



UKCP Standards of Education and Training

Guidelines for Section and Institutional Members for the Development of Standards of Supervision for Child Psychotherapists

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1. Introduction

1.1 This document outlines a framework for Section and Institutional Members who wish to develop standards of Supervision for Child Psychotherapists. The development of these standards is an essential requirement for Section and Institutional Members where their organisations offer accredited trainings in Child Psychotherapy.

Section and Institutional Members should clearly define the nature and standards of supervision of Child Psychotherapists in line with the principles outlined below, modality specific issues, current legal requirements for work with children and government guidelines for such work.

It is recommended that these principles be articulated in the following terms:

- The nature of supervision
- Purpose of supervision
- Tasks of supervision
- Supervision of Child Psychotherapists – potential emotional pressures and clinical issues
- Diversity and equalities considerations in clinical practice

1.2 Additionally, Section and Institutional Members need to clarify the way in which they require member organisations to meet the following standards:

- Ratio for supervision (individual and group)
- Standards for supervisors
- Responsibility to the supervisee
- Clinical responsibilities
- The supervisors responsibility to self
- The responsibilities of the supervisee
- Organisations need to present a rationale for their stipulation of the relationship between trainers, supervisors and training supervisors in child psychotherapy

1.3 Diversity and equalities

The sections, supervisors and supervisees involved with working with children need to have at the centre of their work an awareness of the impact of difference and diversity, including origin, ethnicity, religion, class, status, gender, sexual orientation, age, disability, belief and contributions to society. This document should be interpreted in accordance with this statement, for the benefit of children and those working with them.

2. Minimum Standards for Supervision of Child Psychotherapists

2.1 The Nature of Supervision

Supervision is a process conducted within a formal working relationship in which a qualified or trainee psychotherapist presents his or her client work to a designated supervisor as way of enhancing their practice through careful reflection on the process. Supervision can take place on a one to one basis or in groups.

2.2 Purpose

The primary purpose of supervision is to enhance the professional development of the supervisee so as to ensure the best possible psychotherapy practice for their client. To this end supervision should perform the functions of education, support, and evaluation against the norms and standards of the profession and of society. This is the case irrespective of employment arrangements and applies both in private and public service.

Supervision can also contribute towards a gate-keeping process which allows for the recognition of certain situations, e.g. burnout, where because of the supervisee's physical, mental or emotional state it is unsuitable for them to work with clients.

2.3 Tasks of supervision

Supervisors need to be aware of the broad range of tasks that their role entails. These include:

- a. Facilitates an open, trusting working alliance with supervisees in which the supervisee is confident to reveal the difficulties within his/her work.
- b. Offering support – providing affirmation of good practice, collegiality in assisting the supervisee in handling the difficulties encountered in their practice.
- c. Taking an educative role - using coaching skills, or aspects of mentoring to enlarge the supervisee's theoretical knowledge and to highlight areas of further training.
- d. Recognizing that there is a normative role in supervision that includes upholding the standards of good professional practice, guiding and supporting supervisee's in addressing ethical issues, balancing the needs of supervisee and client and addressing issues of safety and right conduct.
- e. Ensuring that any child protection issues are being dealt with effectively.
- f. Enabling new insights and understanding to emerge in the process of the work including attending to diversity and equalities matters.
- g. Where the therapist is in training or there is a requirement by the organisation the therapist is employed by there may be an evaluative role.

3. Psychotherapy with Children

Working with children psychotherapeutically presents unique challenges to the psychotherapist.

3.1 Potential Emotional Pressures for Child Psychotherapists

These pressures can include:

- a. Pressure to change the child to meet the norms of society, culture, or organisations.
- b. Feeling responsible for the child's behaviour.
- c. The status of children as dependents and thus their ability to be in control of their therapeutic process. Examples of this include issues around referral, fees, timing, termination, autonomy and confidentiality.
- d. The extra emotional demands that dealing with troubled children can place upon the practitioner and the need to be supported in working with such children. Psychotherapy with children can stimulate strong reactions that can be consciously or unconsciously acted upon or experienced psychosomatically.
- e. Dealing with difficult feelings around the failure of society to provide adequate care, protection and psychotherapeutic support for vulnerable children.
- f. Dealing with and being able to address differential attitudes and behaviour in relation to children and young people based on prejudice and/or lack of knowledge of diversity and equalities issues and considerations.

3.2 Clinical Issues Particular to Child Psychotherapy

- a. Dealing with complex legal and ethical issues such as confidentiality, record keeping and child protection. The need to have a sound understanding of child protection procedures. Dealing with the emotional pressures and additional workload when there is a child protection referral.
- b. Balancing the child's right to self-determination with the complementary right to care and protection and the parental/caregivers rights in relation to therapeutic decisions about their child.
- c. Working within systems that provide education, care and protection for children. Referring and liaising with other professionals and managing appropriately the different relationships and roles they may undertake at any given time. This requires a high degree of flexibility and alertness to possible conflicts of interest.
- d. Consulting with parents or caregivers and negotiating contracts with all parties concerned.
- e. Dealing with the complexities of third party referrals and the problems that can be generated when the child may be referred for therapy as part of someone else's agenda.
- f. The referral of children who may be exhibiting symptoms of undiagnosed mental ill-health or developmental deficits that require specialist assessment, and or onward referral where it is felt beyond the competence or remit of the practitioner.
- g. The need to be responsive, creative and innovative to meet the child therapeutically through the use of varied therapeutic tools that allow the child to express themselves.

- h. The need to challenge discriminatory practice or potential discriminatory practice and to be able to discriminate when the practitioner needs help and guidance on this.

4. Professional Legal and Obligations of the Child Psychotherapists

Child Psychotherapists may have greater therapeutic, professional, ethical and legal sets of duties than towards their adult clients. Given the extra dimensions of working with children, it is mandatory that Child Psychotherapists have supervision whatever level of experience they have.

5. Ratios for Individual Supervision

In light of the additional complexities of psychotherapy with children, trainees and newly qualified Child Psychotherapists will need higher ratios of supervision to the number of clients seen. The suggested ratios are:

- a. For trainees in the first two years of training: 1 hour of supervision for every four client hours.
- b. Where the trainee has demonstrated competency of practice, this can be reduced to one hour of supervision for every six client hours.
- c. For newly qualified therapists in the first year of practice, it is recommended that there is an hour of individual supervision for every six client hours.
- d. It is recognized that for experienced practitioners, the nature of the supervisory relationship and the purpose of supervision will evolve into a more consultative role that has a collegial quality. The frequency and amount of supervision would be decided in consultation with the supervisor. The decision will be based on the nature of the client group that the supervisee is working with and the number of clients they are seeing.

For all practitioners it is recognized that working with severely disturbed, traumatized or abused clients will require higher rates of supervision. Supervisors may advise additional supervision where they deem necessary. Failure on the part of the supervisee to heed such advice must be addressed in supervision.

6. Ratios for Group Supervision

Group supervision provides the therapist or trainee with invaluable opportunities for shared learning and support. Group supervision should be on a ratio of a minimum of 30 minutes of supervision per supervisee. The maximum group size is four. It is essential, however, that trainees have additional individual supervision in line with guidelines for Section 5.

7. Standards, Duties and Responsibilities for Supervisors of Child Psychotherapists.

Supervision of child psychotherapists needs to be of the highest professional standard given the special challenges that working with children presents.

7.1 Standards for Supervisors

- a. That the supervisor has undertaken training in psychotherapeutic supervision.
- b. Section and Institutional Members must specify how the minimum qualifications, standards and approval process for supervisors of child psychotherapists should be met.
- c. The supervisor must have a recognized psychotherapy qualification. Normally, they should also have training and qualifications relevant to working with children. If the supervisor has no formal child psychotherapy training, then they must have substantial experience of working psychotherapeutically with children.
- d. The supervisor must have a thorough understanding of current child protection and the legal and ethical issues that pertain to children. They must work to the Code of Practice for Children and Complaints Procedure relevant to their UKCP Section and Institutional Member and the service provider they are employed by.
- e. Supervisors must have knowledge of Diversity and Equalities considerations in working with children and young persons and be able to challenge discriminatory practice.
- f. Supervisors must have a suitable Professional Indemnity Insurance. Sections and Institutional Members must specify the minimum requirements for Professional Indemnity Insurance for their modality of practice.

7.2 Responsibility to the Supervisee

Supervisors will:

- a. Make a contract with the supervisee incorporating into the contract a clear understanding of each parties clinical responsibilities as outlined in Sections 7.2, 7.3 and 9;
- b. Make clear the fee charged, the length and frequency of the sessions, cancellation, emergency and termination procedures;
- c. When undertaking an evaluative role and required to report on the supervisees work then this must be discussed in the initial contracting session;
- d. Be clear when contracting with supervisees, as to what action they would take if they were concerned about the supervisees work or capacity to practice;
- e. Ascertain that their supervisees are covered by Professional Indemnity Insurance;
- f. Have a responsibility to their supervisees and their clients to maintain their own CPD to ensure best practice and the professional development of their supervisees;
- g. Have a responsibility to help the supervisee to maintain awareness of diversity and equalities considerations and legislation;

7.3 Clinical Responsibility of the Supervisor

The supervisor will:

- a. Be aware of the extent of their clinical responsibility in relationship to the agency that the child client is referred through;
- b. Obtain information from their supervisee regarding the nature of the lines of communication with the organisation or agency they work with and their child protection policies;
- c. Include supervising appropriate liaison between the supervisee and the child's parents and caregivers;
- d. Be aware of both the limits of their own competence and those of their supervisee and be prepared to help the supervisee refer a client on appropriately. To this end, they would need to have a wide ranging knowledge of referral possibilities and support their supervisee through any process of referral. Supervisors may need to recommend that the supervisee undertakes additional training. The supervisor also needs to be aware when more specialist supervision than they are able to give is indicated to meet the best interests of the client and supervisee;
- e. Clarify with the supervisee who is working in private practice:
 - i. The suitability of the practice environment
 - ii. The facilities and play equipment provided
 - iii. Health and safety considerations
 - iv. Child protection procedures
 - v. Referral procedures
- f. Take all reasonable steps to be satisfied that the psychotherapy proposed is in the best interests of the child, and taking into account the child's age and understanding, that he or she is willing to engage in therapeutic work;
- g. Be ethically responsible for supporting best practice;
- h. Have an overview of the total case load of the supervisee;
- i. Recognize that their role includes supporting the supervisee with the extra emotional demands inherent in psychotherapy with children. There needs to be a willingness to form a relationship with the supervisee that enables the supervisee to feel met with an emotional effectiveness that can provide safe containment for possible disturbing emotions and anxieties;
- j. Be able to recognize "burn-out";
- k. Be alert to the potential for the supervisee to unconsciously respond to the client's material within the psychotherapeutic relationship and know when this goes beyond the containment that can be given in supervision and must be taken to the appropriate forum for personal development or psychotherapy.

8. The Supervisor's Responsibility to Self

These responsibilities include:

- a. Receiving appropriate supervision of their supervision;
- b. Appropriate continuing professional development to keep up to date with developments in the field of child psychotherapy.

9. The Supervisee's Clinical Responsibilities

Supervisees need to be aware of their clinical responsibilities in relation to their clients and supervisor. The supervisee is responsible for their clinical work with clients. Responsibilities include:

- a. To agree to a working contract with their supervisor and to adhere to the arrangements made;
- b. To specify any additional supervision they receive and which clients they are taking to which supervisor;
- c. To ensure that the supervisor has an overview of the supervisee's total caseload; and to provide brief details of each child client including the relevant history and reasons for referral;
- d. To make a professional will;
- e. To advise the supervisor of any significant developments, challenges and issues relating to the work with each child;
- f. To advise the supervisor of the lines of management and communication within each agency in which the supervisee practises;
- g. To provide the supervisor with a copy or other evidence of the child protection procedures of each relevant agency;
- h. To advise the supervisor of any relevant changes to the conditions of their practice;
- i. To advise the supervisor of any child protection concerns and referrals made;
- j. To provide to the supervisor with a copy of their current Professional Indemnity Insurance and clearance for working with children for example CRB check;
- k. To advise the supervisor of any additional training or professional development undertaken by the supervisee and to act upon any recommendations made by the supervisor for such training and development;
- l. To take into account the advice of their supervisor when considering issues of burnout, stress or working beyond the level of their competency.



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