

MANCHESTER INSTITUTE FOR PSYCHOTHERAPY

SUPERVISION POLICY

Definition of Supervision:

1. Supervision may be understood as a process conducted within a formal working relationship, in which a qualified or trainee psychotherapeutic practitioner presents clinical work, for relevant reflective exploration, to a designated Supervisor, group or peers for the purpose of learning how to enhance clinical effectiveness in a supportive and reflective way.
2. The primary purpose of Supervision is to enhance the professional development of the Supervisee so as to ensure best possible psychotherapeutic practice and safety for clients.

The five main functions are:

- * **Education** - the continuing professional development of the skill, knowledge and practice of the Supervisee.
- * **Facilitation** - the co-creation of a learning environment that supports the development of reflective skills and fosters better practice.
- * **Support** - the encouragement and holding of the Supervisee through positive as well as difficult circumstances.
- * **Evaluation** - the assessment of ongoing development in terms of effective practice, the meeting of recognised standards and constructive feedback to develop learning.
- * **Gatekeeping** - the assurance for all stakeholders that Supervisees are adhering to good, fit, ethical practice, recognising where a Supervisee is working beyond safe, emotional and competency limits. In the case of trainees, this may include assessment of readiness to qualify or continuing training.

Addressing Difference and Diversity in Clinical Supervision

Equality and respect for all clients practice underpins the basic values of clinical work and Supervision.

Supervisors have a responsibility to be aware of their own issues of prejudice and stereotyping, and particularly to consider ways in which this may be affecting the Supervision relationship. Indeed, discussion of this is part of the Supervision process.

Supervisors need to be alert for any prejudices and assumptions that clinicians reveal in their work with clients and to raise awareness of these so that the needs of clients may be met with more sensitivity.

One purpose of clinical Supervision is to enable Supervisees to recognise and value difference. Supervisors have a responsibility to challenge the appropriateness of the work of a Supervisee whose own belief system interferes with the acceptance of clients.

Attitudes, assumptions and prejudices can be identified by the language used, and by paying attention to the selectivity of material brought to Supervision.

Modes of Supervision

The quality and respect for all clients practice underpins the basic values of clinical work and Supervision. MIP recognises a range of different modes of Supervision. It is for the Supervisor of each situation to determine the most effective mode to be adopted in each clinical situation. It may be that a range of modes are most effective in some areas of practice. It needs to be negotiated between those with responsibility for the management of the Supervision what form is most appropriate.

1. **One to One Supervisor/Supervisee.** This involves the Supervisor providing clinical Supervision on an individual basis for an individual clinician who is usually less experienced than the Supervisor.
2. **Group Clinical Supervision.** The Supervisor acts as the leader, takes responsibility for organising the time equally among all the Supervisees, and attention is usually concentrated on the work of each individual in turn.
3. **One to One Peer Clinical Supervision.** This involves two participants providing clinical Supervision for each other by alternating the roles of Supervisor and Supervisee. Typically, the time available for clinical Supervision is divided equally between them.
4. **Peer Group Clinical Supervision.** This takes place where three or more clinicians share responsibility for providing each other's clinical Supervision within the group. Typically, they will consider themselves to be broadly of equal status, training and/or experience.
5. **Live Supervision in Teams.** This takes place via video link and one-way screen in teams of two or more clinical trainees with specially trained Supervisors. The Supervisor holds accountability for the work undertaken with families, and is responsible for the different levels of interaction between therapist/family and team/therapist/family.

Remote Training

1. Where the supervision is of a trainee, the vast majority (ie 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. In exceptional circumstances, e.g. Covid-19, face to face may not be possible so the supervision requirements may be negotiated by the organisational member and the trainee population.

MIP Register of Recognised Supervisors and Registered Training Supervisors

1. People on the register are as follows:
 - * Are qualified psychotherapists registered with UKCP, and
 - * Have completed a formal Supervision training or are being grandparented onto the UKCP list.

2. Please note MIP also has created a register of Registered Training Supervisors (RTSs) who undertake all group or individual supervision for students and trainees. RTSs would normally be those who either
 - * Are already Recognised Supervisors, and
 - * Have been qualified as a Psychotherapist for at least 5 years, and
 - * Have been practicing as a Supervisor for at least 2 years.

3. MIP will verify and keep on file the current credentials of Recognised Supervisors and Recognised Training Supervisors and will update their registers every 3 years and forward these to HIPC.

4. MIP will inform HIPC where a Recognised Supervisor and Recognised Training Supervisor needs to be withdrawn from the MIP register and/or the UKCP register.

5. MIP will ensure that all Registered Supervisors and Registered Training supervisors comply with their Diversity & Equalities policies.

Routes onto the UKCP Register

1. Nomination for the UKPC register will be done by HIPC and will consist of Registered Supervisors and Registered Training supervisors on MIP's register.

2. MIP is responsible for compiling and forwarding the registers to HIPC who will then forward registrants to UKCP for inclusion in their central register.

Code of Ethics for Supervisors

The purpose of this Code of Ethics is to establish and maintain standards for supervisors at MIP and to inform and protect practitioners seeking supervision.

Supervisors shall be aware that the clauses below, and in other MIP policies, are not to be taken as fully inclusive, exclusive or definitive as to what may or may not constitute professional misconduct.

1. Professionalism

- (a) All supervisors are expected to conduct themselves in their supervisory activities and associated responsibilities in ways that do not bring MIP into disrepute. This applies in their role as supervisors at MIP and any other professional or academic organisations.
- (b) The primary purpose of supervision is to ensure that the supervisee is addressing the needs and safety of the client.
- (c) Supervisors are reminded that the training status of MIP trainees continues until graduation or formal withdrawal from the course.

2. Equality and Diversity

Supervisors must recognise the value and dignity of supervisees, with regards to equality and diversity. Consideration of equality and diversity should underpin the basic values of psychotherapy and supervision.

3. Boundaries

- (a) Supervisors are responsible for establishing and maintaining appropriate boundaries between themselves and supervisees, so that professional relationships are not confused with other relationships. In principle, the provision of supervision should be separate from the provision of psychotherapy.
- (b) During supervision, when it seems appropriate that the supervisor engages in therapy with the supervisee, a clear contract must be negotiated for the duration of the exercise.
- (c) Supervisors must not exploit supervisees financially, sexually, emotionally or in any other way.

4. **Professional Development**

- (a) Supervisors are expected to commit themselves to their continuing professional development as Supervisors, and to monitor and evaluate the limits of their competence.
- (b) Supervisors have a responsibility to themselves, their supervisees and MIP and to maintain their own effectiveness, resilience and ability to work with supervisees. They are expected to monitor their own performance and to seek help and/or withdraw from their role as supervisor, whether temporarily or permanently, if their personal resources are compromised.
- (c) It is mandatory for MIP Supervisors to be in supervision themselves.

5. **Confidentiality**

- (a) As a general principle, Supervisors must maintain confidentiality with regards to information about their supervisees and their supervisees' clients.
 - (b) In those instances where a Supervisor believes it necessary to break confidentiality, either in relation to the supervisee's practice or client issues, they will, wherever possible, discuss this in advance with the supervisee concerned. They will make clear their reasons for this course of action and seek the co-operation of the supervisee. Confidentiality agreements may be broken where there are serious safety, legal or ethical concerns.
 - (c) All remote working must be undertaken on an encrypted platform, e.g. Zoom. All contracts about remote working must be mutually agreed by the supervisor and supervisee.
6. Supervisors, as members of MIP, are expected to adhere to the MIP Complaints Procedure in cases of alleged ethical misconduct.
7. If Supervisors wish to undertake academic and/or clinical research at MIP involving their supervisees, supervisees' clients, staff, colleagues, trainees or placement clients, they must seek permission from the Clinical Director.

This policy will be reviewed every 18 months and updated a minimum of every 36 months.

This policy is informed by MIP/HIPC/UKCP

Reviewed/Revised January 2021