, dependent on their caseload, and the context within which they work.

Supervisors for trainees need to ensure that the supervisee's work: 'work satisfies professional standards' (Good Practice point 56) and the requirements for BACP accredited course placements for student counsellors/psychotherapists in training are:

- 1 hour of supervision for every 8 hours of client work
- not less than an overall minimum of 1.5 hours per month
- delivered not less than fortnightly

Group supervision: accredited counsellors, or those preparing for accreditation can include within their total supervision hours, group supervision as follows:

- Groups of 4 or less, each practitioner can claim up to 50% of the time together.
- Groups of 5 or more – the time needs to be divided by the number of counsellors in the group.

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Baselines should be increased according to circumstances such as rise in client hours, emotional intensity or complexity of the work, or following a personal crisis in the practitioner's life.

Only in exceptional cases, may an unaccredited practitioner with a light caseload consider reducing their baseline supervision. This must not become the norm and should be capable of being restored quickly.

Financial difficulties should not lead to a reduction in the baseline. In this situation, the case-load should be decreased or the service stopped. If the regular supervisor is unavailable due to illness etc. 'making up supervision time' from elsewhere e.g. discussions with a colleague, is not advisable unless that supervision is formally contracted and fulfils the normative, formative and restorative functions.

Q.14 Difference and diversity – does supervision address these areas?

Yes. Supervision can include discussion and exploration of difference, diversity, discrimination, prejudice, stereotyping and access within both the therapeutic and supervisory relationships. Legislation and policy regarding diversity are addressed also.

The *Ethical Framework* states:

We will take the law concerning equality, diversity and inclusion into careful consideration and strive for a higher standard than the legal minimum (Good Practice, Point 23).

Supervisors and supervisees make commitments to:

Facilitating a sense of self that is meaningful to the person(s) concerned within their personal and cultural context and appreciating the variety of human experience and culture (Ethics, Point 3).

Supervisors must ensure that the supervisee can work ethically, legally and effectively with general, individual and group differences.

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Vignettes

Issues can arise from both the therapeutic and supervisory relationships. Here are examples of what might be discussed in supervision:

Kittisha uses words from her Caribbean culture to describe her family. Her counsellor doesn't understand the meaning of these words but worries she'll appear rude if she asks Kittisha (therapeutic).

Norma, a psychodynamic psychotherapist, has been assigned a new supervisor by her employing organisation. This supervisor works solely using theories from the humanistic tradition. Supervision is proving challenging to both (supervisory relationship).

Micky is a support worker. William, his client has difficulties with his hearing and Micky finds it increasingly difficult to have a discussion with him. Micky worries about bringing the issue to supervision because his supervisor wears two hearing aids and they've never discussed this (therapeutic and supervisory).

Q.15 How might I introduce the idea of supervision to my organisation?

Engaging with supervision can be an exciting yet challenging phase in the life of a practitioner or organisation. There may be positive responses e.g. relief that the organisation finally recognises the importance of supervision. However, change can be resisted. The most complex obstacles to overcome are likely to be the reactions of those who fear the change, what it may mean to them and the organisation.

Issues such as 'being watched', concerns about client material leaking out and 'supervision turning into therapy' may arise, for example.

It can help to:

- provide accurate information
- have honest discussions
- enable people to voice concerns, hopes, fantasies and fears
- negotiate and introduce a supervision policy i.e. what is supervision, why, how, who, where, when etc?

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***Q.16** Our organisation has a mix of experienced and less-experienced practitioners. Does this matter when considering supervision?*

Yes. Significant developmental differences and supervisory needs are likely to exist between trainees and those qualified for a longer period who have more experience. Generally, the less experienced the practitioner – the more experienced the supervisor should be.

When thinking about how experienced the supervisee is, it is useful to consider the *Apprenticeship* model of Hawkins and Shohet, (1989):

Novice – a trainee who may feel anxious, easily deskilled and dependent on the supervisor but who is optimistic about what they can offer. Novices usually lack experience that enables them to compare situations easily and there may be difficulty integrating theory with practice. Some may bring an over-confident attitude to their work.

Apprentice – is moving towards more autonomy (independence). Realising more readily that clients differ and that what works with one client does not necessarily work with another, Apprentices may have lost some optimism, wondering whether they can work effectively.

Journey person – knows his/her levels of competence and is likely to be less dependent on their supervisor, moving more towards a colleague-type relationship. The Journey person holds an overview of their work and is more knowledgeable.

Master crafts person – has integrated much learning and clinical experience and may work as a supervisor. They are aware of their own strengths and challenges as well as limitations of the counselling approach.

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Q.17 *How do I choose a supervisor?*

BACP has published Good Practice in Action 008: Commonly Asked Questions Resource: *How to choose a supervisor* and Good Practice in Action 009: Fact Sheet Resource: *How to choose a supervisor for your service*, which are available to download for BACP members at: http://www.bacp.co.uk/ethical_framework/newGPG.php

A competence framework for supervision (Roth and Piling, 2009) that can be downloaded through the UCL website at: https://www.ucl.ac.uk/pals/research/cehp/research-groups/core/competence-frameworks/Supervision_of_Psychological_Therapies, suggests the skills a supervisor (from all theoretical orientations and service setting) should have. BACP has also developed a supervision training curriculum which can be accessed at: http://www.bacp.co.uk/ethics/competences_and_curricula/supervision.php

Q.18 *Must a supervisor have supervision?*

Yes. The *Ethical Framework* states that:

Supervisors will also ensure they work with appropriate professional support and their own supervision (Good Practice Point 52).

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Q.19 *Where can I find a supervisor?*

Consider using:

- word of mouth – personal recommendation can be useful although what suits one practitioner may not suit another. There may be an increased risk of dual relationships
- a list of supervisors provided by professional organisations e.g. your own, BACP (www.bacp.co.uk), UK Council for Psychotherapy (www.ukcp.org.uk), College of Sexual and Relationship Therapists (www.cosrt.org.uk), British Association for Behavioural & Cognitive Psychotherapies (www.babcp.com), Counselling and Psychotherapy in Scotland (www.cosca.org.uk), Association for Counselling and Therapy Online (www.acto-uk.org)
- BACP's comprehensive search facility at: wam.bacp.co.uk/wam/SeekTherapist.exe?NEWSEARCH.
- directories, such as – www.counselling-directory.org.uk
- advertisements in BACP's monthly journal, *Therapy Today* or other professional publications
- advertising via professional journals, publications or websites
- supervision training courses may have qualified counsellors looking for a practice placement
- a BACP or UKCP Accredited therapist, if unsuccessful with the above.

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Q.20 *Where can I read more about supervision?*

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