A. Introduction

Supervision is a cornerstone of Counselling Psychology training and practice and a requirement of every practitioner, however senior, throughout their working life. Counselling Psychologists conceptualise supervision as a valued and protected time, and a relationship within which the practitioner may review more objectively their own work with the help of another professional for the purpose of upholding good practice, professional development and personal support.

These Guidelines for Supervision are an extension of the Professional Practice Guidelines (2005) of the Division of Counselling Psychology. They seek to identify good practice for both supervisors and supervisees and to offer general principles related to supervision. The implementation of these Guidelines is intended to assist and clarify the judgements of individual practitioners subject to their particular circumstances. These Guidelines should be read alongside other Guidelines and documents issued by the Division of Counselling Psychology and the British Psychological Society.

Actions and practices by either supervisor or supervisee that are contrary to these Guidelines warrant serious and careful consideration in consultation with other senior practitioners. The Guidelines are open to revision and development and therefore mention or lack of mention in the Guidelines of a particular act or omission shall not be taken as conclusive on any question of professional conduct. It is the responsibility of all Counselling Psychologists to be familiar with Society publications particularly the Code of Ethics and Conduct (2006) which take precedence.
B. Defining supervision

There are many different ideas about what constitutes ‘supervision’ and, therefore, many definitions. The following document outlines the major conceptualisations of supervision in Counselling Psychology. Some practitioners may prefer the term ‘consultative support’; in this document, the terms are to be considered interchangeable.

*Style notes: Although supervisor and supervisee are referred to in the singular, the plural is implied for cases of peer and group supervision.

1. EXTENDED DEFINITION OF SUPERVISION:

Supervision is:

● An activity where one or more practitioners discuss issues about their work, in order to reflect on that work and have the work reflected on by one or more other professionals. Because it is conducted in a boundaried space the supervisee is supported in a way that allows for uncensored and even playful reflection as a basis for analysing and evaluating the work that has been done and the possibilities for work to come. Supervision is also an ethical activity that recognises the complexity of involvements and relationships in human interaction and the critical importance of support for all participants in the supervisory process beyond Codes and Guidelines.

● A process of ongoing, collaborative, experiential and transformational learning using theoretical understanding and evidence from research and practice that is reflected upon and applied to practice. Intersubjectivity or the willingness and ability of all participants in the supervisory process to be equally involved is particularly valued. However, supervision is not therapy and the activity of supervision is separate from line management. The relationship between supervision and line management is, therefore, negotiated at the outset so that all parties are clear about their respective responsibilities.

● A relationship of mutual trust, respect and integrity which models best practice and sensitivity to the learning needs of the supervisee. It is flexible and appropriate to the different roles and purposes, domains and disciplines in which practitioners work.

● A practice that is based on shared and explicit models of supervision. It is bounded by a regular, formal, and explicit arrangement that is mutually negotiated by the supervisor and supervisee, which defines roles and responsibilities between all parties as well as the limits of confidentiality. Its frequency is proportional to the amount and nature of work. The Professional Practice Guidelines (2005) of the Division of Counselling Psychology require a minimum of 1.5 hours per month.
2. **AIM OF SUPERVISION:**
The aim of supervision is to promote best practice in the interest of the client.

3. **OBJECTIVES OF SUPERVISION:**
1. To provide practitioners with consultation on their work with both primary clients (therapy patients) and secondary clients (organisations, stakeholders or teams);
2. To enhance the quality and competence of practice offered to all clients;
3. To offer the supervisee intellectual challenge enabling reflection, transformational learning and psychological support to maximise a supervisee’s self-responsibility for appropriate self-care; and
4. To contribute to the continuing professional development of both supervisee and supervisor by developing competence in the practice and use of supervision.

4. **FORMS OF SUPERVISION:**
   - one-to-one;
   - facilitated group;
   - peer – individual or group (where responsibility is held by each member);
   - live supervision (while the work is in progress);
   - a combination of the above.

5. **GOVERNING PRINCIPLE:**
Supervision is a requirement for every Counselling Psychologist and covers all aspects of their practice throughout their professional life. This principle and, therefore, these Guidelines apply equally to all Counselling Psychologists regardless of their level of qualification or seniority.
The Society’s *Code of Ethics and Conduct* (2006) outlines the following ethical principles which underpin the practice of supervision of all Counselling Psychologists. They reflect the importance of commitment to professional relationships based on trust, integrity and ethical mindfulness that value excellence in practice.

### 1. RESPECT

#### 1.1 General Respect

Supervision values all forms of difference, is anti-oppressive and non-exploitative in nature. It models respect for different theoretical and professional approaches and experience as well as work undertaken in different contexts. It is conscious of the multiplicity of relationships that affect the supervisory relationship and actively manages the different values that each person brings to the supervisory process.

#### 1.2 Privacy and Confidentiality

Supervision is a confidential process but, as in therapy, the client’s confidentiality cannot be absolute. The boundaries of this confidentiality between supervisor, supervisee, primary and secondary clients are negotiated at the outset of the supervisory relationship in order to enhance trust and facilitate open, transparent debate and learning among the participants. Exceptional circumstances which require the disclosure of confidential information to other professionals are discussed with the supervisor whenever possible. The process of disclosing confidential information is managed on a need-to-know basis that respects the interests of all parties and other potential legal requirements.

The purpose for which records of supervision are kept and the limits of their confidentiality are made clear to all parties. All records are subject to the relevant data protection legislation and, therefore, may be accessed in accordance with the provisions of that legislation. (See the Division of Counselling Psychology’s *Guidelines on Confidentiality and Record Keeping*.)

#### 1.3 Informed Consent

All clients need to know that supervision is a non-negotiable requirement for all Counselling Psychologists. However, the client’s confidentiality is respected, their material is to be treated with sensitivity and only information necessary for the task of supervision is to be brought into the supervision. Where there are conflicts of interest because of other personal or professional connections, supervision with an alternative supervisor is to be arranged.
1.4 Self-determination
Supervisors value the knowledge and experience of their supervisees, even as trainees, and their right to determine how they will work with a client within the boundaries of ethical and legal practice and appropriate clinical and professional standards of practice. Where there is serious or continual and unresolved disagreement about the supervisee’s work both supervisor and supervisee will seek the opinion of a suitably qualified third person.

2. COMPETENCE
2.1 Awareness of professional ethics
All psychologists are bound by the current Society’s Code of Ethics and Conduct (2006). Where either supervisor or supervisee is subject to other professional codes, these are made explicit and taken into account in the supervisory relationship and in the management of work.

2.2 Ethical decision making
The welfare of the primary client is paramount. The Society’s Code of Ethics and Conduct (2006) requires that all psychologists be able to think through, explain and justify their decisions. Reflecting on and discussing the ethical grounds for decisions about practice are major functions of supervision. Good supervision also recognises the involvement of and relationship to secondary clients and their responsibilities (e.g. social, medical or legal care) as relevant.

2.3 Recognising limits of competence
A competent supervisor demonstrates a considerable level of knowledge, skills and experience that have been learned through a combination of training and practice over time. Supervisors in training are conscious of their developmental level of competence and seek regular supervision of their supervision; experienced supervisors also access consultancy for supervisory work. It is part of the ongoing monitoring, maintaining and extending levels of competence which comprise each supervisor’s Continuing Professional Development programme.

Supervision as a form of experiential learning recognises that sometimes the supervisee will have to work at the developmental edge of their competence and they will need informed support and guidance from their supervisor. Supervisors also recognise their own limits in offering specialist support and when necessary will refer the supervisee to other, more appropriate sources of help.
2.4 Recognising Impairment
Self-respect implies that all those involved in the supervisory relationship seek consultation when circumstances negatively impact upon their competence even for short periods of time. When necessary, and with respect for the disruption to the working relationships involved the best course may be to suspend their work for a period and transfer responsibility to others as appropriate.

3. RESPONSIBILITY
3.1 General responsibility
The primary responsibility of supervision is to ensure best practice in the interest of the client. Lines of responsibilities are clearly defined and negotiated with regard to different levels and domains of experience. This is especially important when working within a multidisciplinary group. All those in the supervisory relationship are then aware of what and to whom they are responsible and accountable for the ethical practice of supervision. Consultation with the supervisor is essential when a conflict of interest, a question of ethical priority or a legal issue arises; the Society’s Code of Ethics and Conduct (2006) should also be consulted. In an emergency, the client’s welfare takes priority.

3.2 Termination and continuity of care
The termination of a supervisory contract by either supervisor or supervisee is to be undertaken with respect for the supervisory relationship and the ongoing care of all clients.

3.3 Research
Research supervision requires a clear contract and respect for ethical boundaries between all the parties, including the research participants. Issues which arise in the research process are discussed openly, recognising the impact of the research process on the participants and their relationship. When research interests conflict with those of supervision, all parties involved work together to negotiate a solution that will be in the client’s best interest.
4. INTEGRITY

4.1 Honesty and accuracy
Supervisors are open and honest about their qualifications and level of competence as supervisors and the services they offer. Supervisees are similarly open and honest about their qualifications, the circumstances and methods of their work and their requirements for supervision.

The supervisor is responsible for providing the conditions necessary for the development of an environment of openness, trust and respect for professional vulnerability. The supervisee is responsible for presenting their work with transparency and openness, valuing the reflections and support of others. Both supervisor and supervisee share the responsibility for being aware of and negotiating any area of difference between them with respect and openness in order to further their own understanding, learning and development. The requirements of secondary clients and their relationship to the supervision are made explicit. All contracts are reviewed regularly.

4.2 Avoiding exploitation and conflicts of interest
Supervision entails responsibility and, therefore, the ethical exercise of power in the best interests of the client. Both supervisor and supervisee are aware of, recognise and contract for the role and structural dimensions of power in their relationship and that of their working context. Any form of exploitation is incompatible with the values subscribed to by Counselling Psychology.

The supervisory relationship may intersect with other professional and personal boundaries. Such interconnections need to be made explicit and held in awareness as they have ethical implications for managing confidentiality and the dynamics of the supervisory relationship.

4.3 Maintaining personal boundaries
Personal relationships between supervisor and supervisee affect the integrity of the supervisory relationship and should be carefully monitored. Sexual relations between supervisor and supervisee are precluded.

4.4 Addressing ethical misconduct
Both supervisor and supervisee are responsible for addressing the potential for ethical mistakes in the practice of supervision and for seeking external consultative support in redressing any errors of judgement or practice made by either party as quickly as possible.

Supervision models ethical thinking and decision making (see Appendix 1) and its practice demonstrates congruence with the values and principles inherent in the Society’s Code of Ethics and Conduct (2006).
D. Acknowledgements

These Guidelines are based upon the *Professional Practice Guidelines* (2005) of the Division of Counselling Psychology and the Society’s *Code of Ethics and Conduct* (2006). Senior practitioners with supervisory experience were consulted as were the Guidelines of Society Divisions, other organisations and the *Ethical Framework for Good Practice in Counselling and Psychotherapy* of the British Association for Counselling and Psychotherapy. The Guidelines are to be considered as part of an evolutionary process that constitutes the continuing professional development of the Division. They are a working document that is subject to review and updating in the light of experience and change within both the discipline and the context of current practice. Suggestions and comments from members are warmly welcomed and should be directed to the Division of Counselling Psychology.
E. Appendix 1

From *Code of Ethics and Conduct* (2006) page 8:

**Ethical decision making**

- Identify the relevant issues:
  - What are the parameters of the situation?
  - Is there research evidence that might be relevant?
  - What legal guidance exists?
  - What do peers advise?
- Identify the clients and other stakeholders and consider or obtain their views.
- Use the *Code of Ethics and Conduct* to identify the principles involved. Evaluate the rights, responsibilities and welfare of all clients and stakeholders.
- Generate the alternative decisions preferably with others who act as a sounding board.
- Establish a cost/risk-benefit analysis to include both short- and long-term consequences.
- Make the decision after checking that the reasoning behind it is logical, lucid and consistent. Document the process of decision making.
- Assume responsibility and monitor any outcomes.
- Apologise for any negative outcomes that result. Many formal complaints are often a client’s only way of obtaining an acknowledgement of distress. Saying ‘sorry’ does not automatically admit liability.
- Make every effort to correct any negative outcomes and remain engaged in the process.
- Learn from the process for yourself, for others and for the Society.
- While the process set out in this section may appear to be a counsel of perfection, the thinking behind ethical decisions needs to be clear, especially where time is short and/or where high levels of emotion and risk are involved.
- For further reading please see the References after the Conclusion section of this *Code of Ethics and Conduct*. 
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The Society has more than 44,000 members and:

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