Generic Practice Guidelines for the Supervision of Psychotherapists, Psychotherapeutic Counsellors and Trainees Working With Adult Clients

UKCP sets education, training, and practice standards for supervisors who are on the Supervision Directory. It is the responsibility of UKCP colleges and organisational members to ensure that individuals are meeting and maintaining these standards;

UKCP’s Complaints and Conduct Process focuses on the relationship between the therapist and the client and therefore cannot consider a complaint against someone acting in the role of a supervisor.

1. Introduction

1.1. This document is a framework of guidelines for the supervision for Psychotherapeutic Counsellors, Psychotherapists and Trainees working with adults. For the purpose of this and all other UKCP documents the term adult is understood to refer to any person who is 18 years and over in age. The term child is understood to refer to anyone under the age of 18.

1.2. These guidelines are necessary to ensure that all those offering supervision to members (full and Trainees) of UKCP are aware of the expectations as to the service they are offering. This includes anyone in peer supervision.

1.3. For the purpose of this document the term Psychotherapeutic Practitioner throughout refers to both psychotherapists and psychotherapeutic counsellors. The term Trainee refers to those trainees on either psychotherapy or psychotherapeutic counselling trainings seeing clients.

1.4. Supervision of clinical practice with clients by all psychotherapeutic practitioners requires similar levels of attention to the nature and standards of supervision. Such an approach is seen as being in line with the principles of protection of the public interest and of safeguarding the client.

1.5. Supervision is understood as a process conducted within a formal working relationship in which a qualified or trainee Psychotherapeutic Practitioner presents client work to a designated supervisor, as an on-going process of developing effective practice. The purpose is to ensure safe and competent practice through regular meetings. Experienced Psychotherapeutic Practitioners many choose to use peer supervision to meet this purpose.

1.6. It is acknowledged that no document can be exhaustive in its scope; however the points set out below are intended to set a tone, character and attitudinal approach to supervision guidelines, recommendations and requirements by Colleges, Organisational Members and centrally by UKCP.

1.7. Please see the list at the end of this document for the correct titles of all other UKCP documents relating to minimum generic requirements for education and training standards of supervision and routes to the supervision directory, including specific documents relating to working with children.
1.8. UKCP Colleges may add modality specific aspects to the principles articulated in this document.

2. The Nature of Supervision

2.1. Supervision is a process conducted within a formal working relationship in which a Psychotherapeutic Practitioner or Trainee presents their client work to a designated supervisor as a way of enhancing their practice through careful reflection and reflexive practice on the process. Experienced (as defined by Colleges) psychotherapeutic practitioners may choose to use peer supervision to meet this purpose.

2.2. Supervision can take place in facilitated groups, peer groups, on a one-to-one basis, by telephone, online, in writing, verbally or by use of digital media. Appropriate modes of supervision will need to be determined by the circumstances; and using different methods (e.g. live observation, digital recordings, written and verbal reports).

2.3. Where the supervision is of a trainee the vast majority (i.e. more than 60%) of the supervised practice hours normally should be completed face to face. Exceptions to this should be negotiated and evidenced in writing by the OM.

2.4. It is mandatory that recently qualified practitioners (less than three years in practice as a registrant) and ALL trainees working with clients are in formal supervision (i.e. not only peer supervision). In the case of Trainees, supervision should always be approved by the training organisation and peer supervision will not normally count as part of their training supervision hours.

2.5. Normally, Trainees may have only one third of their supervision from outside their modality.

3. Purpose of Supervision

3.1. The primary purpose of supervision is to enhance the professional development of the supervisee so as to ensure the best possible psychotherapeutic practice for their client. To this end supervision should perform the functions of education, support and evaluation against the norms and standards of the modality, profession and of society.

3.2. Supervision contributes towards a gate-keeping process that allows for the recognition of certain situations, e.g. burn-out, where because of the supervisee’s physical, psychological or emotional state it is unsuitable for them to work with clients.

3.3. Supervisors of trainees need to take into account the requirements within the Generic Standards of Education and Training for Psychotherapy with Adults and College/OM requirements.
4. Tasks of Supervision

Supervisors should be aware of the broad range of tasks that their role entails which include all of the following elements:

4.1. Promoting an effective working alliance with supervisees in which the supervisee is confident to reveal difficulties within their work.

4.2. Being supportive - providing affirmation of good practice, colleagueship in assisting the supervisee in handling challenges encountered in their practice.

4.3. Taking an educative role to develop the supervisee’s theoretical knowledge and to highlight areas of further training.

4.4. Recognising that there is a normative role in supervision that includes upholding the standards of good professional practice, guiding and supporting supervisees in addressing ethical issues, balancing the needs of supervisee and client and addressing issues of safety and appropriate conduct.

4.5. Demonstrating ability to match the style of the supervision to the experience and individual needs of the supervisee.

4.6. Demonstrating understanding and capability to work with diversity and equality considerations and issues.

4.7. Addressing and encouraging understanding of any diversity and equalities issues in the work.

4.8. Encouraging a clear understanding of safeguarding and risk awareness.

4.9. Ensuring that any client protection issues are being dealt with effectively.

4.10. Enabling new insights and understanding to emerge in the process of the work.

4.11. Where the therapist is in training or there is a requirement by an employing organisation, there may be an evaluative role.

4.12. Being able to work with different ways of evidencing the supervisee’s practice e.g. live observation, digital recordings, written and verbal reports and to request these as appropriate, with due regard to equalities considerations.

4.13. Showing an ability to recognise specific abilities as well as limits of the supervisee.

4.14. Demonstrating an ability to understand and critique work from the standpoint of the client, the therapist and the supervisor.

4.15. Recognising and being able to work with the parallel systems, processes and transferential or
similar processes and the environment as applicable to the modality approach(es) to supervision.

4.16. Demonstrating an understanding of why and how supervision requires knowledge, experience and skills in addition to those required by a qualified Psychotherapeutic Practitioner.

4.17. Demonstrating an ability to understand the principles, values and ethical issues particular to psychotherapeutic practice which need to be understood, communicated and adhered to.

4.18. Reflecting responsibility for transparency and accountability as relevant and important in the training and in the practice of supervision.

5. Professional Obligations

While supervisors have ethical duties with regard to their supervisees it is impossible for a supervisor to know everything that a supervisee does with their clients. They can only know what is brought to their attention. Therefore, there is a limit to the supervisor’s responsibility.

5.1. The nature of supervision is essentially facilitative. 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 difficult material and possible disturbing emotions and anxieties.

5.2. Supervisors should recognise and work in ways that respect the value and dignity of supervisees, their clients and the context of the work.

5.3. Supervisors have a duty to work with their supervisees to determine an appropriate level of supervision. For all practitioners it is recognised that working with severely disturbed, traumatised or abused clients requires higher rates of supervision.

5.4. Supervisors should engage with supervisees in discussion as to when and where additional supervision may be necessary. If the supervisee chooses not to accept any advice from the supervisor this should be addressed in supervision and should be noted by the supervisor.

5.5. Supervisors can seek guidance, advice and support from their own supervision supervisor, Organisational Members, from Colleges or UKCP centrally dependent on the nature of the issue.

5.6. Where the refusal to heed advice given is understood by the supervisor as in any way to be potentially harmful or dangerous the supervisor should inform the appropriate professional bodies of the Psychotherapeutic Practitioner or Trainee. The supervisor should inform the supervisee in writing of this action and keep a copy on file.

5.7. Supervisors should be aware of the extent of their clinical responsibility in relationship to the agency that the client is referred through.

5.8. Supervisors need to obtain information from their supervisee regarding the nature of the lines of
communication with the organisation or agency they work with and their protection policies.

5.9. Supervisors should be aware of both the limits of their own competences and those of their supervisee and be prepared to help the supervisee refer a client on appropriately. To this end, they need to have a wide ranging knowledge of referral possibilities and be able and willing to support their supervisee through any process of referral.

5.10. 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.

5.11. Supervisors should consider with the supervisee:

5.11.1. The suitability of the practice environment.

5.11.2. The facilities provided.

5.11.3. Health and safety considerations.

5.11.4. The supervisee’s understanding of Safeguarding procedures/practices and of risk awareness.

5.11.5. Referral procedures.

5.12. Supervisees should have an overview of the total case load of the supervisee (including cases supervised elsewhere) and be able to recognize burn-out.

5.13. Supervisors should be alert to the potential for the supervisee to bring material to supervision which would more appropriately be addressed in an alternative forum for personal development or psychotherapy.

5.14. Supervisors should disclose their qualifications when requested and not claim, or imply, qualifications that they do not have.

5.15. Supervisors need to consider whether their approach to the work is appropriate for a particular supervisee and be prepared to make referrals at any stage in the work if that appears to be in the supervisee’s and/or client’s interest.

5.16. There is a distinction between line management supervision and psychotherapeutic supervision. Best practice is normally that the same person should not act as both line manager and psychotherapeutic supervisor to the same supervisee. Where this is unavoidable, clear written guidelines should be in place covering the remit of each role and specifying procedure for any disputes or conflicting situations arising.

5.17. Supervisors should define and maintain a consistent working environment with clear boundaries. For example: Supervisors should make clear the boundaries of time and space, explain the arrangements for payment of fees at the outset and give adequate notice of any changes or
planned breaks.

5.18. It is considered best practice for supervisors and their supervisees to agree a contract that makes clear the expectations and requirements they have of each other. If the contract is verbal, the supervisor should keep a note of the agreed contract and the date it was made.

5.19. It is considered best practice to have a policy regarding giving references or reports and any fees that may be charged for this or any other work done outside the session time.

5.20. The limits and expectations of the supervisor’s responsibility and accountability to their supervisees and the agency / training should be clarified, preferably in writing.

5.21. Supervisors should not exploit the supervisee sexually, financially, or in any other manner.

5.22. Supervisors should have adequate professional indemnity and public liability (for the premises where they work) insurance cover for their work.

5.23. Supervisors should discuss with supervisees the need to have arrangements in place to take care of the immediate needs of clients in the event of a sudden and unplanned ending (or extended interruptions) to the therapy relationship that is being supervised. This would include a “professional will” where appropriate to the modality or the practitioner. UKCP recommends the use of a ‘professional will’.

5.24. It is good practice for the supervisor to ensure they are informed by the supervisee of the arrangements made for 5.23 above.

5.25. Supervisors are responsible for similar safeguards for their own practice.

5.26. Supervisors should not reveal confidential material concerning the supervisee or their clients to any other person without the express consent (preferably in writing) of all parties concerned. Normal exceptions to confidentiality apply and these should be noted in detail.

5.27. Within a contract supervisors are responsible for helping supervisees to reflect upon their work, while at the same time acknowledging that clinical responsibility remains with the supervisee.

5.28. Where the supervisee is a trainee a written agreement between trainee, supervisor, training organisation and any placement provider will be required defining clinical responsibility.

5.29. It is important that those supervisors seeing supervisees who work with children and adolescents are aware of the additional responsibilities and legal expectations the supervision role may entail. (Please see the UKCP Supervision documents on working with children and adolescents).

5.30. Supervisors should consider the context in which they are giving supervision in terms of specific legal requirements, having awareness of the legal framework(s) of the context(s) in which they and the supervisee work.

5.31. Supervisors will encourage supervisees to consider potential legal implications of their practice and
emphasise the importance of seeking legal advice when appropriate.

5.32. Supervisors are responsible for taking action if they are aware that their supervisee’s practice is not in accordance with relevant Codes of Ethics, Conduct and Practice.

5.33. Supervisors are responsible for helping their supervisees recognise when, in their opinion, their functioning as practitioners or Trainees is impaired due to personal or emotional difficulties, illness, any condition that affects judgement, the influence of alcohol or drugs, or for any other reason, and for ensuring that the appropriate action is taken.

5.34. Supervisors are required to refrain from behavior that may be detrimental to the public, clients, the profession, colleagues, supervisees or the members of UKCP or UKCP itself.

5.35. Where they choose to advertise their services, supervisors are expected to advertise services with descriptive rather than evaluative statements.

6. The Supervisors Responsibilities to the Self Include:

6.1. Receiving appropriate supervision of their supervision.

6.2. Appropriate continuing professional development to keep up to date with developments in the field of supervision.

6.3. Awareness of their own limitations including awareness of overload and potential burn-out; the supervisor should take adequate steps to guard against these, including being willing to take a break from practice if necessary.