Supervision

helping to develop and support your practice

Peter Mackereth and Anita Mehrez, from the Christie NHS Foundation Trust, talk about supervision for complementary therapists

Supervision has a long history in the helping professions, originating from the recommendations of Sigmund Freud for psychoanalysts to review their casework with fellow analysts. To maintain professional registration, psychotherapists, counsellors, midwives and social workers are required to have a named supervisor and certificated/recorded hours of supervision. Increasingly, supervision arrangements have become a continuing professional development option for nurses and complementary therapists, with examples reported in mental health, cancer and hospice settings.

Supervision arrangements are normally formalised via an agreed contract (see Box 1), between the supervisee and the supervisor; with sessions occurring at least once a month, sometimes weekly, depending on the therapist’s caseload and type of therapeutic work. The supervisor’s role and responsibilities are to assist the therapist to develop his/her independent practice (Mackereth; 2005). Hawkins and Shohet (2007) believe a supervisor can enable a practitioner to focus on both strengths and difficulties with his/her work, and help them use ‘personal resources’ to develop ways of working with clients more effectively.

Models of supervision

Different models or types of supervision can include peer or co-facilitation, either in a group or individual format. As well as having different implications in terms of cost and time, not all of these models will meet the needs of individuals who require a level of expertise and challenge to take their practice forward (see Box 2). Importantly, health care organisations usually require therapists to have a formal arrangement, which may be funded and facilitated on site. This is the case for our complementary therapists, who can attend monthly group supervision at the Christie Hospital. Across the Greater Manchester area therapists working in hospices and cancer care centres can also

Box 1 Formal group supervision contract

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<tr>
<th>Shared responsibilities</th>
<th>Supervisor’s/facilitator’s responsibilities</th>
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<td>Focusing on practice – revising, reviewing and developing therapeutic skills within the boundaries of safe practice.</td>
<td>Assisting participants to explore and clarify actual and potential clinical practice issues and give clear feedback.</td>
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<td>Willingness to contribute to the sessions, in terms of sharing and discussing practice issues.</td>
<td>Identifying professional blind spots, if appropriate, in an acceptable manner.</td>
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<td>Respecting and maintaining confidentiality within legal, moral and professional limits.</td>
<td>Maintaining appropriate and professional supervisee/supervisor relationship.</td>
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<td>Reviewing the usefulness of the supervision activity.</td>
<td>Receiving supervision for their work.</td>
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<td>Agreeing a venue, time and dates of meetings.</td>
<td>Giving three months notice if discontinuing facilitator role.</td>
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<td>Arriving promptly so that sessions can start on time.</td>
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<td>Giving 24 hours notice of non-attendance.</td>
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<td>If deciding to leave the group, ideally sharing and discussing that intention two sessions prior to leaving.</td>
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access ‘supervision/retreat days’, held every six weeks at different sites, facilitated by the coordinators of those services. This ‘free’ supervision event provides space not only for interaction between therapists, but also affords opportunities to practise skills and/ or take part in group relaxation sessions and therapy swaps.

Recently we completed a research study with the Greater Manchester group (Mackereth et al; 2010), which involved inviting therapists to take part in one of three focus groups. The sessions were audiorecorded and transcribed. The 15 participants talked about the rewards of providing treatments to people living with cancer, the importance of being motivated, and the role of supervision as a ‘supportive resource’. Participants also talked about supervision being a ‘space’ to explore experiences and to identify useful coping strategies by therapists from the Greater Manchester group include:

- Using ‘grounding techniques’, for example, becoming more mindful of practical tasks such as making a drink, washing the hands or preparing the room for the next client.
- Doing a short tai chi session or taking a walk around the garden (physically, or using visualisation techniques).

Therapists raise a wide range of issues affecting their practice during supervision, including concerns about clients sharing very personal information or asking for complex health advice; clients being repeatedly late for appointments; or difficulty in closing a session, which is quite typical when a client divulges something at the end of a treatment.

Some therapists also want to explore issues around promoting their practice, for example practising a presentation for potential clients or going for an interview, or developing the content of their leaflets and website. Others may have recently completed additional training or attended a study day and want to safely explore a new technique or communication skill. Having a supervision contract that includes rehearsing or refining therapeutic skills can be very useful. A supervisor can also help therapists to identify ‘blind spots’ – in other words, areas of their practice that may be of concern, but are not immediately obvious to the therapist involved. One example might be looking at how to maintain a safe and appropriate therapeutic relationship if the supervisor notices that the therapist is feeling or expressing a strong attachment to a client, or conversely, if the client has given signals (not always immediately obvious to the therapist) that he/she is seeking to develop a ‘friendship’ or even a romantic relationship. The supervisor and therapist would then look at verbal and non-verbal signals or cues being given out or felt by the therapist, and whether there are characteristics/behaviours of the client that are evoking a past relationship – for example, grandmother, daughter, or partner.

Another example might involve a knowledge gap or practical skill being identified, which can then be explored in terms of seeking continuing professional development and/or knowledge acquisition.

Of course, it is important to note that supervision is not the only approach to helping therapists to maintain and develop their practice; certainly being part of informal networks, seeking support from
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a life coach or attending study days and conferences can help us to reflect on our work. Crucially it is the ‘regularity’ and evolving relationship with the group and supervisor that helps to make supervision such a ‘potent’ method of critiquing and developing our professional selves (Mackereth; 1997).

Tips for accessing and making the most of supervision
For therapists working in private practice it may be useful to begin by considering:

> What am I looking for in a supervisor in terms of shared skills, years of experience and therapeutic approaches to the work?
> Would a group or individual method be appropriate for my supervision needs, time and funds available?
> Am I prepared to commit to a supervision contract – to take time out from my practice on a regular basis, and be prepared to share my reactions and concerns about my work with a supervisor and possibly other co-supervisees?

Finding a supervisor or an existing group can begin by networking with therapists working in healthcare settings, telephoning counsellors and psychotherapists for contacts (or checking if they offer supervision) and contacting reputable training schools/providers. We would recommend meeting at least two potential supervisors to explore the possibility of working together and once you have decided whom you want to work with, to agree a trial period. Three months is a useful time frame, although some supervisors ask for a minimum of six months to allow for the individual/group relationship to evolve.

We both began many years ago as supervisees and quickly learned how enriching the process of supervision was – and still is – to our daily work with clients and our longer-term careers. We have also both completed supervision courses as students and, more recently, have shared our supervision knowledge and skills through our own training programme. For those who plan to be complementary therapists for a long time, we would highly recommend you explore this process and also consider becoming a supervisor yourself – another income stream as well as a joy and an honour to see therapists grow and flourish.

References

Peter Mackereth is clinical lead and Anita Mehrez deputy lead for complementary therapies at the Christie NHS Foundation Trust, Manchester. A range of training is available for therapists at the Christie, visit www.christie.nhs.uk/pro/cs/comp/training.aspx

FHT@events

The FHT was delighted to support Professional Beauty North, held in Manchester on 16 and 17 October. Back under the management of its original owners, the show saw a 28 per cent boost in attendance compared to last year, with 19,000 visitors enjoying more than 200 exhibitors and 300 brands.

As well as a number of big names returning to the show for the first time in many years – including Decléor, Elemis, Germaine de Cappucini and Environ – further learning was particularly prominent at Professional Beauty North 2011, with five education programmes running across both days.

The FHT Training Congress was a huge success, with 300 delegates attending a total of eight seminars on the Sunday and Monday. While offering a range of topics to appeal to all therapists, whatever their level of experience or therapy background, seminars that were particularly popular included FHT President Jennifer Wayte’s on reflexology/talking feet, Peter Mackereth’s Adapting Massage for Cancer Care, and Chris Norris’ Trigger Points. Our thanks also to Pauline Baxter, Jenny Cox and Gill Morris, and FHT vice-presidents John Brazier and Christine Fisk, whose talks were also very well-attended and appreciated by delegates.

The FHT debuted a new-look stand at the show, where staff and seminar speakers had the pleasure of talking face to face with existing and prospective members.

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camexpo has a successful ninth year
camexpo, the UK’s leading CAM show, enjoyed another successful year in 2011, attracting more than 5,000 visitors at Earls Court, London last October.

The FHT was pleased to support the event by providing four popular speakers, including Gill Thomson, who covered reflexology and pregnancy; Jenny Cox, who hosted a workshop on the balance procedure; and FHT’s vice-president Bharti Vyas, who talked about the underlying principles of the Bharti Vyasa Method (pictured above).

Marie Polly, a lecturer at the University of Westminster, kindly stood in for Liz Hawkins to provide a talk on supporting patients with cancer, and will be giving a full-day seminar for the FHT on the same topic this January – see page 55 for more details.

The FHT stand was particularly busy, with lots of existing FHT members eager to speak to staff about aspects of their membership and to discuss topical issues affecting the industry.

A range of FHTonline products was also available, including our always popular treatment leaflets, vouchers and appointment cards, along with lots of books, massage lotions, reflexology wipes and Laidbare products at discounted prices.