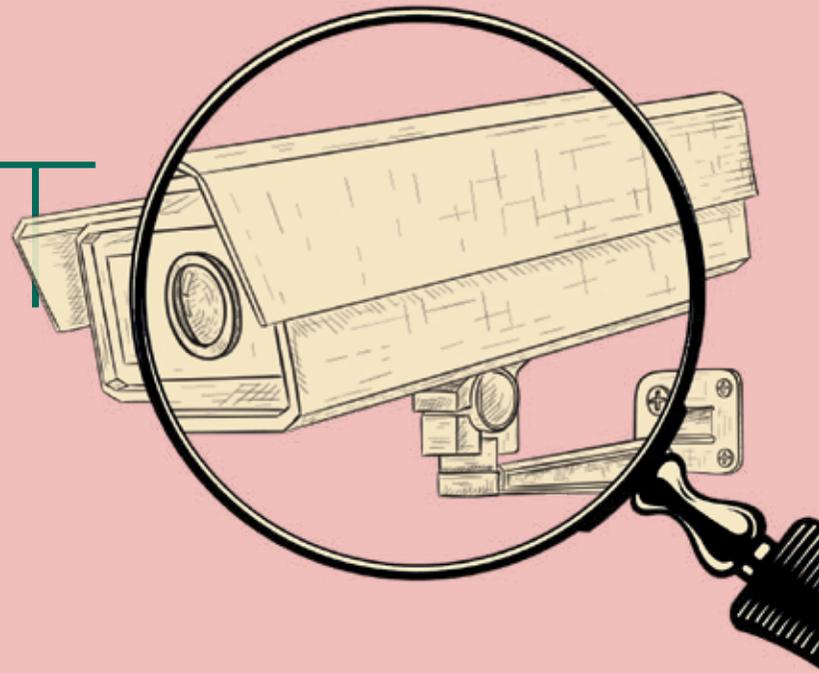


FEATURE

SUPERVISION:
NECESSARY OR NOT?A CASE
AGAINST

Does the therapy profession attempt to overcompensate for its subjective methods by loading up practitioners with a wall of extra checks and balances?

**WORDS**

Jeff Weston is a writer, existential psychotherapist and author of *WAGENKNECHT*.
helpineedsomebody.org

We qualify as counsellors and then we somehow don't. Three or four years – however long it took – becomes an infinite sentence of one-and-a-half hours of supervision per calendar month at an annual cost of around £700. It is, one could say, like permanently walking around in graduation robes or having a driving instructor in the backseat of your car indefinitely.

Do any other professions take a significant portion of one's income and impose such checks, scrutiny and monitoring? Do any other professions purport to benefit from regular, 'intensive, interpersonally focused, one-to-one relationship[s] in which one person is designated to facilitate the development of [therapeutic] competence in the other person'? Can't we just call it continuous *doubt* in the practitioner? Can't we just call it *concern* over the Level 4 or postgraduate course material, or quality of teaching and CPD? Or is

it more realistic to think of our role as life-long learner, thus warranting such diligent oversight?

There are few critics of supervision. There are seemingly only a small number of people willing to put their heads above the parapet and question its existence. It appears, at times, to be a well-guarded or protected occupation. And to those who question its validity or usefulness comes the retort: 'What have you got to hide? Don't you see that without it clients are at risk? Don't you recognise that discussing complex cases with a more experienced professional – a "third other", if you like – is essential?'

Colin Feltham, Emeritus Professor of Critical Counselling Studies at Sheffield Hallam University, in his 2010 book *Critical thinking in counselling and psychotherapy*, commented: 'In the matter of supervision as a means of enhancing the effectiveness of practice, I believe it remains true that no [conclusive] evidence is forthcoming to support this claim... [In fact] anecdotal evidence has it that some counsellors have found their supervision more of a ritual than a meaningful form of assistance. The mandatory nature of supervision for all disregards the possibility that some practitioners are intrinsically more creative, intelligent and effective than others.

It acts as a blanket of putative reassurance of quality, but we have very little evidence either way... The tradition we have inherited, with its emphasis on "the supervisory relationship", arguably substitutes professional mystique for reason and evidence.²

This is an interesting point – professional mystique. In other words, mystery, glamour or power associated with someone or something. When the supervisor opposite us reclines in his/her chair and considers what we have brought on a given day – be it restorative (to do with wellbeing/self-care), normative (ethical issues/boundaries) or formative (skills/learning and development) – are his/her words of any real value or simply part of an exercise in assuaging the long-held worry that we are not doctors and therefore less respected and in need of a comprehensive 'gig' or speciality or, dare I say, *force*? Or do intense intersubjective relationships, the unravelling of unconscious processes and the potential for increased awareness mitigate such brooding?

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“ Do any other professions take a significant portion of one’s income and impose such checks, scrutiny and monitoring?”

#savinglives versus #savingminds was how an NHS cardiac friend of mine used to compare GPs/doctors/nurses with therapists in modern-day parlance or lingo. Indeed, it is roughly accurate in broad terms if we put a blanket over the neurological or psychosomatic elements of each profession and simply think of physical diagnoses versus figuring someone out mentally; the latter connected to dimensions of change (self/conflict, relationships/perceiving, personal history/trauma). GPs dispense prescriptions and fast-track patients to hospital departments. Therapists are generally slower, often unpicking a whole life, trying to understand family scripts, archetypes, significant others, how society has grappled with the authentic self, what type of mindset a client has (activist, reflector, theorist, pragmatist), where clients are in relation to Maslow’s hierarchy of needs or how they have coped through Erikson’s psychosocial development stages; also whether they are unbalanced in Freudian terms (perhaps too instinctive or moral).

Dealing with the head is arguably harder than dealing with the body (and science will never align itself fully with client counselling outcomes; nor would we want it to, for fear of stripping away a client’s identity). But maybe herein lies the problem (if supervisees do not benefit from the collaborative, creative, learning space which is implicitly promised) – that the counselling profession tries to

overcompensate for its subjective methods by loading up practitioners with a wall of extra checks and balances. And despite its best or well-intentioned efforts, this can actually lead to *more* burnout and *less* wellbeing, because time is ultimately precious away from clients and is often sensibly spent just dreaming or walking or losing oneself in routine and unconnected thoughts.

Lack of evidence

Those espousing supervision as a necessary and vital part of our sector are unfortunately often in the habit of talking around the subject rather than giving specific, detailed examples of how it has actually benefitted their client base/case management (and I say this inwardly pleading that such a space to decompress is lucidly proven). Only as recently as December 2019³ did I read a *Therapy Today* article by Sally Brown and glean (abjectly) *nothing* – not one example of how supervision weaves its way back into the therapeutic space and thus strengthens the client. The article did not dress itself up in buzzwords or jargon, but neither did it – quite crucially – convince me of the importance or indispensability of supervision and its ‘development of the therapist’s congruence in relation to [his/her] clients’.⁴

BACP’s Good Practice in Action O43 Research Overview: *Supervision within the counselling professions* usefully includes the models, principles and frameworks of Roth and Pilling, and Hawkins and Shohet, but it is the deductions of Reiser and Milne (2014) – as interpreted by the BACP GPiA resource – which stand out: ‘Is client outcome the acid test of efficacy of supervision? They don’t believe so, suggesting there is a lack of established methodology for obtaining proof of client outcomes. More importantly, they argue that supervision is meant only to ensure clients’ safety from harm. In other words, while supervision is meant to ensure safe and effective practice, it cannot always guarantee good client outcomes. They believe that supervision only ensures that the counsellor’s practice is faithful to the conceptual framework of the therapeutic theory embraced by the counsellor, and that beyond this it would be difficult to measure or speculate what impact supervision may have on client outcomes.’⁵

The dynamics of the mandatory

This takes us back to the title of this article: ‘Supervision: necessary or not?’ (read: ‘Expensive provision or avoiding malpractice?’). Maybe it doesn’t have to be an either/or. Maybe it is *both*. Given the numerous concerns within the industry – escalating training costs, post-qualification expenditure and ethical standards potentially falling⁶ – perhaps the therapy profession has a lot to think about inside and outside of SCoPEd⁷ and other such projects. John McLeod, a highly respected name within our sector (particularly in the field of research), chose to employ the words of devil’s advocate, Colin Feltham, from nearly two decades ago in highlighting ‘the dynamics of the mandatory’.⁸ And such expression – which still resonates today – is always a good place to start if we are to be truly honest in discussing and exploring what many see as superfluous supervision supported by ersatz, ‘emotional rhetoric’⁸ rather than hard evidence.

‘The logic of regular, mandatory supervision is that, along with ever-rising costs of training, personal therapy, membership fees, accreditation, registration, continuing professional development and insurance, the counselling [profession] closes its doors to all but the relatively affluent... the dynamics of the mandatory within supervision itself [also requires that] the supervisee must attend for regular supervision whether he or she usually finds this useful or not. If the supervisee does not always find it particularly useful, there is an implication that something is wrong with the supervisee, since supervision is apparently found universally and invariably helpful.’⁸

Middle-class domain

The underlying assertion in this Feltham quote is that counselling is a domain for middle-class professionals. In fact, ‘affluent achiever [females who are] not the household breadwinner’⁹ (the disparity between their income and expenditure indicating a well-off partner) make up a very high percentage of the workforce. And this lends itself to the theory that counselling, as a profession for working-class males, is not too dissimilar to the struggles of BAME¹⁰ (black, Asian and minority ethnic) football managers or working-class people trying to become MPs.¹¹ ‘White and middle class’¹² is not how the counselling profession wishes to see itself, yet prohibitive

expenses, such as supervision costs, are a method by which many poorer individuals are kept at bay.

When I talk of expensive provision, therefore, I am not necessarily talking about an amount set aside for a known liability, but rather the *consequences* of setting up too many mandatory obligations within a profession, too many expensive ‘stuffed peppers’ that do not all appeal to one’s palate. Moreover, the ramifications of excluding the less well-off from a profession are often troubling, as a 2016 US study in relation to ‘finding a therapist’ revealed: ‘Through a phone-based field experiment, I investigated the effect of mental help seekers’ race, class,



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and gender on the accessibility of psychotherapists. Three hundred and twenty psychotherapists each received voicemail messages from one black middle-class and one white middle-class help seeker, or from one black working-class and one white working-class help seeker, requesting an appointment. The results revealed an otherwise invisible form of discrimination. Middle-class help seekers had appointment offer rates almost *three times higher* [my italics] than their working-class counterparts. Race differences emerged only among middle-class help-seekers, with blacks considerably less likely than whites to be offered an appointment.¹³

To put it simply, ‘...nearly 30% of therapy seekers who sounded like they came from middle-class white backgrounds were offered appointments [whereas] therapy seekers of both races and genders who sounded like they were from a working-class background received appointment offers less than 10% of the time.’¹⁴ This study focused on US

therapists with PhDs or PsyDs rather than typical diploma or postgraduate UK-qualified therapists, but it still highlights the phenomenon or dangers of only taking on clients we are culturally comfortable with or who are perceived to have sufficient funds to pay for regular sessions.

While therapists try to justify their £60 per hour fees,¹⁵ something quite vital is therefore forgotten: *who exactly* are we here to help? Just the affluent? Or do we care enough to do pro bono work or offer cheaper sessions for those in need on lower incomes? (Plenty clearly do, I’m aware.) I don’t wish to dilute the importance of our profession when I say this, or devalue the challenge and hard work which goes into each client *outside* of their allotted hour; however, if we become an industry steeped in only middle-class mores and concerns, then the whole edifice upon which counselling and psychotherapy were latterly built, crumbles, I’m afraid.

Is supervision helpful?

Supervision, in its effort to be educational and supportive while checking on the quality of the supervisee’s work, inadvertently – I would argue – adds to the reluctance of suitable and gifted individuals to join the profession. Who, for example – depending on the amount of therapy work, complexity and specific issues¹⁶ – would willingly sacrifice around 12.5 per cent of their income to a more experienced practitioner? This is clearly a very simplistic calculation based on one supervisory session for every eight client sessions (generously assuming the same fee is charged), yet it goes to show that 1.5 hours, or adequate supervision for your needs, invariably translates into a conspicuous and substantial chunk of one’s already limited income, even if the supervisor/client ratio is increased.

What then does supervision *claim* to improve or alter that is worth a similar cut to that of an author or footballer’s agent? And is it *really* as helpful in career terms? It is worth referring to Carl Rogers here and the general feeling around ‘outcomes of therapy’. For, if we compare client outcomes with supervisee outcomes, we get a sense of the value and worthwhile undertaking inherent to both. ‘Rogers (1959) did not make a clear distinction between process and outcome, but did hypothesise that certain changes of a relatively permanent nature were likely to result from

successful client-centred therapy: 1. The client is more congruent, open to experience and less defensive. 2. S/he is more realistic, objective and extensional in their perceptions. 3. S/he is more effective in problem-solving. 4. S/he is more psychologically adjusted. 5. S/he is less vulnerable to threat as a result of increasing congruence between self and experience. 6. The perception of the ideal self is more realistic and achievable. 7. The self is more congruent with the ideal self. 8. Tensions of all kinds, including physiological and psychological tension and anxiety, [are] reduced.

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9. S/he has an increased level of positive self-regard. 10. The locus of evaluation is more internal, and the client is more confident, self-directing, with values determined by an organismic valuing process. 11. Others are perceived more realistically and accurately. 12. There is a higher degree of acceptance of others. 13. Behaviour changes so that more behaviour is owned as belonging to the self, and less disowned and felt to be “not myself”. Behaviour is perceived as being more under the person’s control. 14. Behaviour is experienced by others as more socialised and mature. 15. Behaviour becomes more creative, more existential and immediate, and more fully expressive of the person’s own values and purposes.⁴

It is quite a list: less defensive; psychologically adjusted; less vulnerable; perceptive; not as tense; confident; accepting; mature; creative. This fully functioning, Rogerian ‘Person of Tomorrow’¹⁷ represents what he deemed to be the denouement of constructive change. However, Rogers’ ‘profoundly optimistic formulation [also held it] that the military and prisons... the most repressive of all possible institutions [were] capable of genuine empathy with dissent; [this] “constructive change” catchall [thus inevitably including] the most horrendous abuses of personal rights and liberty.’¹⁷ And that is before even touching upon Rogers’ research at Mendota State Hospital where ‘almost all the patients had [had] electroshock or insulin treatments’;¹⁷ yet Rogers still ‘psychologically undressed’¹⁷ such people in an environment of coercion.

Limited, tentative and preliminary evidence

Does such naivety or ignobleness permeate thoughts regarding supervision’s usefulness? An 80-page, BACP-commissioned systematic review in 2007, which screened 8,000 studies – whittled down to an appropriate 0.3 per cent examining ‘impact’ – discovered, through critical appraisal, three categories of evidence.¹⁸

1. Limited evidence that supervision:

- can enhance the self-efficacy of the supervisee
- has a beneficial effect on supervisees, clients and the outcome of therapy
- that focuses on the working alliance can influence client perception of this and enhance treatment outcome

- results in greater client satisfaction compared with treatment by unsupervised therapists
- develops therapeutic skills.

2. Tentative evidence:

- to support the assertion that learning in supervision is transferred into practice
- that there is a thematic transfer of an appropriate kind from supervision to therapy
- to suggest that trustworthiness of the supervisor is an important factor in effective supervision
- to suggest that supervisees perceived individual supervision as safer than group supervision in promoting their personal growth
- to suggest that the timing of supervision can influence what is dealt with.

3. Preliminary evidence that:

- Supervisee self-awareness increases as a result of training, and that some of that development may be attributed to supervision.

The words ‘limited’, ‘tentative’ and ‘preliminary’ are hardly unequivocal with regard to supervision’s impact, yet they do at least focus on a handful of recognised benefits, however slight: self-efficacy; outcome; client perception and satisfaction; therapist skills; learning; the importance of trust; personal growth; timing; self-awareness.

Supervision’s fundamental aim is to *oversee*. But can it really do this when clients’ presenting issues, content and processes are only heard second-hand? Are we big enough to admit that there is *always* distortion (beginning with the client’s material or ‘truth’), thus making the therapist’s subjective experience of the client even more subjective once the case has gone through the supervisor’s filter or mind?

My own experience of supervision is that it helps with depth (reassessing what one has heard in a more meaningful manner), blind spots and practical ways forward (useful penetrative questions for the next client session), but is also prone to standard responses in the form of diploma terminology: locus of evaluation; transference; critical parent; autonomy. Supervisors seem over-keen to include language that attempts to legitimise their work, however prosaic the underlying interpretation may be.

In conclusion, and returning to a few key points in this article, I would pose the following



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questions: how is being faithful to a framework (thus keeping clients safe from harm) possible when so many therapists, these days, are pick-and-mix integrative practitioners? Can’t group/peer supervision of some kind (along with CPD) – provided it overcomes the problem of contradictory feedback – somehow replace the hugely expensive one-to-one mandatory obligation we currently have? Don’t cultural and recreational activities (such as the theatre), with their respite and bent for understanding the human condition, better assist, soothe and educate the therapist, when coupled with a more stimulating and interactive form of supervision (directed by a good chairperson), compared with the ‘calm and collegiality’¹⁸ of one to one?

One’s professional identity can be augmented in so many ways. But it often requires iconoclastic thinking to progress and not stifle or exclude valuable future entrants to our occupation. ●

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