

# **Council for Psychoanalysis and Jungian Analysis**

## **Supervision Statement**

**2013**

# CPJA SUPERVISION STATEMENT

## 1. Introduction

Clinical supervision involves the therapist and supervisor building a relationship which will promote their ability to reflect together on the psychoanalytic nature of the therapist's practice and therapeutic relationship with their patients. The aims of this supervisory alliance are to increase both the therapist's and supervisor's understanding of the patients' experience, to enhance the therapist's clinical interventions and to encourage exploration of ways of enhancing the effective creativity of their practice within the containment of an ethically maintained context. Psychoanalytic supervision involves attending to the unconscious processes of patient, therapist and supervisor, maintaining a space for the unknown in the supervisory relationship. This involves openness to and reflection upon the experience of emotional disturbance that will arise in the work.

The primary purpose of supervision is to support the supervisee's ability to establish and maintain the most beneficial and effective psychoanalytic relationships possible within their practice. This will involve careful and in-depth examination and understanding of the specificity of each case brought to supervision, taking into account the presenting issues and risks as well as their possible unconscious aetiologies. As psychoanalytic work is concerned with empowering the patient's development towards autonomy, this should also be reflected within the supervisory relationship. This will include the recognition of a potential tension between individuals and their social and professional contexts. The supervision relationship is one in which supervisees can develop their capacity to make these complex assessments in a responsible and ethical way. This is the case irrespective of employment arrangements and applies both in private and public service.

Clinical supervision can be differentiated in a number of ways, dependent on whether it involves:

- an element in a formal, qualifying training process of trainee psychotherapists
- supervision of qualified psychoanalytic psychotherapists, contributing to their ongoing professional development (further differentiated according to the experience and stage of development of the practitioner)
- supervision of other clinicians who are not psychoanalytic psychotherapists, such as counsellors, clinicians in the core mental health professions and other psychotherapists

Psychotherapists' need for supervision will vary according to their professional and personal experience, work-load and other factors including the area of work and type of setting in which they are practising.

For the purpose of this document the term 'psychotherapist' should be taken to refer to psychoanalytic psychotherapists, psychoanalysts, psychodynamic psychotherapists, group analysts, Jungian analysts and psychotherapeutic counsellors. The term 'trainee' refers to those training in each of these modalities. Whenever the term 'psychoanalytic' appears, it should be taken to include analytical psychology.

The route onto the UKCP Directory of Approved Supervisors will be via the attainment of relevant experience and competence as a supervisor (see section on Standards of Education and Training).

Practitioners who are not registered as supervisors may still offer supervision but they will not be eligible to describe themselves as UKCP approved supervisors or to be included on the UKCP Directory of Approved Supervisors.

In addition, existing supervisors may be put forward by their Organisational Members (or by CPJA in the case of Direct Registrants) for inclusion on the UKCP Supervision Register under grand parenting provisions.

## **2. Ethical Requirements**

### **2.1 Requirements of All Individuals, Training Organisations and CPJA**

2.1.1. To ensure that the highest standards of ethical practice are maintained in all aspects of supervision, in accordance with the appropriate codes of ethics and practice.

2.1.2. To promote diversity, equality and social responsibility in supervision policies and practice, ensuring accessibility to supervisory opportunities is maintained for all groups.

### **2.2 Ethical responsibilities of supervisors**

2.2.1. All supervisors are bound by Codes of Ethics, Conduct and Practice appropriate to them through their Organisational Member and CPJA.

2.2.2. Supervisors should conduct themselves in a way that is consistent with the dignity, status, values and principles of the profession and of CPJA and refrain from behaviour that may be detrimental to patients, the profession, colleagues, supervisees or the members and organisation of UKCP.

2.2.3. Supervisors shall seek to establish the highest ethical standards and recognise and work in ways that respect the value and dignity of supervisees, their patients and the context of the work.

2.2.4. Supervisors should give full regard to equality and diversity issues, including considerations such as origin, status, social class, race, culture, gender, age, beliefs, sexual orientation and disability. This will include:

- raising awareness of issues of power, equality and diversity within the supervisory relationship
- raising awareness of potential interventions for working effectively with diversity and equalities issues as they arise in the work
- raising awareness of any discriminatory practices that may occur between the supervisee and their patients

2.2.5. Supervisors must not exploit their supervisees sexually, financially, or in any other manner.

2.2.6. Supervisors should not supervise in areas that are beyond their training and experience without seeking additional supervision with an appropriately experienced supervisor.

2.2.7. Supervisors are responsible for maintaining their capacity for the psychoanalytic understanding of the supervisory process and to ensure that they continue to develop their psychoanalytic understanding and competence, including remaining aware of significant developments in the field of psychoanalytic psychotherapy. Supervisors are responsible for maintaining and developing their skills through appropriate Continued Professional Development.

2.2.8. Supervisors are responsible for monitoring and maintaining their physical, mental and emotional health in relation to their capacity to practise competently.

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

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

### **3. Requirements of Supervisors**

#### **3.1. Responsibilities of All Supervisors**

3.1.1. To ensure that they are able to articulate and justify the particular supervisory roles that they are undertaking. This should include an assessment of their relevant experience in the modes of therapy, settings, client groups and levels of disturbance and risk involved in the work being supervised.

3.1.2. To develop and maintain a relationship with the supervisee which is capable of fostering a capacity in the supervisee to reflect in depth upon their work and which respects and fosters the autonomy of thought in relation to their practice.

3.1.3. To maintain emotional engagement and openness in the supervisory relationship so that unconscious dynamics, including the parallel process, can be recognised, thereby enabling aspects of the unconscious dynamic in the consulting room to become manifest and better understood.

3.1.4. To facilitate the supervisee's capacity for ethical practice and working with difference.

3.1.5. To give feedback on the supervisee's clinical approach and to support their professional development.

3.1.6. To maintain a record of supervisory contact with each supervisee.

3.1.7. To consult, as appropriate, when particular difficulties arise in their supervisory work.

3.1.8. To maintain focus on the patients' interests and to determine appropriate action when issues of ethics and practice are causing concerns that cannot be resolved within the supervisory process.

## **3.2 Responsibilities of Training Supervisors**

Training supervisors are responsible for ensuring that the trainee understands and meets the professional standards expected in the training, for example record keeping and communicating with other professionals when required. Training supervision must provide an opportunity for trainees to:

- 3.2.1. develop the capacity to use supervision for the benefit of the patient
- 3.2.2. reflect upon and review their clinical practice
- 3.2.3. discuss individual cases and groups in depth
- 3.2.4. develop and maintain a psychoanalytic perspective on all aspects of the clinical work and relationship
- 3.2.5. undertake assessments and dynamic formulations, where appropriate
- 3.2.6. develop a psychoanalytic approach to assessing and managing risk
- 3.2.7. learn from critical feedback
- 3.2.8. develop their clinical skills and knowledge
- 3.2.9. raise issues that might arise from their personal therapy when this is relevant to their clinical work
- 3.2.10. review their work in relation to the implementation of codes of ethics and practice and clinical guidelines
- 3.2.11. identify and plan for their further learning and developmental needs
- 3.2.12. training supervisors should keep all records required by the training, which may include a record of supervision hours.
- 3.2.13. training supervisors must provide any assessment reports required by the training organisation and as appropriate to the needs of the trainee.

## **3.3 Professional Considerations**

- 3.3.1. Supervisors are expected to manage their work in a professional manner. For example, are expected to disclose their qualifications when requested and not claim, or imply, qualifications that they do not have.
- 3.3.2. Supervisors must establish and maintain a consistent working environment and clear boundaries of time and space, clarifying arrangements for the fees and giving adequate notice of any changes or planned breaks.
- 3.3.3. As a general principle, supervisors must not reveal confidential material concerning the supervisee or their clients to any other person without the express

consent (where practicable in writing) of all parties concerned. Where exceptions relating to the Safeguarding of Children and Vulnerable Adults may apply, these should be noted in detail.

3.3.4. Supervisors need to consider whether their approach 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 the patient's interest. Supervisors should use such experiences to help them identify their own further training needs.

3.3.5. Line management supervision and psychotherapeutic supervision is not, normally, undertaken by the same person. Where this is unavoidable, written guidelines should define the remit of each role, specifying procedures in the event of conflicts arising.

3.3.6. When supervising trainees working in an institution, other than a training institution, the boundaries of the supervisor's responsibility should be clarified and negotiated with the agency concerned, and preferably in writing.

3.3.7. Supervisors should discuss with their supervisees the need for a suitable professional will. Supervisors should have a similar safeguard for their practice.

3.3.8. Supervisors should discuss with their supervisees the need for appropriate professional indemnity insurance.

### **3.4 Clinical Responsibility**

3.4.1. Clinical responsibility for the psychotherapy will normally remain with the supervisee, although the supervisor remains responsible for their supervisory input.

3.4.2. Where the supervisee is a trainee, clinical responsibility is usually shared between the supervisor and trainee, and the institution where the work is taking place within an agency. Whatever the particular situation, the lines of responsibility for the trainee's clinical work needs to be made clear.

3.4.3. Supervisors who supervise those working with children should be aware of the additional responsibilities and legal expectations this may entail (see the UKCP PwCC Supervision documents on working with children).

### **3.5 Legal Considerations**

3.5.1. Supervisors must ensure that, together with their supervisees, they consider any legal liabilities to each other, to their employing or training organisations and to their patients.

3.5.2. Supervisors are responsible for clarifying their legal liabilities and seeking legal guidance when necessary including seeking advice from CPJA and UKCP when necessary and appropriate.

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

3.5.4. Supervisors should maintain adequate professional indemnity insurance for their work and this insurance should include legal advice and representation.

3.3.5. Supervisors of practitioners who work with children should be aware of any legal responsibilities that this may entail (see the UKCP PwCC Supervision documents on working with children).

### **3.6 Advertising**

3.6.1. Supervisors who advertise should use descriptive rather than evaluative language with regard to the supervision that they offer.

3.6.2. The media should not be used in ways that would bring the profession, CPJA or the members or body of UKCP into disrepute.

## **4. Requirements for Supervision**

All practitioners (including trainees) are responsible for ensuring that their psychotherapeutic practice is appropriately supervised. They must also ensure that they have access to a supervisor who is a suitably experienced psychoanalytic psychotherapist.

A supervisee may have individual supervision, be a member of a supervision group or have a peer arrangement but supervision is always provided through on-going professional relationships between supervisor and therapist. Generally, though not necessarily, this involves the supervisor being the more experienced partner.

### **4.1 Trainees**

Trainees are responsible for the following:

4.1.1. To undertake supervised clinical practice in accordance with the training standards of their member organisations, and under the auspices of CPJA's training standards.

4.1.2. To maintain an honest and open attitude to supervision, including acceptance of critical feedback and demonstrating a willingness to learn.

4.1.3. To document and be able to demonstrate how they are implementing their training organisation's requirements for supervision.

4.1.4. To be in weekly individual and/or group supervision from the time they are deemed ready to take on training cases and throughout the period of the clinical component of the training.

### **4.2. Registered Practitioners**

All registered practitioners are responsible for the following:

4.2.1. To determine the nature and extent of supervision that they require at any particular time, and at different points in their career.

4.2.2. To choose their own supervisor and to ensure that their supervisor can offer them psychoanalytic supervision at an appropriate level and standard.

4.2.3. Some psychotherapists may choose to work without supervision, for a period of time, as a means of developing their capacity to work and think autonomously as independent practitioners. They remain responsible for determining their need for supervision and ensuring that they have appropriate consultation arrangements already in place when this becomes necessary.

4.2.4. To consider a period of more intensive supervision when this is required at times of personal or professional crisis, or, for instance, when they start work in an unfamiliar setting or with a patient group outside of their previous experience.

4.2.5. Given that psychotherapists cannot be expected to bring all their work to the attention of their supervisor, to be responsible for determining at any particular time which patients they should bring to supervision.

4.2.6. To include in their CPD record a statement of the nature, extent and regularity of their supervision, including the name(s) of their supervisor, or their rationale for not undertaking supervision at this particular time.

## **5. Responsibilities of CPJA**

5.1. To promote a culture that fosters enquiry and innovation in relation to supervision.

5.2. To oversee the implementation of the Supervision Statement by Member Organisations and to monitor this through the Quinquennial Review process.

5.3. To recommend good practice guidelines for supervision.

5.4. To ensure that any registration process is compatible with the psychoanalytic perspective and ethos and that complaints and disciplinary issues are dealt with through the existing procedures of Organisational Members and UKCP.

5.5. To oversee the implementation of the Supervision Statement with respect to Direct Registrants

## **6. Responsibilities of All Organisational Members**

6.1. To promote a culture that fosters enquiry and innovation in relation to supervision.

6.2. To ensure that CPD Policies include expectations about psychotherapists undertaking supervision as appropriate.

6.3. Member organisations may implement their own supervision policies and have their own additional requirements for and approaches to supervision, in conjunction with the overall approach of the Council.



## **7. Responsibilities of Training Organisations**

7.1. All training organisations are required to work under the auspices of CPJA's training standards regarding the clinical supervision of trainee psychotherapists.

7.2. Training organisations are required to have suitable and transparent means of selecting qualified and experienced practitioners as training supervisors, including minimum requirements of experience. Organisations must be able to account for the process by which decisions about selecting training supervisors are made.

7.3. Trainings would normally be expected to keep a record of the name, qualifications, professional body and contact details of supervisors seeing trainees, including placement supervisors where relevant.

7.4. Training organisations should be clear about the responsibilities that they expect training supervisors to undertake.

7.5. Training Organisations are responsible for overseeing the quality of training supervision, ensuring that the supervisor is fully trained in the modality of therapy (e.g. individual, group, couple, family and time-limited) that is being supervised.

7.6. Trainings must ensure that trainees have at least two supervisors and that at least two training cases or groups are supervised for a minimum of 18 months and for the duration of the work.

7.7. Supervision is generally required weekly on a one-to-one basis but there may be exceptions to this, for instance with regard to the supervision of analytic groups or in relation to block trainings. .

7.8. Where clinical work is undertaken and supervised in another agency, and two supervisors are involved, it is essential that the training organisation has a clear and written agreement with the placement organisation about the roles and responsibilities of the two, and hence their relationship with the trainee. This should include clarifying what communication is required between the two supervisors, and it should be made clear to the trainee where clinical responsibility lies.

7.9. Where there are departures from the Council's supervision guidelines, the training organisation must ensure that these are related to the aims and objectives of the training and that they are properly discussed during the Quinquennial Review.

# **Requirements for Inclusion on the UKCP Directory of Approved Supervisors**

## **Standards for Education and Training**

### **1 Introduction**

- 1.1 This document aims to clarify the route by which qualified and experienced psychoanalytic psychotherapists can be included in the UKCP Directory of Approved Supervisors working with adult patients (i.e. those over 18 years old).
- 1.2 It should be read in conjunction with the CPJA Supervision Statement, which clarifies the nature of psychoanalytic supervision and the expectations upon supervisees, supervisors and organisational members with regard to supervision.
- 1.3 In what follows, the term 'psychotherapist' should be taken to refer to psychoanalytic psychotherapists, psychoanalysts, psychodynamic psychotherapists, group analysts, Jungian analysts and psychotherapeutic counsellors. Whenever the term 'psychoanalytic' appears, it should be taken to include analytical psychology.
- 1.4 The primary purpose of supervision is to enhance the professional development of the supervisee so as to promote the best and safest practice for their patients.
- 1.5 Supervisors are expected to behave ethically and not use their position to exploit the supervisee. They are subject to the Codes of Conduct and Practice for registered psychotherapists and are responsible for addressing issues of equality and diversity in their own supervisory practice and that of their supervisees.
- 1.6 Organisational Members (OMs) of CPJA are responsible for assessing and putting forward supervisors for the Directory. Their training courses and other procedures employed for this purpose will be subject to on-going approval by the College through the Quinquennial Review process.
- 1.7 Approved supervisors will be required to apply for re-accreditation at five-yearly intervals.
- 1.8 Supervisors may lose their right to be on the Directory as a result of a serious complaint being successfully brought against them, either as a supervisor or as a practitioner.
- 1.9 Practitioners who are not accredited by the various means outlined below can still practice as supervisors but they will not be eligible to be included in the UKCP Directory of approved supervisors.

- 1.10 Inclusion on the UKCP Directory of approved supervisors does not necessarily imply the status of training supervisor. This is conferred by the relevant OM, according to their particular standards for training supervisors.
- 1.11 Not being on the UKCP Directory of approved supervisors does not preclude psychotherapists from supervising as part of their clinical practice or as a requirement of their organisational role and responsibilities.

## **2. Route to being approved as a supervisor**

### **2.1 Introduction**

In order to be considered for inclusion on the UKCP Directory of Approved Supervisors, practitioners will need to put forward a portfolio demonstrating levels of experience and competence as a supervisor, which match or are equivalent to those listed below. The experience and competence may have been developed in a number of ways, including experience over time and under supervision, completion of accredited supervision courses or combinations of both.

#### **2.1.1. Experience**

- i. Registered supervisors must have completed a recognised qualifying training in psychoanalytic or psychodynamic psychotherapy, psychoanalysis, group analysis, Jungian analysis or psychotherapeutic counselling.
- ii. At least five years' experience of working psychoanalytically with patients. At least three years of this should be as a UKCP registered psychotherapist.
- iii. Experience of supervising involving no less than 90 hours of contact time.
- iv. Supervision of supervisory practice, comprising either 15 hours of one-to-one supervision or 45 hours in a group (although trainings in supervision for group psychotherapy might appropriately require all their supervision to be undertaken in groups).
- v. Evidence of the study of the range of psychoanalytic theories of supervision. This could be via a number of ways (e.g. written piece, or a dialogue with the accrediting panel etc.).
- vi. References from a supervisor.
- vii. Self-assessment, including a brief written report (no more than 2 sides of A4, typed) regarding their model of supervision and reflective practice and framework, including their style, approach and understanding of supervision

#### **2.1.2. Competencies**

- i) An ability to foster an open, trusting working alliance with supervisees in which the supervisees are confident to reveal the difficulties and challenges within their work and to develop a sense of growing autonomy in their practice.

- ii) Ability to understand the principles, practice, values and ethical issues particular to the practice of psychoanalytic psychotherapy and to communicate these in an effective manner.
- iii) Ability to demonstrate the understanding, knowledge, experience and skills that supervision requires over and above those necessary for a qualified practitioner psychotherapist.
- iv) Capacity to be supportive, providing affirmation of good practice and support and understanding in handling difficulties and challenges arising in the supervisee's practice.
- v) Ability to encourage the supervisee's curiosity and to highlight areas for further exploration and development, including theoretical and/or experiential processes.
- vi) Ability to understand and critique the supervisee's work from the standpoint of the patient, the supervisee and the supervisor.
- vii) Ability to recognise and be able to work with transference in the supervisory process and relationship.
- viii) Ability to uphold standards, values and principles of good professional practice, including the guiding and supporting of the supervisee in addressing ethical issues, balancing needs of supervisee and patient, and addressing issues of safety and appropriate conduct.
- ix) Capacity to understand and work with the full range of diversity and equality considerations and how these manifest in both the psychotherapy and supervisory relationships.
- x) Ability to work with difference in relation to supervisees and show awareness and understanding of these issues in their supervisory practice
- xi) Ability to match the style of the supervision to the experience and individual needs of the supervisee.
- xii) Ability to work with different ways of evidencing the supervisee's practice according to OM and CPJA specific methodologies, such as audio or video tapes, transcripts, 'live' supervision etc., with due regard to equalities considerations.
- xiii) Ability to recognise the abilities as well as the limits of the supervisee and to give sensitive but challenging feedback about these.
- xiv) Capacity for transparency and accountability as necessary for training in and the practice of supervision.

### **3. Accredited courses in supervision**

#### **3.1. Accreditation of courses**

Courses in supervision must be validated by CPJA and reviewed during the Quinquennial Review process for Organisational Members. Courses accredited by psychoanalytic organisations outside of the CPJA will be recognised as long as practitioners can demonstrate that they are compliant with the Standards of Education and Training set out under 3.1.1, 3.1.2 and 3.1.3 below.

##### **3.1.1. Training Requirements**

- i. Courses should meet the following specifications:

- ii. A minimum of 90 hours overall contact time
- iii. Teaching on a wide range of relevant theoretical models of supervision
- iv. Supervision of supervisory practice, comprising either 15 hours of one-to-one supervision or 45 hours in a group (although trainings in supervision for group psychotherapy might appropriately require all their supervision to be undertaken in groups)
- v. Submission of a supervisor's report stating that their supervisory work is of a satisfactory standard
- vi. Self-assessment, including a brief written report (no more than 2 sides of A4, typed) regarding their model of supervision and reflection practice and framework, including their style, approach and understanding of supervision

### **3.1.2.. Recommended Learning Outcomes**

The learning outcomes will need to include the competencies outlined in section 2.1.2. above.

### **3.1.3. Published Material**

Supervision Training courses must be able to publish the following information:

- i. Selection criteria
- ii. Selection procedures
- iii. Selection Appeals procedures
- iv. APL and APEL procedures
- v. Codes of Ethics for trainers, supervisors and trainee supervisors
- vi. Codes of Conduct and Practice for trainers, supervisors and trainee supervisors
- vii. Diversity and Equality Policy and Procedures, including how these issues are addressed in the curriculum
- viii. A Curriculum and course Learning Outcomes
- ix. Course requirements for written and practical or experiential activities.
- x. Assessment procedures and assessment appeals procedures
- xi. Appointment procedures for trainers
- xii. Lists of trainers, including their relevant qualifications and relevant professional memberships

## **4. Process for Accreditation as an Approved Supervisor**

Psychotherapists wishing to be approved as a supervisor must be assessed and recommended by their Organisational Member (or by CPJA in the case of Direct Registrants) in order to be put forward for inclusion on the UKCP Directory. The following conditions will apply:

4.1. They must be of good standing with their OMs (or with CPJA In the case of direct registrants).

4.2. They must satisfy their OMs (or CPJA in the case of direct registrants) that they have achieved the levels of experience and competency outlined in Section 2.1.1. and 2.1.2. above.

4.3. In order to remain on the register, supervisors will be required to apply for re-accreditation at an interval of no longer than five years.

4.4. Supervisors may lose their right to be included on the UKCP Directory as a result of a serious complaint being successfully brought against them, either as a supervisor or as a practitioner.

## **5. Existing Practitioners (Grand parenting)**

5.1. Registered psychoanalytic psychotherapists with substantial post-qualification clinical experience (minimum of four years) who are established supervisors are also eligible for inclusion on the Directory through the “grand parenting” procedure.

5.2. Grand parenting will involve the sponsorship of their Organisational Member (or of CPJA in the case of direct registrants) concerning their supervisory experience. A portfolio should describe their experience of supervising and also outline any training and CPD in supervision theory and practice that they have undertaken. This will also include any experiences of their supervisory practice being supervised. It is likely that the experiences and competencies outlined in section 2.1 above will be met by those applying through the grand parenting route by virtue of their pre-existing and proven experience as supervisors.

5.3. Application for inclusion on the Directory by this process must be made to the psychotherapist’s Organisational Member in the first instance, or to CPJA in the case of Direct Registrants. This route to registration will only be available for a limited period of time. The process will need to be completed within three years of the date of the inauguration of the UKCP Directory of Approved Supervisors.