

The Clinical Supervisory Relationship: An Australian Survey of Counsellors and Psychotherapists

Nichola Cooper¹ & Philip Armstrong²

Australian counsellors and psychotherapists are commonly recommended or mandated to undertake clinical supervision for the benefit of their practice and their clients' treatment. However, there is little Australian research regarding the impact of clinical supervision, on the practitioner or the secondary impacts for the practitioner's client. Using research sponsored by the Australian Counselling Association, this paper reveals practicing professionals' opinions regarding clinical supervision and the effect of clinical supervision on their practice.

Keywords: *Counselling, Psychotherapy, Supervision, Australia*

1.0 Introduction

Australian tertiary institutions and professional training organisations commonly impress upon their mental health students the importance of clinical supervision. It is also often prescribed by employers and professional associations and is known by supervisors, supervisees and mental health trainees to be crucial to the wellness of the practicing therapist (The University of Queensland, 2020; Grant & Schofield, 2007). However, empirical research into the practice and outcomes of clinical supervision is limited - published research tends to favour the methods of clinical supervision - and these methods are commonly based on psychotherapeutic practices due to limited outcomes-based research (Alfonsson et al, 2018; Gonsalvez & McLeod, 2008).

There are varied definitions for clinical supervision in psychotherapy. Psychotherapy is used herein to represent the fields of counselling and psychotherapy. The term therapist, therefore, is intended, throughout, to represent counsellors and psychotherapists. The authors understand that other mental health professionals deliver psychotherapeutic treatment, however the scope of the study, and therefore this paper,

was contained to counsellors and psychotherapists only. The Australian Counselling Association (ACA) defines supervision as 'the process whereby a counsellor can speak to someone who is trained to identify any behavioural and psychological changes in the counsellor that could be due to an inability to cope with issues of one or more clients' (ACA, 2018). Supervisory training programs also instruct supervisors in a variety of different training models: development, process or psychotherapeutic-based. Clinical supervision models are not the focus of this paper, however. For further reading regarding supervisory models, see Bernard and Goodyear (1998) and Pelling and Armstrong (in press). The purpose of this paper is to report on the findings from the ACA's 2020 national study of counsellors and psychotherapists regarding their experiences of clinical supervision.

The intent of clinical supervision is to ensure therapists' clients are provided with safe and effective treatment, considering professional, ethical and legal frameworks, through the supervision of the practitioner by an experienced counselling professional. The focus of clinical supervision is on the professional competence of the therapist (Watkins & Milne, 2014) and their efficacy in using their competence to achieve their clients' normative and restorative goals. In so doing, clinical supervision aims to bridge any gap in knowledge or professional experience between the supervisor and supervisee, ensuring that any presenting lack of knowledge or experience does not affect the therapists' clients (Snowden et al, 2020).

Clinical supervision is often recommended for mental health practitioners because of the considered causal association between the clinical supervisor, the treating therapist and the client's wellbeing (Alfonsson et al, 2018). Indeed, supervision is mandated in Australia for counsellors and psychotherapists registered with the ACA and the Psychotherapy

Corresponding Author: Nichola Cooper.
Email: nicholacooper@protonmail.com

¹ Nichola Cooper. BCOUNS, MBA, MSF. Principal Psychotherapist, Melbourne Couples Counselling. Nichola is also currently completing her PhD in trust.

² Dr Philip Armstrong is CEO of the Australian Counselling Association. His PhD work focused on clinical supervision.

and Counselling Federation of Australia (PACFA) - Australia's two national registration bodies for practicing therapists - for continued professional registration (ACA, 2021; PACFA, 2021). However, notwithstanding the professional importance awarded to clinical supervision, research supporting the link between clinical supervision and patient outcomes is scarce (Alfonsson et al, 2018). Research has disproportionately favoured defining specific models of supervisory practice without understanding how these models are used in therapeutic sessions or evaluating their outcomes (Alfonsson et al, 2018), especially in the Australian context.

In 2020 the ACA contributed to the body of counselling knowledge by commissioning a study by the University of Queensland into clinical supervision. While this study finds clinical supervision provides numerous benefits to Australia's registered counsellors and psychotherapists, the authors call for greater national research into outcomes-based research to ensure ongoing participation in clinical supervision and ensuing benefits to the Australian community.

2.0 Methodology

Participants for this study were drawn from the population of professional counsellors who engage in professional supervision for their practice. To be considered eligible to participate in the survey, practitioners must have been eligible for membership with either the ACA, PACFA or the Australian Register for Counsellors and Psychotherapists (ARCAP). Trainee counsellors who were still students but who might be accessing supervision as part of their practicum or internship experience were excluded from this study, due to supervision requirements and uses being different at such an early career stage (Rønnestad et al, 2019).

The survey was advertised through the ACA, the Australian Register for Counsellors and Psychotherapists, and interrelated networks. Notification of the survey was primarily through online channels, such as websites, social media and email subscription lists. Given that many counsellors are employed within human services organisations, the survey was also sent to the organisations that most commonly employ counsellors.

A total of 1,041 counsellors and supervisors completed this survey in May-June 2020. The sample size was large enough to be determined to be nationally representative, based on there being an estimated 31,200 practicing counsellors in Australia. Assuming this to be the total possible population size of this profession, a sample of 1,041 practitioners allows a margin of error of $\pm 3\%$ at a 95% confidence interval. Therefore, we can be 95% confident that a percentage finding within this study is within $\pm 3\%$ of what would be found if the study had surveyed the whole population. Of this sample 839 (80.4%) predominantly work as counsellors and thus completed the survey from the perspective of a supervisee. The remaining 202 (19.4%) of participants predominantly worked as a supervisor and therefore completed the survey from that perspective.

There was a broad range of experience levels represented within the 839 counsellors who responded to the survey. Across the participants, there was a mean of 9.22 years of practice as a qualified counsellor, however there was considerable spread in the data ($SD = 7.75$; $Range = 45$). The majority of respondents (74.8%) held a masters degree in counselling or bachelors degree ($n=221$) as their

highest qualification in counselling, with most of the remaining participants holding a diploma ($n=302$). When asked about their highest qualification overall (i.e., in any field), 74.8% held either a masters ($n=336$) or a bachelors degree ($n=293$). A majority of the sample (69.7%; $n=586$) had their highest overall qualification in counselling. The remaining participants combined a qualification in counselling with a qualification in another field.

Participants were nationally and internationally representative: 26.5% of participants were from New South Wales (NSW), 25.4% were from Queensland (QLD), 23.1% were from Victoria (VIC), 10.1% were from Western Australia (WA), 5.3% were from South Australia (SA), 1.6% were from the Australian Capital Territory (ACT), 1.3% were from Tasmania (TAS), 0.9% from the Northern Territory (NT) and 7% were from 'other' areas.

The study comprised a descriptive, naturalistic study of the use of supervision by practising counsellors who are practicing professionally in the Australian context, in order to generate an agenda for future research, policy and practice in this area. Specifically, this study targeted experiences and opinions on the practicalities of supervision, the use and content of supervision sessions, the purpose and value ascribed to supervision, and the contrast of experiences between supervisees and supervisors.

The study held several research questions as foci:

1. How does supervision practically operate in the context of the counselling profession in Australia?
2. How is supervision time used by counsellors?
3. What purpose and value do counsellors ascribe to the role of supervision in their professional practice?
4. What similarities and differences occur between supervisors and supervisees?

3.0 Discussion

Therapists have long undertaken supervision as part of their ongoing education, reflective practice and professional accountability. Supervision is seen to be essential - not optional.

A therapist who is not in supervision should be regarded either with suspicion or awe. He or she is making a statement that they have learned all that is needed for one of the most complex problems in existence, helping others to be as fully human as possible ... (LeShan, 1996, p. 91, c.f. Grant & Schofield, 2007, p.3)

Professional bodies take a similar perspective. Professional registration bodies are responsible for promoting the growth and professionalisation of the counselling and psychotherapy domains, ensuring rigorous standards of their registered practitioners and thereby protecting the community at large. Thus, it was found that in response to the survey only 1.6% of respondents were not registered with any professional body. The remaining participants were either eligible to be registered with an association or were members of a related association (e.g., the Australian Psychological Society or the Australian Association of Social Workers).

A number of developments have marked the focus on and evolution of clinical supervision in Australia, including professional registration standards, evolution and growth of the counselling and psychotherapy fields and national and international research into supervision practice and supervisor training. These developments are reflected in the standards adopted by professional bodies. The ACA, for example, requires that members of all levels (Level 1 - Level 4 members) undertake

a minimum of ten hours supervision per year (ACA, 2021).

The value of clinical supervision continues to be debated in practice, nevertheless. Possibly due to the dearth of empirical outcomes-based research and the expense for independent practitioners.

Initially, supervision is considered a burdensome graduation requirement, only latterly do therapists learn that clinical supervision holds great benefits. Entry to the counselling profession can prove expensive after qualification. Professionalisation comes with a number of steps: business establishment for those that wish to be self-employed, professional registration and insurance - regular clinical supervision in addition can seem onerous and expensive. A small number (3.7%) of respondents claimed not that accessing supervision was due to cost or time constraints, or because they were not currently practicing as a counsellor at a level to warrant supervision. Supervision costs between \$50-\$150 and therapists usually attend fortnightly or monthly (The University of Queensland, 2020) in order to meet the requirements of professional registration bodies.

However, participants report that while the initial incentive to undertake clinical supervision was motivated solely by the standards of the professional body, they find supervision highly beneficial (60.5% indicated that it was 'extremely important' with a further 34% saying it was 'important' or 'very important'), with a multitude of opportunities: gaining assistance with difficult cases, increasing practitioner awareness, learning advanced practice skills, finding a source of care for the practitioner and learning new theories to name but a few (The University of Queensland, 2020). The primary benefit for therapists, however, is the chance to gain assistance with complex cases and the ability to have their practice evaluated (The University of Queensland, 2020) [This was followed by the topics self-care, wellbeing, burnout (n=22); skills development (n=16); and exploring current and new findings in research (n=13)]. In this regard, despite the limited empirical evidence demonstrating the flow-on effect of clinical supervision towards clients (Watkins, 2011), supervisors provide an important means of quality control for therapists.

Research into the methods and outcomes of clinical supervision has been undertaken globally for over 60 years (Watkins, 2019) and supervision research converges across the varying onto the following core principles (Grant & Schofield, 2007):

1. The acquisition and improvement of therapeutic skills and knowledge
2. Quality control and accountability to clients and the public
3. The transmission of psychotherapy culture, including ethical conduct
4. Professional growth and development

These findings were mirrored in the findings from this survey. When considering the most common elements of supervision sessions, the standout category counsellors identified was the discussion of specific cases, followed by the monitoring of the counsellor's health and well-being, and more general professional discussion. A relatively equal distribution of further categories was noted, however the least common elements of supervision sessions were the review of direct client work (live or recorded).

3.1 Evaluation

It is useful here to interject some expectations of clinical supervision from the literature. Bernard & Goodyear (1998, p.9) define supervision as:

...an intervention model provided by a more senior member of a profession to a more junior colleague or colleagues who typically (but not always) are members of the same profession.

This relationship:

- is evaluative and hierarchical

- extends over time, and

-has the simultaneous purposes of enhancing the professional functioning of the more junior person(s); monitoring the professional services offered to the clients that he or she sees; and serving as a gatekeeper for the particular profession the supervisee seeks to enter.

The purpose of this definition is to contrast some expectations from the literature with findings from the survey. Teaching and evaluation are central components of supervision. In supervision, teaching is driven by the needs of the supervisee, with an evaluative function - depending on the intervention applied, counselling may not be evaluative, however (Bernard & Goodyear, 1998). Yet, it was unclear from the survey findings how commonly the process of supervision is evaluated - there appeared to be a discrepancy between how and when evaluation was performed between the supervisees and supervisors.

While supervisors almost unanimously said supervision was informally or formally evaluated, 63.9% of supervisees said that supervision was not formally evaluated in their experience. Predominantly, these supervisees experienced a type of evaluation of their practice through informal means (e.g., feedback, discussion, supervisor questions, etc.). Some participants noted experiencing more formal evaluation including review of live or recorded sessions, reviewing case notes, client data, or the use of reports, surveys and rating scales. Supervisors who said they do evaluate counsellor practice identified a variance in the frequency with which this occurs, from sessional reviews of practice to regular reports at distinct intervals (e.g., quarterly; annually). Methods described included both formal and informal evaluations, ranging from supervisee reports and discussion, review of tasks set in supervision, use of structured assessments or reports, live and recorded observation, and client data (e.g., SRS). These more formal evaluations, however, were rare. Notably, there was a significant number of supervisees who elected not to respond to the question (n=263).

The majority of supervisors (78.9%) indicate that they and their supervisees informally evaluate the process of supervision. The minority of supervisors (19.5%) use formal measures to evaluate supervision through the use of published and supervisor-developed measures, surveys and tools. However, only 3.7% of counsellors had identified supervision was formally evaluated, and 64% said it occurred informally. Most notably, only 1.6% of supervisors said that they did not evaluate supervision, whereas 32.3% of counsellors had said supervision was not evaluated.

Evaluation is a cornerstone of good supervision, clearly distinguishing it from the counselling relationship. However, the hierarchical nature of evaluation can make relationally-oriented supervisors, or those adopting a psychotherapeutic approach to supervision, uncomfortable (Bernard & Goodyear, 1998). This possibly explains the discrepancy between the supervisee and supervisor results of whether their supervision was being

evaluated. The supervisor, for example, may be using an 'ask versus tell' approach to feedback (Enlow & McWhorter, 2019), which is not interpreted as being responsive to the developmental model of supervision, instead it could be confused as encouraging therapeutic reflection.

This highlights a further important finding from the survey, that a portion of supervisees had not been trained in supervision. The majority of therapists (70%) had received training in being supervised, yet 30% of respondents were unfamiliar with how to be a supervisee. Given the majority (63.9%) of survey respondents reported their clinical supervisor did not evaluate their practice there become opportunities for training providers to teach practitioners how to interview for a supervisor, what to expect in supervision and how to evaluate the quality of their supervisor. Indeed, it is possibly for this reason that Bernard & Goodyear (1998) argue for all therapists to receive supervisory training. Counsellors interested in training to be a supervisor are encouraged to view the ACA website for further information (<https://www.theaca.net.au/become-a-supervisor.php>). The survey results revealed that the primary means by which supervisees find their supervisor is by means of a public list provided by a supervision training provider. Second to that was that therapists find their supervisor through previous contact during study. Therapists trained in supervisory practice would more readily identify appropriate supervisors for their practice, hold their supervisors to account in session, more fully engage with the supervisory alliance and enable a robust development of the profession.

3.2 The importance of a "good fit"

Teaching supervisees how to engage with supervision, whether that be a task for a supervisor, or a learning provider (or both) becomes important when considering the value of the supervisory alliance. Supervisors revealed that one of the primary hindrances to good supervision was they were not a "good fit" with their supervisee. Similarly, supervisees revealed limitations to the quality of their supervision included, in descending order: lack of checking in by the supervisor, the supervisor doesn't have the ability to meet my needs as a supervisee, we are not a "good fit", problems with structure of the sessions and limited time, we are not on the same "wave-length", supervisees not speaking up or not knowing what they need in session.

Many studies (Ramos-Sánchez et al, 2002; Enlow & McWhorter, 2019; Kirk, 2014, not exhaustive - to name only those cited herein) have indicated the quality of the supervisory alliance as the most critical factor in ensuring a quality supervisory process and effective supervisee development. Lower levels of supervisee development have been correlated with weaker supervisory alliances (Ramos-Sánchez et al, 2002; Enlow & McWhorter, 2019; Kirk, 2014).

Balancing the role of counsellor and supervisor is a fine line to walk. The importance of the supervisory alliance is analogous to the therapeutic alliance, however there are important distinctions which supervisors and supervisees must not confuse (Enlow & McWhorter, 2019). Supervisors must blend careful attention to the practitioner's wellbeing with practical analytical skills and an experienced lens to evaluate case formulation and treatment interventions to form a collaborative alliance with the supervisee. Mastering a reflexive, adaptive response to evolving supervisee skills with the supervisory teaching relationship is also a core skill for a supervisor to develop. Supervisors impart

knowledge and skills upon their supervisees and over time the supervisee evolves - as must their supervisor. If supervisors are not as able to be as responsive as supervisees a poor match may develop (Ramos-Sánchez et al, 2002).

4.0 Recommendations

As the most recent national survey of Australia's counsellors and psychotherapists it becomes important to make recommendations from this study for there are important implications for practice and policy.

4.1 Developing the supervisory alliance

Consistent with the study's conclusion on the importance of the supervision alliance, there is scope to attend to the need for greater consistency between supervisees and supervisors. This could be achieved through a range of initiatives, such as initial and ongoing training for supervisees on how to use the process of supervision (e.g., as a standard part of counsellor training and latterly part of professional development). It then becomes important to place an emphasis in supervisor training to understand the goals and tasks of the process for both supervisor and supervisee and then to regularly check-in with those outlined goals during sessions. This could form something akin to a supervisory contract.

It could also be important to teach supervisees skills on identifying a good supervisory alliance and core communication skills to feel comfortable articulating when that is not present and terminating the relationship should that be necessary.

There is also an ethical consideration for supervisors, as the most experienced practitioner, to consider intervening in a devolving relationship. In the same way therapists would address clients' devolving functioning, supervisors are bound to address whether they are the best fit for their supervisee and refer them to someone more suitable if that is appropriate.

Building upon the importance of the supervisory alliance is the skill for supervisors to deliver a model of supervision that has the requisite complexity and flexibility to match the multidimensional process of supervision. While predominant themes emerged within the study, the results also identified that supervision covers a wide variety of formats, content, benefits and methods of application. While the data showed themes at the collective level, supervision is delivered at the individual (or small group) level. Therefore, each supervision relationship and session could contain an idiosyncratic combination of these variables. As such, practitioners of supervision need to be trained and competent in the flexibility and complexity needed for such a bespoke task.

Both of these core elements of process and procedure in the supervisory alliance raise the question of how to determine the format (i.e., the goals and tasks) for a supervision relationship and any individual session within it, in addition to assessing the progress (or evaluating) the supervision process. Given that this study showed scope for more clarity on the processes of evaluating supervisee practice as well as evaluating the process of supervision, this seems a major issue to be addressed in practice and a welcome one. The impact of practice evaluation was largely considered to be positive by supervisor, with the noted themes being that supervisors identified there to be improvements for the supervisee (e.g., ongoing learning and

reflection; professional development); quality control for the client (e.g., ethical practice and accountability; work outcomes); improvement in the supervision process and alliance (e.g., improves supervision process; feedback to improve process; strengthens relationship; enhanced clarity and goal setting). An additional benefit noted was that supervisors also identified that they benefited from evaluating counsellors' practice as it helped them in their role as a supervisor and was seen to be part of their own professional development.

4.2 Training and Future Research

The purpose of this study was to understand how Australia's counsellors are engaging with clinical supervision. Sponsored by the Australian Counselling Association this was undertaken as part of their industry regulatory function. Training and development opportunities have arisen as a result of this study. These opportunities include evaluating and updating the skills of supervisors and reviewing their training requirements as part of their gatekeeper function.

As the study found, it is unclear how regularly and with what rigor the 'evaluation' activities are occurring in supervision. Given the importance of the evaluative function, but equally cognizant of the ethical complexities and potential inadvertent effects on counsellor wellbeing, there is scope to identify or develop effective, efficient and supportive mechanisms through which counselling practice can be more directly evaluated within supervision.

There are also research opportunities for the development and maintenance of the dyadic relationship considering the variety of supervisory models employed and the ensuing impact on the client. The efficacy of clinical supervision is predicated on the strength of the supervisory alliance (Ramos-Sánchez et al, 2002; Enlow & McWhorter, 2019; Kirk, 2014) observational dyadic research would prove fruitful for informing the development of the practice of supervision.

Conclusion

The results of this study are but part of the contribution towards the body of knowledge in clinical supervision. This survey has established that in the context of the counselling profession in Australia, supervision is a widespread practice that contributes to the professionalisation of the discipline and is experienced as highly important and beneficial by both supervisors and supervisees.

The results of this study affirm that supervision, as an interpersonal process parallel to the process of counselling, is reliant on the strength of the alliance between supervisor and supervisee. This alliance encompasses the relational bond, as well as agreement on goals and tasks. The survey suggests that there is enough common ground between supervisors and supervisees to form the foundation of a strong alliance. However, there is also enough potential for differing perspective on the goals, the tasks and the processes that this alliance cannot be taken for granted. Therefore, attention to the alliance in supervision is an ongoing imperative.

There also remain opportunities for further research and the development of counselling training programs. Counsellors and psychotherapists provide a vital function as frontline mental health workers, if professional bodies see that clinical supervision

is a quality control for the Australian community, ensuring that the process of supervision has benefits for the client is important.

The ACA would like to thank the many participants in this study for their time and effort in responding to the survey. In giving up their time, each respondent has contributed to the development of the counselling practice and the body of knowledge regarding clinical supervision.

Conflict of Interests Statement

This paper is written by a past employee and the current CEO of the ACA. The survey was sponsored by the ACA. The ACA would like to thank the University of Queensland for their participation in the clinical supervision study.

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