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Editorial

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Welcome back to the second part of our Special Issue 2021 edition of the AUSTRALIAN COUNSELLING RESEARCH JOURNAL. This Special Issue has been in production since before the international COVID pandemic and paused during the height of the pandemic in 2020. Consequently, I am pleased to have this project concluded and present to you the final articles of the special issue on International Counselling and Counselling Supervision.

This special issue has been presented in two sections. The first section focused upon counselling and counselling supervision as existing internationally in the Asia Pacific region and was published as a Special Winter Edition. Manuscripts for the first Winter Special Issue were peer reviewed under the direction of Nadine Pelling from the University of South Australia. This second Spring Special Issue focuses upon counselling supervision areas of topical interest. Manuscripts for this second Spring Special Issue were peer reviewed under the direction of Philip Armstrong of the Australian Counselling Association.

This Spring Special Issue begins with an exploration of Christian counselling supervision by Shannon Hood of Waverley Abbey College and Tracey Milson of Stirling Theological College. The issue of vicarious traumatisation in supervision is explored by Fran Lane, a supervising counselling practitioner. Supervision related to social work practice is presented by supervising practitioner Rebecca Braid. Family violence and supervision issues are explored by practitioner Stephen O'Kane. Nichola Cooper, a practicing psychotherapist, and Philip Armstrong of the Australian Counselling Association explore the supervisory relationship. The final manuscript in this spring issue explores supervision from two different perspectives and is by Jim Schirmer and Sonia Thompson from the University of Queensland.

I hope that readers enjoy this broad exploration of international counselling and counselling supervision. Supervising practitioners and academics writing in this area are encouraged to contact me via Nadine.Pelling@unisa.edu.au about an upcoming publication expanding upon international counselling supervision practice and additional topical areas in counselling supervision.

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A Common Oversight: Supervision of Christian Counsellors

Shannon R Hood[1] and Tracey Milson[2]

"Here is a trustworthy saying: Whoever aspires to be an overseer desires a noble task" St Paul – the first verse of chapter 3 from a letter he wrote to his friend and workmate Timothy (circa 65AD) taken from the New Testament of the Christian Bible. Counselling supervision in essence oversees counselling work. In this brief manuscript, we outline often overlooked aspects of Christian counselling supervision.

Keywords: *Counselling, Supervision, Christian.*

Christian Counselling Supervision

This paper is being written for the Clinical Supervisor who finds themselves providing Super–vision (or over–sight) of a Christian Counsellor. The role of Supervisor/overseer is an ancient idea that is at the core of the Christian worldview.

The original Greek text quoted above utilises the word 'epi-scopos' which is comprised of two words: "epi" (over, above) and "scopos" (sight, perspective). Whilst most English translations of the Bible use the word 'overseer', it could equally well be translated as 'Super-visor'. It is this word that was translated as bisceop in Old English and bishop in today's vernacular.

The importance of the role of overseer is emphasised by the high standards expected from those who occupy it. According to the Christian Bible (1 Tim 3:2-3) overseers are to be "above reproach". Examples of what this means include being "temperate, self-controlled, respectable, hospitable, able to teach, not given to drunkenness, not violent - but gentle, not quarrelsome and not a lover of money". This list serves as a reminder to all of us involved in Supervision that who we are is as important as what we do.

This paper will begin with an exploration of what is a Christian Counsellor – observing that having this well-defined will be essential for the Supervisee. This definitional work will help classify Christian Counsellors into four broad types. One of these – the Professional Christian Counsellor will be explored in more detail as it is Supervision of this type of counsellor for which this paper is most relevant. Specifically, the paper will focus on some of the unique challenges likely to be faced by the Professional Christian Counsellor particularly in their work with Christian clients and how the supervisor can help navigate these challenges. It will include a brief discussion on the closely related topic of Pastoral Supervision.

Whilst the paper is written specifically for Supervision of Christian Counsellors, it is hoped there are elements that can be adapted to support Supervisors who are overseeing supervisees of other faith persuasions. It is inevitable the faith journey of the Supervisee will emerge as an important topic of supervision.

Christian Counselling

Many authors have observed the lack of an agreed definition of Christian Counselling (McMinn, 2011; McMinn et al., 2010; Sutton et al., 2016). However, if we are to discuss Supervision of the Christian Counsellor, we must define what a Christian Counsellor is so we can 'spot one when we see one'. We begin this process with a definition of counselling provided in 1973 by Collins (2007) which has stood the test of time to the extent that it is still being utilised by leading contemporary authors such as Tan (2011). Alongside Colin's definition we have provided a working definition of Christian Counselling. The unique aspects of Christian Counselling are highlighted in Table 1 These will be expanded individually below because they draw attention to some unique elements of Christian Counselling.

Table 1: Definition of Christian Counselling

Collins (1979)	Hood (2018a)
Counselling is a relationship between two or more persons in which a person (the counsellor), seeks to advise, encourage or assist, another person/s (the counselee[s]) to deal more effectively with the issues of life.'	Christian counselling is a relationship between two or more persons in which a *Christian* (the counsellor), *in partnership with the Holy Spirit,* seeks to advise, encourage or assist, and/*or accompany* another person/s

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	(the counselee[s]) to deal more effectively with the *journey* of life.'

A Christian

This definition suggests that Christian Counselling can (and should) only be done by someone who is a Christian themselves. It is far beyond the scope of this paper to endeavour to provide a failsafe measure to evaluate whether another is a Christian, but for our purposes if a Supervisee self-identifies as being a Christian that will probably suffice. What we are seeking to challenge is the alternate suggestion that a person of any (or no) faith persuasion can provide Christian Counselling with integrity.

In Partnership with the Holy Spirit

Every adherent to the Christian faith will acknowledge a special relationship with The Holy Spirit. The vastly different views on how and when this connection happens must be appreciated but is beyond the scope of this paper. The Bible refers to the Holy Spirit as a "paraclete" (e.g., variously in John 14-16) – one who is called to come along side. This is variously translated as 'helper' (English Standard Version) or even 'counsellor' (Revised Standard Version). For the Christian Counsellor, the function of the Holy Spirit will extend beyond their personal lives and into their professional practice. For each Supervisee this will be described differently but words such as "help", "encouragement", "inspiration", "revelation", "vision", "nudge", and "prompting" are often used when discussing the operation of the Holy Spirit. As a Supervisor it can be helpful to ask the Christian counsellor if they feel their work is done in partnership with the Holy Spirit, and if so, how that operates for them. The value in this Supervision discussion is not for the supervisor to assess the appropriateness of the supervisee's answer but more for the supervisee to take the time to explore the answer for themselves.

To Accompany … On the Journey of Life

Collins' initial definition restricted the activities of the counsellor to "advise, encourage and assist … in dealing with the problems of life". The initial definition reflects the common experience of counselling being utilised exclusively to resolve a specific problem or issue and then terminated once this is done. Christian Counselling is often quite different. Although the client will typically begin with some kind of presenting issue, the Christian Counselling journey can quickly become one of two pilgrims on a shared journey - where assistance morphs into accompaniment.

The supervisor should be attuned to the difference as many supervisees can struggle with the transition from issue resolution to 'accompaniment' and the associated need to recontract. Recontracting might be formal or informal, but it is important the supervisee and their client agree that the nature of the relationship changes when the counselling relationship moves from "assistance in dealing with problems" to "accompanying on the journey of life". Problem (or solution) focussed methods and interventions within a structured counselling plan may need to be set aside for a relationship that is a little more reactive and 'day-to-day'. The conversation can include a lot more celebration of joys as well as dealing with problems. The goal focussed supervisee can struggle with this transition and the inexperienced Supervisors can struggle to encourage it. Of course, this 'accompaniment' phenomenon occurs elsewhere but in Christian Counselling it is far more prevalent.

Types of Christian Counselling

Previously published research has identified four types of Christian Counselling (Hood, 2018a). Enormous benefit can be found when supervising Christian Counsellors by exploring these types to see which (if any) the supervisee identifies with and even if they find themselves moving between types depending on the context and client/s. The types are discussed below in order of most to least likely to present for Supervision. Whilst the discussion will explore elements of supervision unique to each type, it should be noted that all that has been said so far in this paper is relevant to all types that follow:

1. Professional Christian Counselling

This is the Professional Counsellor1 who intentionally incorporates their 'Christian-ness' into their practice. Whilst these professionals encounter all the 'normal' challenges of their colleagues, there are some unique challenges they encounter that are likely to emerge in Supervision. Space only permits exploration of five of these that have been identified through the experience of both authors.

A. The use of Spiritual and Religious Interventions (SRIs) within the counselling conversation is perhaps the most uniquely challenging aspect of Christian Counselling

In 2015, the Psychotherapy and Counselling Federation of Australia (PACFA) commissioned a Literature Review into the effectiveness of Spiritual/Religious (S/R) interventions in psychotherapy and counselling. This review concluded "Overall, the literature provides ample evidence to support the integration of a client's S/R beliefs and practices as part of good counselling and psychotherapy practice" (Ross, Kennedy, & Macnab, 2015, p. 2). Whilst the Literature review provided several examples of S/R Interventions, it did not provide a wider definition nor guidance on their use.

The most common examples of SRIs in a Christian context are Prayer2, Reference to Scripture, meditation/ mindfulness and Forgiveness (Aten et al., 2011; Hawkins & Clinton, 2015; McMinn, 2011; Ohlschlager, n.d.; Thompson, 2018; Vasiliauskas & McMinn, 2013). It is highly likely SRIs will be requested by the Christian client or may be seen to be useful by the Christian Counsellor for a specific client situation and the Supervisor should be prepared for a conversation about the ethical use of SRIs by the Professional Christian Counsellor including informed consent. Rather than explore each of these examples in detail, it is helpful to have a framework for approaching the use of any intervention which can then be applied to SRIs broadly and any one of the examples specifically. The Hexethogram is one such framework that has been developed for this purpose and used extensively by these authors.

The application of an SRI to a specific client in their unique context will of course be made on a case-by-case basis. However, there are six broad principles that can be helpful in guiding both counsellor (and by extension their Supervisor) in determining suitability of use. These are described as the Hexethogram. Like an effective playground fence, the boundaries

represented by the six sides of the Hexethogram give permission for exploration and discovery within the confines of a clearly defined fence- designed to keep everyone safe.

i. The context of the counselling situation is a critical consideration for the suitability of using SRIs. In a recent survey of counsellors, 23% of those who were directly employed and 25% of those who worked as sub-contractors for an agency felt they did not have permission to include spirituality in their work (Hood, 2018b)

Counsellors who work as employees are subject not only to their professional code of ethics but also to that employer's policies and procedures. Occasionally these place explicit expectations and/or limitations on the counsellor's practice and at times these expectations or limitations may be undocumented.

In some ways Christian Counsellors who work as sub-contractors for agencies can face the greatest ambiguity. Generally speaking, it would be unwise and inappropriate for any Professional Counsellor to be utilising SRIs when working for an independent agency contracted (say) to a commercial enterprise or a Government Department – even where the client might hold to a Christian worldview. But what about (for example) the context whereby a Christian Counsellor responds to a tragedy at a Christian School as a contractor employed by Catholic Care or The Salvation Army? Answers to questions like this are often not easy to come by which is why they are often (and appropriately) raised in Supervision. Simply asking the supervisee to consider the full breadth of the counselling context (policies, procedures, inclusion and diversity statements, reasonable expectations of clientele, physical location, advertising/marketing content) can often prove invaluable in helping evaluate the contextual suitability of SRIs.

ii. Informed consent from the client is essential before considering any intervention (Martindale et al., 2009; Sullivan et al., 1993). Provided below is a three-fold strategy that Supervisees may be encouraged to consider:

1. For the sake of transparency, practice information forms might openly declare one's own religious affiliation whilst being clear that no client will be discriminated against based on gender, race, sexuality or religious worldview. This information should be provided to every client and may often be included with other introductory documentation such as the fee structure, confidentiality agreements and the like, and in their practice marketing and advertising.

2. It is typical for client information (intake) forms to ask a series of questions (marital status, current medication, next of kin etc.). Therefore, inclusion of questions such as "do you wish your spirituality to be included in counselling?", or when they add their religious affiliation "would you like spiritual interventions used in sessions?" can be quite natural. Any client who answers 'No' would not be questioned further and would be deemed unsuitable for S/R Interventions. If a client answers 'Yes', the counsellor might enquire about the client's spiritual background and ask what they imagine it might look like if spirituality or S/R Interventions were included in their counselling experience. This client-centric approach then guides the process.

3. If the outcome of the discussion above is that they would like Christian 'Spiritual Practices' such as prayer, meditation, reference to the Bible etc included in their counselling experience then asking the client to sign a separate consent form to this effect can be useful.

iii. The client worldview must be respected (Christian Counsellors Association of Australia, 2017) and affirmed (Australian Counselling Association, 2012). A client's spirituality and religion are a key component of their worldview. The Counsellor must be careful not to impose their own worldview upon the client but only offer interventions that they know are supportive of the client's worldview.

iv. Evidence informed principles of practice should be applied. PACFA intentionally encourages Evident Informed (as opposed to Evidence based) practice (Psychotherapy and Counselling Federation of Australia (PACFA), 2019). The subtle but important challenges of an evidence based (comparted to evidence informed) approach is noted by (Kumah et al., 2019). Epstein (2009) observes that an evidence informed approach. enables practice that is "enriched by prior research but not limited to it". With respect to using SRIs the counsellor (and by extension the supervisor) must be aware of the evidence relating to the efficacy and risks associated with any potential intervention and allow this evidence to inform decisions of suitability. Generally speaking the evidence supporting the efficacy of introducing spirituality into the counselling conversation is strong and growing stronger (Captari et al., 2018; Gubi, 2011), however, this does not permit complacency when discerning the suitability of a specific intervention to a particular client situation.

v. Counsellor competence and integrity is a key issue to consider when determining suitability of using SRIs. The demand for counsellors to operate within their training and competence is normative and deeply engrained in most codes of practice and conduct. Yet challenges to counsellor integrity are often not so well considered. There is insufficient space to do justice to the importance of counsellors operating with integrity to themselves but suffice to say there is nothing in the ethical codes to suggest that concepts of integrity, dignity, and respect for worldview in the counselling relationship apply only to the client. With regard to SRIs this means (for example) a Muslim Counsellor should not feel obliged to pray to a Christian God, a Jewish counsellor should not feel obliged to treat the New Testament scriptures as sacred and a Christian counsellor should not feel obliged to lead a Buddhist client in Eastern meditation. Within the Christian Counselling context, these challenges of integrity even occur within different denominational expressions of their shared Christian faith between client and counsellor. If a client requests interventions that are beyond the integrity of the counsellor and this cannot be resolved, then referral is an option that should be considered.

vi. Client best interest completes the 'fence-line' of the Hexethogram. Even if all of the five prior conditions are met, the ethical concept of beneficence (Psychotherapy and Counselling Federation of Australia, 2017) demands that an intervention only be applied if it is in the Counsellor's best professional judgement that no other intervention is likely to be better for the client. Just because an intervention can be done does not mean it should be. Overwhelmingly the preferred way of navigating this ethical boundary is by emphasising that consent must be informed. Where there are a number of interventions that may support the client, it is generally best practice to explain these to the client including the risks and possible benefits and allowing the client to decide which they would prefer.

B. The purpose of the counselling journey is slightly nuanced for most people seeking Christian Counselling and must be appreciated by both Counsellor and Supervisor. In Christian Counselling the principles of client centeredness are upheld including the Rogerian assumption that clients have "vast potential for understanding themselves and resolving their

own problems without direct intervention" (Corey, 2016, p. 165). However, these assumptions are held in tension with the equal assumption that "True Christians are people who acknowledge and live under the Word of God. They submit without reserve to the Word of God…" (Packer, 1993, p. 116)

This idea of living "under the word of God" (i.e., in accordance with the teachings of the Bible) may represent the most difficult aspect of Christian Counselling for the atheist supervisor to work with3. Paradoxically, the Supervisor who comes from an alternate faith background (e.g., Islamic, Jewish, Buddhist) will often be comfortable with the idea of submitting one's life to an external set of religious teachings - they may not agree with the choice, but they can resonate with the idea. However, this idea that an external set of teaching provides the primary source for practical solutions to life's challenges can be seen to be far removed from the Rogerian idea that clients should seek answers to their questions from within themselves.

Many clients come to counselling in order to minimise the discomfort they are experiencing in life and maximise life's happiness. Whilst these objectives are not unimportant for the Christian client, the client's greater purpose of is often to live in accordance with the teaching of the Bible even if this brings with it discomfort and unhappiness. The Christian Counsellor will often find themselves coming to Supervision to discuss ways of supporting clients in their desire to endure (not avoid) suffering and persist in discomfort in order to uphold their Christian worldview.

C. Dual relationships are a common issue that need to be managed for the Christian Counsellor. Dual relationships are almost inevitable when one is part of a small community. Examples of small communities include a country town, a community of a similar culture or language within a large city or the active Christian community in any city. When one further divide these 'active' Christians into sub-groups according to Denomination or geography, multiple relationships tend to become an inevitability that must be managed rather than something that can be completely avoided. Where a supervisee is challenged by a situation of the possibility of a dual relationship forming the following may be some helpful strategies:

- Referral to another Christian Counsellor –alternative delivery modes such as face to screen/online may need to be considered.
- Agreement to put 'on-hold' the 'other' relationship for an appropriate time frame to accommodate the counselling season. This may mean the client or counsellor chooses to temporarily (for example) no longer be part of the choir or they choose to attend Church services at different times.
- Have the counsellor explain that if they inadvertently 'bump-into' the client (e.g., at the coffee queue) the counsellor will make no reference to the counselling connection and they recommend the client refrains from doing so or engage in lengthy, social conversations.
- Encourage regular check-ins within the counselling journey to specifically discuss the management of any dual relationship.

D. Self-Disclosure is often more prevalent in Christian Counselling. Many Christian Counsellors will indicate that they find themselves engaging in noticeably more self-disclosure when supporting Christian clients who have requested Christian Counselling. This is perhaps not surprising when one enters the paradigm of being on a shared journey of Christian living with a fellow pilgrim. In Christian parlance the notion of Discipleship is often referred to – where the counsellor and the counselee share a common journey of the Christian life with its struggles and joys. The Supervisor should not necessarily be concerned if they sense a level of self-disclosure that might otherwise be surprising in other settings.

2. Professional Counselling by a Christian

The second type of Christian Counselling is Professional Counselling by a Christian (Hood, 2018a). According to the most recent Australian Census, 52% of Australians self-identify as having a Christian Religious Affiliation of some form (Australian Bureau of Statistics, 2017). Thus, every Supervision session conducted in Australia has a better than even chance of a Christian overlay. It is inevitable that this Christian worldview will shape the counsellor's understanding of good and evil, will influence the lens through which they view their clients, will be part of how they make sense of personal and relationship brokenness and will underpin their deepest understanding of the meaning and purpose in life. It is equally true and inevitable that the counsellor's own gender identification, marital status, sexuality, and racial association (to name a few) will shape the counsellor's worldview. However, the experienced, person-centred counsellor will often develop strategies to conceal their worldview from the client experience. This will often mean suppressing their own views particularly when supporting a client whose views, gender, sexuality, values, marital status etc. are different to their own. Some Mental Health Professionals (MHPs) have become so well-schooled in this approach that they find it hard to conceive of any alternative.

For the sake of definition, we label this type of Christian Counselling as Professional Counselling by a Christian (Hood, 2018a). Usually, this situation occurs by the counsellor's choice. In these instances, challenges such using SR Interventions and Self disclosure discussed earlier rarely come to the surface for the counsellor and therefore rarely present in supervision. Ironically, whilst the Professional Christian Counsellor (discussed earlier) is often bringing the question "How can I ethically express my faith?" to supervision, this new type of Christian Counsellor is often asking "How do I professionally suppress my faith?"

This can be especially challenging where the client has specifically indicated they do not want their spirituality included in their counselling conversation or the counselling context prohibits it, yet the counsellor has a preference to allow their faith to be expressed.

3. Pastoral Counselling

The authors have great regard for the highly effective Christian Counselling conducted by religious leaders (Pastoral Counselling) who provide support for members of their religious community.

It is pleasing that an increasing number of religious leaders (including ordained clergy) are seeking supervision for their Pastoral work4. Whilst there may be many points of overlap between the practice of Clinical Supervision of a Mental Health Professional and Pastoral Supervision (Supervision of a Religious Leader or religious worker), one must be careful not to simply 'cut-and-paste' from one domain to the other.

Barletta provides a helpful definition of clinical supervision as "a process whereby colleagues of a similar profession…" (Barletta, 2017, p. 6). The Clinical Supervisor who

is considering taking on a supervisee who is a religious leader should consider whether they are truly "of a similar profession" particularly if they do not share the supervisee's religious beliefs. Having provided Pastoral Supervision to a number of religious leaders, the authors share a few insights below. The four areas of supervision (Armstrong, 2020, pp. 27–29) still broadly apply but need to be adapted to the Supervisee's Pastoral context:

1. Identifying any mental or emotional issues. It has been the experience of these authors that the presence of mental and emotional issues is often more likely in Pastoral Supervision than clinical supervision of an MHP, due to the pastoral commitment to their people.

2. Challenging use of theories, modalities, and ethics. Religious leaders and workers tend to face 'situations' rather than 'clients'. Whilst client specific conversations can tend to occupy the many MHP Supervision sessions, it is not uncommon for this to be replaced by discussions of 'situations' Having said this, asking the Pastoral supervisee to identify and refer to codes of ethics (how decisions should be made) and codes of conduct (acceptable behaviours) or their equivalent can lead to equally powerful insight in Supervision. Sometimes these codes are explicit and documented but sometimes the supervisee will gain great insight by seeking and exploring 'undocumented codes'. The supervisor from a Mental Health background must be open to the idea that these codes of conduct in a religious context may not always align with those that they are familiar with. Situations faced by religious leaders can include conflict between two key influential families, moral failure of a key leader, managing the expectations of a needy family who are abusing the congregation's generosity, and challenges to doctrinal teaching. These examples also demonstrate how far-removed Pastoral work and Mental Health work can be that the Supervisor must be prepared for.

3. Professional Development. This can often be a fruitful discussion particularly where the supervisee can be supported in their use of systems and processes that exist within the denominational or institutional framework.

4. Career development may take on a very different perspective where the church is concerned. Where an individual has taken a vow to pursue a 'vocation' and there is only one 'employer', navigating one's career is truly unique. This varies dramatically across different denominational settings even within the Christian community.

The above discussion is provided to give a few ideas when Supervising a religious leader (even in their Christian Counselling work) as well as caution the clinical supervisor considering offering supervision as to whether they are truly "of a similar profession" and appropriately equipped. It emphasises the much-needed expansion of Clinical Supervision training for religious leaders by religious leaders that will encompass their Christian Counselling work amongst many other aspects of their Pastoral and Church worker functions. Many churches have embraced, and more will likely embrace in the future, Professional Christian Supervision as part of their staff requirements.

4. Lay Christian counselling

The authors have high regard for the final type of Christian counsellor – the lay person who comes alongside a brother or sister in the faith to advise, encourage, assist or accompany them on the journey of life. If only more of this were done more effectively, perhaps there would be less need for Professional help. Whilst this group is affirmed and acknowledged, they are unlikely to present for Supervision and are therefore beyond the scope of this paper.

Professional Christian Supervised Supervision

So far we have limited our discussion to Supervision of Christian Counsellors. However, we must also consider supervised Supervision. Supervised supervision appears to work best when an effective alliance with an experienced and qualified Christian supervisor of supervisors enables a deeper reflective space and increased learning, resulting in best practice for Professional Christian Supervisors. It may involve scrutiny and curiosity of clinical supervision practice, ethically and relationally, creating checks and safeguards for the practitioners and their Christian clients. Professional and Pastoral Christian supervised supervision may be described as an exponential step up from supervision and it is recommended that Professional Christian supervising supervisors be required to demonstrate greater expertise, experience, credentials, training, responsibility, and knowledge of SRIs. In Australia supervised supervision is a Counselling Association requirement.

Conclusion

The supervision of Christian counsellors will be different depending on the type of Christian counsellor the supervisee identifies as. Exploring the four types of Professional Christian Counselling provided in this paper is recommended as beneficial for the supervisee. As noted, the professional Christian counsellor will likely face some unique challenges. When brought to supervision the supervisor needs to be ready and equipped to deal with them knowledgeably, ethically, compassionately, and non-judgmentally. Generally speaking, competent supervisors will be able to provide adequate supervision for the professional counsellor who happens to have a Christian faith. However, supervisors are advised to think carefully about their own suitability for supervising Professional Christian Counsellors and Pastoral Counsellors as colleagues in a similar profession. The need for Professional Christian Supervision and Pastoral Supervision is expanding and can no longer be a common oversight.

Footnotes

[1] For the sake of this paper, Professional Counsellor is an umbrella term that encompasses any Mental Health professional that utilises counselling. Primary examples include Registered Counsellors, Psychologists, and Social Workers.

[2] The suitable use of prayer in counselling is a topic unto itself and cannot be covered in this paper. The Supervisee should be encouraged to bring to supervision what 'using prayer' might actually look like as its application can be as innocuous as the counsellor praying before each session begins through to the use of prayer ministry (or prayer counselling) in session, which is specifically prohibited in some codes of conduct (Christian Counsellors Association of Australia, 2017), and countless options in between.

[3] A practical, relevant, and often emotive example of this

surrounds conversion therapy which in many places is now illegal. There can be no doubt that people have been harmed by well-intentioned religious groups and harm must be prevented. This paper has already outlined the importance of operating within a client's worldview at the subordination of the worldview of the counsellor. However, the Christian Counsellor will inevitably encounter various individuals that wish to suppress all types of sexual attraction in order to live a life in accordance with how they interpret the Bible. Just as the counselling relationship must be a safe place for the client to discuss these matters, so the supervision relationship must be a safe and non-judgmental place for Christian Counsellors to bring these complex ethical challenges confident they will not be met with simplistic solutions from their supervisor. Similarly, this applies to not converting a client to a faith or religion of the counsellor's preference against their wishes. This dilemma may however, be discussed openly in supervision to consider informed consent and ethical best practice.

[4] This phenomenon is likely this is being driven, at least in part, by recommendation 16.45 emerging from Australia's recent Royal Commission into Institutional Responses to Child Sexual Abuse: " …that all people in religious or pastoral ministry, including religious leaders, have professional supervision…" (Royal Commission into Institutional Responses to Child Sexual Abuse, 2017).

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Supervision and Vicarious Trauma

Fran Lane[1]

Counsellors often find themselves working with clients who have experienced trauma. When that trauma impacts counsellors professionals tend to talk about burnout or countertransference, compassion fatigue, and vicarious trauma. In the following pages, vicarious traumatization is defined and explored as it exists in counselling contexts.

Keywords: *Vicarious, Trauma, Counselling, Supervision.*

Supervising Counsellors for Vicarious Trauma

All counsellors regardless of their work setting will find themselves working with clients who have experienced trauma. From the time that trauma effects were recognised the impact of working with those who had experienced traumatic events was noted. Historically the adverse reactions of counsellors to client trauma were viewed as burnout or countertransference (Figley, 1995). In many cases burnout, compassion fatigue, and vicarious trauma were conflated as secondary traumatic stress (Figley, 1995; McCann & Pearlman, 1990). However, studies have since identified differences between these concepts, and vicarious traumatization (VT) is now seen as a separate theory based construct with observable symptoms (Pearlman & Mac Ian, 1995; Pearlman & Saakvitne, 1995a, 1995b).

Understanding Vicarious Trauma

Vicarious traumatization is defined "as the transformation that occurs within the therapist (or other trauma worker) as a result of empathic engagement with clients' trauma experiences and their sequelae" (Pearlman & Mac Ian, 1995, p. 558 emphasis added). We know from research on the therapeutic alliance that the bond or connection between therapist and client is integral to a successful therapeutic outcome (Bordin, 1979).

Difficulty has surrounded the formulation of a universal definition of empathy. Goleman defined empathy as "the ability to know how another feels" (1996, p. 98). Looking at a scaffolded development of empathy from infancy, the concept of empathy was proposed as being composed of two forms, an affective, and a cognitive form of empathy (van der Graaff et al., 2014). Goleman also proposed a third type that he called 'empathic concern'(2007). In neuro-scientific study Decety and Yoder (2008) distinguish between empathic mimicry and true empathy, noting that true empathy allows for an understanding that the emotions are external to the self, and derived from the other's experience of their environment and the meaning they make of that interaction. Decety and Yoder have framed empathy as "a multifaceted construct used to account for the capacity to share and understand the thoughts and feelings of others" (2016). The neuroscience of empathic functioning derives from a number of mechanisms within the brain such as mirror neurons.

Mirror neurons are a mechanism involved in observational learning with Ramachandran referring to them as a "subset of motor neurons" that perform a "virtual reality" (2011). Further discussions have raised the perspective of two differing systems; one system is involved in the sharing of experience (empathy), and the other system involves cognitively understanding what it might be like to have that experience (Bloom, 2016). Bloom argues that these two systems represent the concepts of communion and agency, and speaks of 'unmitigated communion' (2016, p. 140) in connection to individuals who experienced a form of chronic empathic distress.

Although much of the writing on VT revolves around mental processes, thoughts and awareness, it must be emphasized that individuals also experience the world through their bodies (Herman, 2015; Rothschild, 2003, 2006, 2014; Van Der Kolk, 2014). Studies in neurodevelopment (Jean Decety, 2010) demonstrate that empathy connects and interacts with various neural regions, as well as the autonomic nervous system and the neuroendocrine processes that are involved in emotional states and social behaviours (Jean Decety, 2010). Walker (Walker, 2009) described how working with clients who have experienced abuse can physically effect the counsellor, while Rothschild (Rothschild, 2006) referred to these experiences as 'somatic countertransference' where the action of mirror neurons

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together with body mimicry can result in a 'contagion' of affect that manifests itself physically, emotionally, and cognitively. A study of 35 counsellors over a six-month period showed that 70% experienced sleepiness, muscle tension, unexpected shift in the body, yawning, and tearfulness. Among some of the other effects experienced were headaches (54%), stomach disturbance (41%) loss of voice (32%), nausea (23%), and numbness (29%).

Pearlman and Mac Ian (1995) noted "just as PTSD is viewed as a normal reaction to an abnormal event, we view vicarious traumatization as a normal reaction to the stressful and sometimes traumatizing work with victims" (p. 146). With what seems to be a therapeutic imperative to establish a therapeutic alliance through empathic engagement (Bordin, 1979; J. D. Safran & Muran, 2000; J. D. Safran, Muran, J.C., and Proskurov, B., 2009) coupled with the difficulty to anticipate the level of empathic distress that may be experienced by therapists, it seems therapists are caught in a paradoxical dilemma.

The key distinguishing characteristic of VT is its transformative nature (Pearlman & Mac Ian, 1995). Exposure to the trauma stories of clients can alter the perceptions of therapists, changing the way they view themselves, other people, and the world (Figley, 1995; Pearlman, 2012; Pearlman & Saakvitne, 1995b). These cognitive distortions (McCann & Pearlman, 1990) can impact on the psychological functioning of the therapist. VT has been conceptualised as being worsened by, possibly even based in, the therapeutic connection or empathic engagement with the client that is inherent in all counselling (Pearlman & Saakvitne, 1995b; Saakvitne, Gamble, Pearlman, & Tabor, 2000).

Constructive Self-Development Theory

Since VT is described as a progressive and an adaptive process Constructive Self Development Theory (CSDT) (McCann & Pearlman, 1992) is useful in understanding this progression. CSDT frames the changes in counsellor's cognitive schemas as being pervasive, across all spheres of the counsellor's life, and cumulative, with each traumatised client contact providing reinforcement to these changes. Saakvitne and Pearlman (1996) proposed that distorted beliefs and VT reactions arose out of five areas. These areas are outlined as i) frame of reference, ii) self-capacities, iii) ego resources, iv) psychological needs, and v) cognitive schemas (Saakvitne & Pearlman, 1996). The individual's sense of self and their perception of reality are developed out of these five areas (Saakvitne & Pearlman, 1996). The combination of perceived self and perceived reality provides the individual's context or framework for viewing the world. It is within these five areas that the vulnerability to adaptation, as a result of clients' stories, can result in disruptions and disorientation, and an emergence of VT in counsellors.

The CSDT model is also helpful in the development of strategies to deal with VT (Saakvitne et al., 2000). As VT is framed as an adaptive process it can be viewed as being on a continuum, based not on the accumulation of client trauma stories, but on the shifts that occur in the adaptive process. Saakvitne et al's suggested approach (2000) is to anticipate and prepare, address signs as they arise, and to transform the pain of VT.

It becomes the responsibility of counselling supervisors to provide a VT-informed service to counsellors that is knowledgeable, supportive, and VT-preventative.

VT-Informed Supervision

Using the CSDT model Saakvitne et al. (2000) suggested taking the following approach to working in an VT informed manner: Anticipate and prepare, address signs of VT, and transform the pain of VT.

Anticipate and Prepare. Each individual therapist needs to be cognizant of their own unique protective factors and their risk factors. Understanding of the interplay of these factors allows for an informed construction of a self-care plan that is specific and unique to the individual. Supervisors can facilitate these understandings by having conversations that allow the counsellor to identify their own unique personal risk, and protective factors, such as:

- Personality and coping style.
- Current life circumstances.
- Personal history.
- Social supports.
- Work style.
- Spiritual connection and resources.

Some studies have found that engaging in any coping strategy recommended for reducing distress did not have an impact on immediate trauma symptoms, and cautioned that focusing on the use of individual coping strategies might imply that those who feel traumatized may not be balancing life and work adequately by not be making effective use of leisure, self-care, or supervision, thus in effect blaming the victim (Bober, 2005; Bober, Regehr, & Zhou, 2006). Rather than constructing a generic work/life balance self-care plan the informed counselling supervisor can facilitate an understanding of the specific risk factors for an individual counsellor, and assist in the identification, reinforcement and employment of the counsellors unique protective factors.

Working with protective factors includes examining the meaning-making of the counsellor around their work and clients and the usual personal intersecting issues that may arise. Working with CSDT the counselling supervisor can explore:

- Frameworks utilised by the counsellor to interpret experience.
- Abilities that enable the individual to maintain a sense of self as consistent and coherent across time and situations; intrapersonal
- Abilities that enable the individual to meet psychological needs and to relate to others; interpersonal.

Meaning-making is particularly affected by long term, continuous exposure to trauma stories. With empathic engagement the counsellor has a narrowed focus on a single, identified individual. Work in the cognitive sciences has acknowledged that such a singular focus can skew moral judgements and ethical decision-making (Bloom, 2016; Zaki, 2017). Checking in with the counsellor on the meaning they place on the work that they do; the stories that they hear; the therapeutic interventions they choose; will assist the supervisor to detect the subtle changes to the counsellors point of view or frame of reference. Encouraging the counsellor to be cognitively aware of their frame of reference, and any movements or changes promotes the management of vicarious trauma symptoms. The facilitation of choice in ways of working with changes involves activating coping and managing strategies and the utilization of resources.

The domains that CSDT note of particular importance to meeting psychological needs and supporting existing cognitive schemas are:

- Safety
- Esteem
- Trust/dependency
- Control
- Intimacy

Regular self-reflection and the development of a capacity for personal insight are protective factors for VT. Awareness around cognition and meaning-making coupled with a preparedness to work openly with vulnerability is necessary for the counsellor and supervisor to work in this area.

Promoting counsellor awareness of body sensations arising during counselling sessions will assist the supervisor to address body state countertransference. A number of mindful interventions are now incorporated into therapeutic modalities for trauma symptoms. The awareness of body sensations arising can be developed and supported through a variety of mindful meditation/awareness techniques. Counsellors should be encouraged to develop sufficient skill in conducting a body-scan on themselves, to the point of being able to easily check-in on themselves intermittently through their working day.

Rothschild strongly recommends a sense of calm detachment when working with clients trauma stories (2014) and a strong recommendation for therapists to be aware of motion within the therapeutic space. The body mimicry that results in postural mirroring links to how the action of mirror neurons may result in unconscious automatic somatic countertransference.

In Egan and Carr's study of trauma counsellors (2008) they noted a correlation between the "degree to which a therapist reports experiencing countertransference at the somatic level in response to their clients and the amount of sick leave they need to take" (p. 5).

Supervisors may also find themselves hearing about organisational issues, and how the environment impacts the counsellors' capacity to delivery therapeutic services. Conversations regarding the environmental/organisational contexts are also a source to identify the risk and protective factors that are inherent within the counsellors work context. The three work areas of concern for vicarious trauma risk factors are:

- The organisational environment.
- Working with clients.
- Counsellor experience.

The organisational environment expresses the policies and procedures applied by the organisation. The organisation may have a mission statement that aligns with the counsellor's however it is in the application that values conflicts may arise. Some organisations have a required number of client sessions per day. Other organisations may not have any such requirement, however the workload balances maybe a problem. When an organisation is funded to deliver services to a particular client demographic the counsellor may find they only ever see clients who have been severely traumatised. Community attitudes to the client demographic as well as the availability of community resources can place added stress on the counsellor. Supervisors of clients not in general counselling need to be particularly aware of the inherent risks in the delivery of therapeutic services within single demographic funded projects.

Inadequate training may also be viewed as a VT risk factor for counsellors. Again, counsellors trained for general practice may find themselves working within a specific field of counselling for which they feel ill equipped. It is important not only for the ongoing learning process of counsellors to be offered appropriate training, but also to the meaning-making the counsellor makes regarding the value and meaning in their work as well as their beliefs around their own competency.

Address the Signs of VT. In 1996 Saakvitne and Pearlman developed a Self-Assessment Scale to aid workers in addressing their self-care needs (Saakvitne & Pearlman, 1996). Other scales and assessment tools have been developed for use, i.e. Traumatic Stress Institute Belief Scale (Pearlman, 1996), the Trauma and Attachment Belief Scale (Pearlman, 2003), and the Secondary Traumatic Stress Symptoms (Bride, Robinson, Yegidis, & Figley, 2004). It has been suggested that using the self-assessment tool periodically might assist in tracking changes (Quitangon & Evces, 2015) in counsellors exposed to trauma stories.

Counsellors working with trauma may find themselves caught in a state of preoccupation with the trauma stories their clients bring to them. They may find themselves caught in a state of constant arousal as a result of repeatedly being triggered by these trauma stories, or they may become numbed. When a counsellor is caught in the cognitive and physical tension of their responses to the traumatic experiences of others it can impact not only their professional life, but also their physical and emotional health, and their relationships with friends and family.

In such instances counsellors will question their frame of reference, world-view or spirituality. The domains of safety, esteem, trust/dependency, control, and intimacy will all be disrupted. Belief in self capacity will be diminished; challenging the counsellors ability to have view of a positive self, their ability to self modulate, and to maintain a strong sense of connection to self.

Counsellors may present with doubts regarding their work, low motivation, avoidance of trauma clients, over involved in details, lack of flexibility, critical of colleagues and withdrawing from community and training activities. They may feel under-valued or that their work makes no difference. Such changes to professional performance and functionality may lead to errors in judgement. A reluctance to work collaboratively can also lead to isolation and withdrawal from colleagues and may result in job changes or poor quality work.

On a personal level the same feelings of hopelessness, anger, apathy, negative perception and low self image may lead the counsellor to reject any personal or emotional support available from friends and family. This detachment comes in the form of isolation, poor communication and conflictual relationships.

All of the above and more are signs and symptoms of vicarious traumatization. They may manifest in varying degrees of seriousness. Since we understand VT to be a cumulative and transformative phenomenon then it is possible to view it as being on a continuum.

Taking a continuum viewpoint fits with the approach of anticipate/prepare, manage, and transform. Along the continuum are a number of decision or action points that can provide the braking and/or reversing of an identified progression of vicarious trauma that without action will lead to a full effect experience of vicarious trauma.

Within the therapeutic environment strategies to employ include:

- Balance the level of empathic engagement. Make empathy conscious and disconnect from traumatic experiencing.
- Employ somatic and mindful awareness interventions. Break the mirroring process, moderate arousal, and work on grounding, centering and boundaries.
- Strengthen resilience working through the five domains detailed in CSDT.

Outside of the therapeutic environment it may also be necessary to consider the contribution of the workplace. For the health and wellbeing of the counsellor framing vicarious trauma as an occupation health and safety issue may assist in identifying workplace practices that are increasing counsellor risk factors. Organisational change may not be possible, however the supervisor may facilitate a discussion with the counsellor regarding what they may be prepared to raise with their coordinator/manager, such as reduced client hours, or changing one to one counselling with some psycho-educational group work.

A review of the existing self-care plan of the counsellor may also be due, to further assess which needs are being met and those that need more support. Personal replenishment activities will vary, and it may be necessary for the counsellor and supervisor to consider personal therapy as a safe option for facilitated self-examination of the counsellor's thoughts and feelings.

The informed counselling supervisor who has worked with the counsellor on anticipation and preparation for VT need only identify the signs/symptoms, to implement the coping and managing strategies that will address that particular manifestation for that particular individual. There is no magic one size fits all solution to something as complex as vicarious trauma, experienced by someone as unique as any human being. The response needs to be crafted to suit the signs/symptoms and the individual and their context.

Transform the Pain of VT. The full range of the effects of vicarious traumatization is spread across five categories; emotional, behavioural, physiological, cognitive and spiritual:

- Emotional – feeling unsafe, experiencing anxiety or grief, feeling angry or irritable. Distraction and changes in mood and/or sense of humour can also be felt.
- Behavioural – isolation, changes in eating or sleeping habits, increase in alcohol or substance use. Difficulty separating work and personal life, increased workloads, and sometimes engagement in risky behaviours may also be present.
- Physiological – depletion of physical well being may be evidenced in headaches, rashes, ulcers or heartburn as well as more serious physical complaints.
- Cognitive – difficulty concentrating, changes to negativity or cynicism in points of view, and difficulty separating from the trauma experienced by clients.
- Spiritual – disconnect from others and the world, loss of hope, decreased sense of purpose and feelings of unworthiness.

Untreated this constellation of symptoms can become very debilitating, and a need for a combined mental and physical health approach maybe required. As the revised criteria for PTSD in the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2013) has been expanded to include "repeated exposure to aversive details" of a traumatic event some of those suffering from vicarious trauma may be diagnosed with PTSD. Therapy is definitely recommended in such cases.

Summary

All counsellors will be exposed to the risks of vicarious trauma in their working life. For some those risks will be balanced by protective factors that are intrinsic to them or structurally available through their work organisation (such as supervision) or safety plans. For others, though a more fraught journey on the vicarious trauma continuum is experienced. The message is that vicarious trauma is not some random phenomenon that may or may not occur. Through the intervention of aware supervisors counsellors can be empowered to construct a practice that acknowledges the possibility of being effected by symptoms of vicarious traumatization, and goes on to structure strategies to cope with risk factors, strengthen protective factors and monitor movement on the continuum initiating braking strategies where necessary.

There is a need to recognise that the transformative effect of vicarious traumatization is not only cognitive but also somatically expressed. The development of mindful awareness of self – bodily sensations, emotions and thoughts is a strong protective factor for all in the field.

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Supervision of Social Work in Australia: The Appropriateness of Including Administration

Rebecca Braid[1]

Social Work Supervision in Australia needs to include administrative supervision and not simply focus upon accountability. In this presentation, the author outlines the importance of administrative matters in social work supervision and highlights the importance of same by use of a case example. The case example itself punctuates the importance of spiritual understandings, empowerment of both client and supervisee, and how supervision structures can assist in client as well as supervisee growth.

Keywords: *Social Work, Administration, Counselling, Supervision.*

Supervision of Social Workers

The Supervision Standards of the Australian Association of Social Workers (AASW) reference authors Davys and Beddoe to define supervision for the profession of social work as:

> Supervision is a forum for reflection and learning…an interactive dialogue between at least two people, one of whom is a supervisor. This dialogue shapes a process of review, reflection, critique and replenishment for professional practitioners. Supervision is a professional activity in which practitioners are engaged throughout the duration of their careers regardless of experience or qualification. The participants are accountable to professional standards and defined competencies and to organisational policy and procedures (AASW, 2014, p.2).

The supervision of social workers is becoming increasingly demanding as more and more social workers engage as private practitioners, This is often in conjunction with an employed position as a social worker establishes their private practice, or to bolster an irregular income from private practice. In light of this many social workers are maintaining the standards of private practice and the disconnection a part time position can engender. As a result, supervision can encompass the responsibilities of private practice, and the isolation this can create, as well as the economic necessity of holding down an employed position. Supervision of social workers, in this increasingly challenging workplace, can be imperative for the wellbeing of the supervisees.

Components of Social Work Supervision

The three broad components of social work supervision are outlined in the 2014 Standards with reference to Kadushin, these components are Educational, Supportive and Administrative Standards, (AASW, 2104, p. 3-4). In these challenging economic and overly administrative times, many social workers are seeing supervision provided internally within their organisations as being overly work based assessment rather than support or administrative advice. It is certainly not educational in terms of professional development but rather educationally based on the issues of the organisation and its politics. One of the most common anecdotal questions raised in the Supervision Training Courses run at Eden Therapy Services speaks to this issue. These training courses are run under licence issued by Dr Philip Armstrong's private business, Optimise Potential. The question concerns the subordination of supervision to the accountability needs of the place of employment. This issue becomes a dilemma when accountability becomes the dominant force, rather than one of the three broad function of supervision being practiced. In the workplace this means that social workers are being asked to "manage" the more junior social workers according to the goals of the organisation at the expense of time being spent on professional supervision. This work would appear to be at odds with the idea of reflection as the information discussed in the supervision could also be used to challenge the social workers standing in the organisation in terms of promotion or accountability.

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The following definition includes the idea of the administrative process, the supportive function and the educative function. It's not just about accountability:

> The administrative function describes the practitioners and supervisor's accountability to the policies, protocols, ethics and standards which are prescribed by organisation, legislation and regulatory bodies. The educative function addresses the ongoing professional skill development and resourcing of the practitioner. The supportive function attends to the more personal relationship between the practitioner and the work context (Davys and Beddoe, 2010, p.25).

While the AASW Supervision Standards reflect the functions of supervision to be three broad components of social work, it would appear that in the experience of private practice those components need expanding. In private practice the common question from social workers in supervision is rather based on the complex assessment of contracts and the contracts legal implications for their practice. Put another way, what appears to be emerging in private practice is the common question from social workers in supervision about the complex assessment of contracts. Each area that the private practitioner engages in requires a different contractual obligation. For example, the registration with Medicare as a provider, the different government departments such as Veterans Affairs, the Defence Forces Australia, Victims Services or the National Disability Insurance Scheme to name a few. Each of these different departments requires different contractual commitments from social workers and different reporting requirements. Increasingly these contracts should be checked by the individual social workers lawyer for the personal responsibilities the social worker will have to each of these organisations. The individual contracts from each government department may also not reflect the core values of social work.

The management of dual relationships by social workers has long been a touch stone for the profession as a point of difference to other counselling professions such as psychology. Social workers actively engage with managed dual relationships for the best outcome for clients such as inviting a volunteer who has survived and managed domestic violence in the group work intervention of current domestic violence survivors. Some organisational contracts may not allow for the use of dual relationships or even support the idea of volunteer inclusion in interventions and see it as a violation of client confidentiality. Indeed, some contractual agreements may go so far as to see the use of dual relationships as grounds for an internal complaint which the accrediting body of the AASW may have no issue with as dual relationships are often seen as an effective way forward for some clients and augments change for the client who moves on to become a volunteer. The AASW states in its Code of Ethics 2020 that dual relationships "are not to be exploited to gain personal, material or financial advantage" and that where the dual relationship exists with former clients that the social worker will "set and enforce explicit, appropriate professional boundaries to minimise the risk of conflict of interest, exploitation or harm" (AASW, 2020, p. 13 & 21).

Changes to Social Work Standards for Supervision

It is interesting to note that the social work standards for supervision have changed Kadushin original three components of supervision from Educational, Supportive and Administrative to 5.1 Education, 5.2 Support and 5.3 Accountability (AASW, 2014, pp. 3-4). The reality of administrative tasks in the arena of supervision is vastly different to accountability of social workers. The administrative component of supervision that Kadushin outlines would appear to be important to social workers and should not be transposed into accountability which is a given in the professional conduct of a social worker. Rather Pelling and Armstrong's definition of supervision in Barletta's edited text is helpful when looking at supervision for the private practitioner and employed social worker. Two types of supervision, the clinical and the administrative are recommended for the private practitioner and employed social worker. Two types of supervisions are recommended, the clinical and the administrative:

> Whereas the focus of clinical supervision is concerned with counselling and aims to be educational the focus of administrative supervision is involved with organisational, managerial and procedural issues. Administrative supervision includes the managing of areas such as service evaluation, financial issue, time considerations, record keeping, role and function, professional development, policy and procedures, resource allocation, information technology and organisational issues (Barletta, 2017, p 17).

The area of dilemma for most social workers who are arriving to train in supervision at Eden Therapy Services appears to be in the administration of organisation. Social workers are accountable to their code of ethics and also administratively responsible to the organisation that employs th em whether contractually or on a permanent part time basis. This arena of administrative supervision is an area filled with contractual challenges and uncertainty for the social worker who wishes to also have a private practice. Belonging to their professional association is important. Whilst the 2017 edition of The Practice of Counselling and Clinical Supervision edited by Pelling and Armstrong omitted to include the 11,000 member AASW in the list of thirty-one international counselling and psychology organisations presented. Pelling does reference social workers as needing to belong to professional organisations alongside counsellors, therapist and psychologists (Pelling, 2017, pp.72-76). It is possible that while other counselling associations are embracing the idea of the administration of practice and the supervision of this administration standard, the AASW is at a point of difference as it has subsumed administration issues into accountability standards.

However, the inclusion of both the clinical and administrative component of supervision would seem timely for today's practising social worker and private practitioner. This acknowledges the need for the social worker to have clinical input to encourage the idea of reflective practitioner widely accepted in the United States as the basis for supervision (Davys and Beddoe, 2019, p. 13). It also allowed for the social worker to have administrative input to enable the consideration of "a new phase of change" in supervision (Davys and Beddoe, 2019, p. 13).

> Two major factors have influenced this change. The first factor is the neoliberal preoccupation with systems of accountability… the second factor is the impact of the 'the risk society' and the concomitant public critique of professional practice. These features come together in a social trend described as a 'crisis of trust' in professionals (O'Neill 2002). Fear of failure, concern

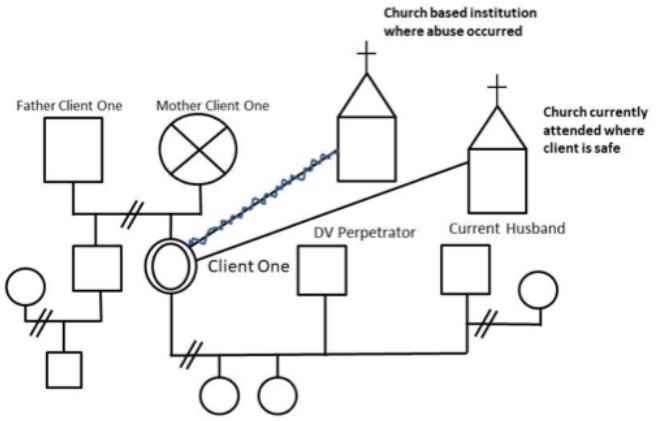
for public safety and a deep fear of public criticism (Stanley and Manthorpe 2004) on the part of government has led to more emphasis on compliance in oversight of professional practice and mandatory and continuous professional development (Davys and Beddoe, 2019, p 13-14).

While mistrust of the professional is certainly culturally relevant to the dominant western discourse, the rise of supervision support for the culturally disadvantaged has also emerged. Hair and O'Donoghue argued for the consideration of the less dominant cultural discourse of the Aotearoa indigenous Maori population could be incorporated into the New Zealand social workers interventions (Davys and Beddoe, 2019, p 18). Rather Beddoe and Egan stated that the "supervision process that is grounded in spatial, tradition, and coherent theoretical understandings congruent with a unique worldview" would serve the social worker and their intervention so that "culture becomes the overarching environment of supervision (Beddoe and Egan, 2019, p 18). Indeed, in supervising social workers for many years there is a curiosity about religion, spirituality and faith as assets to client interventions. However, social work has been comfortable with the inclusion of spirituality in our practice particularly when driven by the client centred process. "Counsellors tend to include a wide range of variables in the assessment process yet are reluctant to ask about a client's religious or spiritual background lest they appear to be imposing their values on the client (Corey et al, 2010, p. 140)". Certainly, the practice based research done at Eden Therapy Services called for the client's voice on spirituality and its inclusion in social work interventions. The qualitative study revealed that clients did want spirituality and their spiritual view included in their interventions and social work practice should accommodate this and the view of their minister, pastor, priest or spiritual director (Braid, 2009, p. 260).

Case Example: The Changing Face of Supervision

What does the changing face of supervision mean for the practicing social worker in the complex world of contracts, private practice and business administration? What does the emerging view of supervision for both the supervisor and supervisee mean in present practice? A case example has been chosen with a lens of the interaction of supervisor and supervisee. The case example is of a high-risk client who when interviewed initially was clearly eligible for inclusion in the Royal Commission to give evidence on Institutional Sexual Abuse of Children. The following clinical example of just such a case and its interwoven supervisor and supervisee perspectives will highlight the real time issues for a practising social worker, and the role that supervision can play in both clinical revelation and administration of the contracts involved in service provision for this particular client. The following de-identified example is presented with the permission of the client, supervisee and advocate involved.

Figure: Client Genogram at time of referral to Eden Therapy Services



The client entered the practice via a Mental Health Referral (MHCP) from her local General Medical Practitioner (GP) after her friend had told her about the help she received from a particular social worker. Like many complex trauma survivors, she had multiple medical needs and multiple medication needs. Her GP was perplexed by her medical presentation and was looking for another view of her patient. The client had always thought that the domestic violence she experienced in her first marriage was her fault and had not linked the institutionalised abuse history to her lack of life skills and parenting ability. This is typical presentation of long-term abuse survivors. The client received no support to return to the care of her biological parent when her time for discharge from the church-based institution came. After another placement she received no support once again when she was returned with her brother to the care of family. She quickly moved toward relationship in which she married and had two daughters of her own. Typical of most abuse survivors the violence she experienced in her youth followed her into her own choice of relationship patterned on her abuse experiences. The domestic violence she watched her mother go through and the domestic violence she was experiencing in her own marriage decided her on leaving the marriage when her youngest daughter turned one. She went into a refuge, struggled and as with many domestic violence survivors rented various accommodation, continued to struggle, continued to blame herself and remained isolated. She received some assistance from friends and various church and non-church-based Charites and continued to struggle to raise her daughters. She was drawn out into the community again by her local church where she became more personally buoyancy and eventually met a safe man who she married and who has supported and loved her all the way to the Royal Commission. She states that her faith has been one of the strongest supports for herself and her children. At this point after being in a safe and supportive relationship, her GP referred her to Eden Therapy Services (ETS).

From an initial interview she was quickly assessed as an institutionalised child sexual abuse survivor. At the time of the referral, she was unaware of the Royal Commission and had no idea that she was eligible to utilise the Royal Commission in any redress issues she may wish to pursue. On initial interview she was fragile and tearful and wondering if she could trust ETS as a service provider. What stood out for the social work intervention was the question about the client's fragility and whether this would deny her eligibility to present at the Commission. At the time of initial referral, the Royal Commission had already begun its

hearings and it was unclear if the client would be able to address the commission at this late stage of its hearings. The client was also eligible for the Victims Services Counselling Scheme and Recognition Scheme and as this would provide more counselling hours free to the client that the MHCP. It was explained to the client and with assistance, she applied and was registered as a victim of crime with the NSW Department of Justice Victims Support Service. This was a huge step for the client and one which benefited her further into her own personal robustness.

Supervision Issue 1

The supervisee took to supervision of the issue that the client was certainly eligible under the Royal Commission to present evidence but was in no state emotionally and physically able to present information on a range of perpetrators who may still be living and working in health areas and present a danger to others. Supervisee needed to discuss how well the client fitted with the parameters of the Commission investigation. The supervisee heard that the client's self-determination in regard to applying for Victims Services enabled a view that the client was robust and increasingly becoming aware that services existed to recognise and assist her journey.

Conclusion of supervision was to continue to build trust and see how the client progressed as intervention was in its early stages and to hold the other issues in tension. The clinical discussion had been helpful to contain the supervisee's need to see justice served through the lens of appearing at the Royal Commission and to identify the supervisee's own desires in regard to having the client heard when the client may not benefit from this. This idea was also held in tension. The administrative issues raised by the supervision included the idea that the commission could be approached with the client in session so that the client would be supported, and the supervisee could assess the robustness of the client when speaking to the commission's information line. Here we can see the use of clinical reflection and the administration relating to the supervisees need to become conversant with the terms of reference of the Commission and how this initial approach to the Commission could affect the client's robustness and resilience. Without supervision at this point the need to hold this supervisee's initial enthusiasm about a client being able to contribute to a national discussion may have overwhelmed the need for the client to be safe and held in a self-determined view of her immediate success of being recognised by the funding she received as a victim of crime for her counselling. Supervision at this point can be clinically revelatory as it assists the supervisee to explore the desire to see the possibility of their own needs for a victory in the story of the client. The supervision also refocuses onto the role of the administration of the current services available to the client and whether they are in the best interests of the client at that time.

Case update. Once trust was gained, she began to detail her previous marriage being filled by emotional and physical abuse and the emotional drain that multiple court cases had placed on her and the children. However as with other childhood trauma survivors, her life was pursued by issues of violence ever since the first violation of her as a child. After nearly a year of counselling she began to detail the institutional care she was placed in and only then began to tentatively detail the sexual abuse she suffered by the staff of the church-based facility. The men managing the institution she was placed in systematically abused her over a period of time. She also recounted amazing stories of finding meaning for herself in the respite she would receive from the abusers when she went to church as part of the program at the institution. She was safe and not harmed in this building and she chose to focus on whatever safety she would seek out or was in her control to enjoy and accept.

Supervision Issue 2

The supervisee raised the unusual resilience of this client as she began to prosper under empowerment and feminist models of practice and intervention. Supervision concentrated on a clinical smorgasbord that had been used to empower the client as seen in the research of Pelling in her 2005 and 2006 study of the characteristics and activities of Australian counsellors (Lack and Pelling, 2009, p. 212). The initial empowerment and safety of the counselling, with focused psychological strategies were augmented by the feminist informed theory challenging the false memory debate. (Braid, 1996, pp.51-54). The further work was informed by advocacy models of practice in group work referencing "Managing Complex Trauma Through Art" by (Cohen, Barnes, and Rankin, 1995, p. XV). As indicated by Pelling, the Australian counsellor is offering a broad range of clinical interventions presented by various counsellors which are eclectic in nature (Pelling, 2009, p 218). This supervision increasingly became important for discussing clinical interventions to support the improvements seen in the client.

The supervisee was also concerned about the client managing the idea of institutions, one of which abused her and the other, the local church where she found social meaning and support. This raised issues of power and politics in light of the Royal Commission and the responses by institutions such as the church to the accusations of covering up abuses and not taking responsibility for the abuses that happened while children were in their care. The management of these issues of power involved supervision being able to allow room for the larger societal view in relation to the effect of the Royal Commission on clients and their healing. This larger societal view is well documented in Dr Josie McSkimming's work, Leaving Christian Fundamentalism and the Reconstruction of Identity, with particular reference to Chapter 6, The Shaping of Identity through the lens of power (McSkimming, 2017, p. 127).

Conclusion of supervision was to remain curious and see the unique strengths of this client as the supervisee's desire to see justice in her view as the presentation to the Commission needed to be held in check while resilience was tested and weighed with the client. These ideas were to be discussed with the client as suggestions and possibilities. The supervisee must withhold her expectation of the possible presentation to the commission.

Case Update. At this point the client went through a phone consultation with the Royal Commission in a session while the supervisee was present. This was decided on as a confidential way to check on the client's reactions to being exposed to another institution, such as the commission. The phone contact was useful for the administrative information about the commission's operations for clients and the supportive and sensitive way that the phone call was handled.

Supervision Issues 3

Supervisee raised the issue of the recognition payment from the Attorney General's Department for victims of crime. The

supervisee had become aware that the eligibility for a recognition payment was high for this client as an institutional sexual abuse survivor. The policy and administrative issues surrounding this recognition payment were explored prior to supervision. The Supervisor knew that the literacy of the client was challenged by dyslexia and her schooling years had not been finished or according to the client were unfruitful. The Supervisor wondered about introducing another person to the process of the application for recognition payment in the form of an advocate who would assist her lack of literacy and aid the filling in of the forms relating to the payment. The Advocate Service at Eden Therapy Services had been operating as a program for several years with the services of an advocate who was an OAM recipient for his services to the disability field and an awarded social reformer in disability and employment. The supervisee also raised concerns about the client's robustness if the recognition payment was knocked back by Victims Services or the meeting of an advocate would be too confrontational to the client.

Conclusion of supervision was to see the introduction of an advocate as a way to further the client's reach into the community and to be heard by another. This advocate would hear parts of her story so that the application would be assisted, and recognition payment gained, plus there was another person hearing and giving veracity to her history as a survivor of childhood sexual abuse. It was useful to hear from the supervisor that if the recognition payment was not forthcoming this would need to be raised with the client and anticipated and reframed as not a failure but rather another attempt for her narrative to be told as the application in itself would be registered with Victims Services. The clinical aim was to increasingly address triggered memories that the client was presenting and work through those for future robustness and health. The clinical revelation was the increasingly tested narrative of the client's exposure to different possibilities. As this emerged as an ongoing strength for the client, the supervisee and supervisor could become more confident in the client's exposer to the administration of government policies and procedures for redress as being empowering for this client. It was also recognised that this experience would not be the same for every client and that the supervisee had case examples usually representing the exact opposite reaction.

Case Update. The successful application to receive a recognition payment was a great encouragement for the client and came at a time when increasing physical limitation due to her health deficits meant her husband was retiring from work to care for her. As a result, the transition for the whole family was made easier by the new narrative in the household that her survival was now acknowledged by the government and was seen in a practical way in the recognition payment. It was not just empty words for this family.

Supervision Issue 4

The client was now very robust and had a growing opinion in regard to the political climate surrounding the issue of the Royal Commission and the terms of reference of the commission. The client stated, "I never want this to happen to another child again" and she wishes to see the terms of reference of the commission expanded to include the survivors and overcomers of any form of child sexual abuse to be included by the commission. The supervisee raised the issue of the attachment felt toward the client and the way this was ameliorating the many years of practice with cases and families where such growth had not been experienced by the client, the client's family or the supervisee. The questions began to be asked about giving the client permission to not "owe" the supervisee anything and that she may need to branch out with her views into the wider public forum without so much involvement of the supervisee. The clinical revelation was to have the supervisor reassure the supervisee that a very complex case had been managed and that the supervisee's strong feelings of amelioration could be entertained and every enjoyed as the case had been managed well.

Supervision concluded that the celebration of the case was reasonable; the complex nature of childhood trauma rarely afforded the supervisee a "win" and that in supervision this could be validated and acknowledged. The administration of the supervisee at this point was not only affirming the clinical management of the client but encouraging a view that the case could be very insightful to others in view of the advocacy work and positive engagement with the Royal Commission. As a result, with the client's permission, the case was presented at the AASW Annual Conference in Hobart in 2017. The presentation furthered the experience of the supervisee and the growth of the client who was encountering her story at another level in the teaching of other social workers.

Case Update. The client felt further heard by the knowledge of the presentation of her journey to other professionals. She felt that this furthered her concern that this "never occur again" and that by educating professionals to this view she had achieved peace for herself.

In conclusion

The addition of the concept of the administration of the supervisee in a complex childhood trauma issue for supervision is pivotal. If this administrative exploration had instead been about the accountability of the supervisee, the gains made in the case may not have emerged. A more conservative case management may have resulted in a cautious reflection on the Royal Commission rather than the successful administration of the government's policies, procedures and recognition payments which the client benefited from and still to this day remains actively around. The clinical revelations would also have been affected by supervision of a one up and one day nature. The sage like approach to supervision would probably caution the use of the current political provision for survivors. Instead, what emerged was a supervised and managed clinical exploration of the unusual robustness of the client and her reaction to the telling of her story. Without supervision the healing of the client would not have been experienced in its fullness for the client and the supervisee.

To quote the client, "the first thing I want my grandkids to say is, 'Wow, what a different life my grandma or great grandma lived' because I am doing this, so their life doesn't have to have anything to do with abuse". (Braid, 2016, Recorded Interview).

Bio

Dr Rebecca Braid has practiced as a social worker for 35 years, with over 25 of those years in private practice. Prior to entering private practice, she worked as a social worker in the Royal Prince Alfred Hospital in the Neonatology Unit, the Sexual Assault Unit and the Oncology Department. Dr Braid managed

a Centre at the MS Society and was Head of Social Work at the Cerebral Palsy Alliance. Rebecca has also cared for terminal patients and their families at Neringah Hospital. Rebecca started her own private practice, Eden Therapy Services and has extensive experience with clients who have experienced trauma and abuse, particularly domestic violence and historic childhood abuse. She has authored the Safe Place Group Work program for women, men and children experiencing trauma and abuse. Rebecca has both a Bachelor and Master's degree in Social Work, and a Graduate Diploma in Couple and Family Therapy. Following her ground-breaking work exploring the link between Spirituality and Therapy, Rebecca was awarded her PhD from La Trobe University. Rebecca is an Australian Mental Health Social Worker and a member of the Australian Association of Social Workers, and the Australian College of Social Work. She is also a member of the Australian Counselling Association and the Australian Counselling Association College of Supervisors.

Acknowledgment

The case example provided was used with the permission of all involved and has been de-identified for publication purposes.

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Demonstrating Hope, Compassion, and Justice: Supervision of Family Violence Counsellors in Australia

Stephen O'Kane[1]

Supervision of Family Violence Counsellors a nuanced and complex process involving agreed practice principles, adherence to ethical standards, monitoring and managing complex client presentations. Family Violence Counselling supervisors have a challenging and difficult task to ensure that the family violence counsellor works within their scope of practice, maintains effective client engagement, meets rapidly changing legislative requirements and maintains a demonstrated commitment to professional development. Delivery of responsive and effective Family Violence counselling requires the supervisor to ensure the promotion of safety for both the client and the counsellor, the avoidance of bias, and ensuring that all clients receive a professional service based on hope, compassion, and justice.

Keywords: *Family Violence, Counselling, Supervision.*

Family Violence in Australia

The true incidence of Family Violence and sexual assault in Australia is unknown. Incidence can only be estimated because of under reporting and the observed differences between personal safety and crime victim surveys, with official crime statistics. Nevertheless, because of many factors relating to societal changes, tougher legislation in a number of Australian jurisdictions, greater community awareness and public reporting, and Royal Commissions in a number of states – is that now more than ever counsellors are being exposed to clients with Family Violence presentations.

Family Violence can affect anyone in the community regardless of age, location, gender, socio-economic or health status, culture, ethnicity, ability, sexual identity, or religion. Violence can be perpetrated by any member of a family or society against another, however the available data shows it is more likely to be perpetrated by men against women and children.

With this emphasis being placed on Family Violence, Counsellors are not immune. Counselling Supervisors need to develop a set of Family Violence principles and practices to assist Counsellors to effectively respond to such matters. Counselling supervisors need to adopt a caring and nurturing response to family violence counsellors, but at the same time challenge and help define (and refine) the emerging family violence counselling practice of counsellors.

Principles of Family Violence Counselling Practice

The principles that counselling supervisors need to encourage in all counsellors engaged in family violence practice are:

- All clients involved in any family violence system who present to a counsellor deserve a professional service delivered without judgement.
- All clients who present for family violence counselling deserve and are entitled to be treated with hope, compassion, and justice.
- In a civil society, the rule of law is pre-eminent, and the role of the family violence counselling supervisor is to challenge the practise of counsellors to ensure that they are not involved in questions of guilt or innocence (which is a matter for the courts) or engaging in moralising behaviour towards clients.
- Counsellors must meet all statutory obligations (which will vary between jurisdictions), including mandatory reporting obligations, adherence to child safe practices and the sharing of appropriate information to meet statutory reporting obligations.

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- Client and counsellor safety are paramount.
- In areas of uncertainty that the Australian Counselling Association (ACA) Code of Practice and associated guidelines must be followed and any instances of required clarification of standards must be referred to the ACA Ethics Committee.
- Counselling supervisors must ensure that counsellors have and maintain a comprehensive understanding of family violence practice and do not engage in any conduct which may involve collusion in condoning behaviours which involve violence, threats, coercive conduct, or control of one person over another.
- Counselling supervisors must ensure that Counsellors understand current approaches and contemporary practices relating to Family Violence Risk Assessment.
- Family violence counsellors have a strong understanding of the factors leading to psychological distress in their clients and engage in trauma informed practice in the conduct of their work.
- Family Violence Counselling supervisors must regularly challenge any underlying stereotypes used by counsellors in their family violence counselling practice (e.g., that all men are violent; that all women are nurturers).
- Family violence Counselling supervisors ensure that family violence counsellors are aware of the effects of vicarious trauma and have an adequate and effective regime in place to practice self-care.
- Family Violence Counsellors have access to established and up to date resources that relates to their local geographical area, to enable secondary referrals to take place where required (e.g., mental health services, homelessness services, alcohol & drug detoxification, and rehabilitation services).
- Any public advocacy on behalf of clients must be consistent with ACA guidelines and the individual family violence counsellor's scope of practice.

Comprehensive Assessment in Family Violence Counselling Practice

It is important that in our counselling work, particularly in the context of family violence presentations, that counsellors treat all clients or potential clients in a non-judgemental way. This presents counselling supervisors with an obligation to ensure that family violence counsellors practice their craft in a way which is effective, knowledgeable, respectful, and without harm. It is also important to relieve the psychological distress of clients by acknowledging their lived experience and, further, to encourage them to maintain some ongoing contact with established health and welfare systems. Whilst an understanding of gender is an important component of family violence practise it is not the only component. Practitioners have a duty of care to all clients to ensure that they are safe and are left with a sense of hope. To adopt a lesser standard of practice would only lead to a greater propensity for the client to engage in harmful behaviours.

Traditionally, because of paradigms that are in some cases rigidly gender based, some counselling clients of family violence systems feel disenfranchised, and may become less engaged and less visible as a result. In court systems currently, those groups who tend to receive less services and less available public resources include:

- Female perpetrators of Family Violence.
- Male victims of Family Violence.
- Elderly members of the community who are abused by younger family members.
- Members of the Lesbian, Gay, Bisexual, Transgender, Intersex, & Queer Communities who are subjected to threats of outing.

All Family Violence Counsellors have an obligation in their practice to ensure that clients are provided with a professional service which provides hope, compassion, and justice for that particular client. This can provide a considerable challenge for many family violence counsellors. Counselling supervisors have a particular obligation to note instances of transference and countertransference in their practice. This should be openly discussed in supervision.

In order for family violence clients to be effectively engaged and listened to by counsellors, supervisors must have explicit conversations with Family Violence Counsellors about the differences between sympathy and empathy. Sympathy involves revealing to the client that you are aware of their distress and that you have compassion for them. Empathy, however, involves not only the expression of compassion but demonstrating a deeper understanding by entering into the other person's lived experience. In many family violence client presentations, the expression of sympathy alone may leave the client feeling that people have taken pity on them, or feel sorry for them, which can create a sense of inferiority and disempowerment. The nuanced response required in family violence cases, however, is that this deeper level of engagement be done without colluding with any violent or controlling behaviours exhibited by the client. If such counselling approaches are practised effectively, it provides the opportunity to get to the circumstances leading to the violence.

In employing such counselling approaches, the following issues have typically been revealed:

- Behaviours that resulted in family violence were intergenerational and were modelled on that provided by one or both parents, or the absence of parents.
- There were poor communication practices and fractured relationships in the person's family of origin.
- Basic life skills are often missing (e.g.,basic literacy where the client has no reading or writing abilities or comprehension).
- The tone or language of the sessions can be focussed on the past incidences of violence exclusively, or oriented towards resilience and hope for the future, acknowledging the client's inner strengths. Indeed, it may be appropriate to do elements of both within sessions, when openly discussed with the client.

Counselling supervisors must make sure that counsellors expand the narrative and develop a deep understanding of the client's circumstances at the early stages of client engagement. In undertaking initial assessments of the family violence client, whether the client has committed family violence or has been subjected to it, a comprehensive assessment of the client is needed. This would typically include:

- Client income sources (e.g., employed/unemployed or Centrelink recipient).
- Family structure (e.g., birth order, only child, adopted, step-family, orphan).
- Current Accommodation or Homelessness status (e.g., couch surfing).
- Mental health issues (current or past).
- Use of drugs and/or alcohol (current or past)

- Circles of support (e.g. ,family/friends).
- Language and communication skills.
- Nationality or visa status.
- Legal issues (e.g., current fines, criminal & civil matters, litigation).
- Physical health status (e.g., attends GP or Psychiatrist, current medication, history of injury).
- Education levels (literacy, capacity to understand directions/ documentation).
- Any intervention Orders (current or past).
- Prior counselling history (if any).
- Any other community service agency or service providers (e.g., community transport; National Disability Support).
- Current suicide ideation, previous actions, psychiatric admission).

Criminogenic Focus Versus Health Focus

Counsellors practising in family violence should discuss with their supervisor how they are able to maintain a client focus offering hope, compassion, and justice in the context of their current working environment. In some jurisdictions family violence counselling may be associated with understanding how intervention orders or other criminal proceedings work and may immediately affect the client. This may mean that a client may not be able to see his or her children for an extended period of time as determined by a Court. It is particularly important that the client feels supported by the Family Violence Counsellor regardless of decisions made by Courts or Child protection agencies. It is important that some ongoing level of engagement is maintained, as if the client doesn't access counselling or secondary referrals then they can't be assisted.

It may be that the client is unable to fully access counselling at the time of initial presentation. They may be experiencing the immediate effects of family violence (e.g., anxiety, hypervigilance) and require a more immediate crisis response from the Family Violence Counsellor. In other cases they may have recently experienced a relationship breakdown but have the desire to have longer term counselling support to engage in Family Dispute Resolution procedures (e.g. developing a parenting plan for their children).

It is important that by engaging in supervision the Family Violence Counsellor is able to develop understanding of the differences between a crisis response to family violence presentations and practising a series of more structured responses over time, the Impact of immediate legal proceedings, the current feelings that the client has about current safety and security, and their most immediate needs (e.g., homelessness, food, medical issues). This well developed and nuanced understanding of the client is what is needed to increase effectiveness in Family Violence Counselling.

Family Violence Counselling and Stereotyping

Counsellors need to be aware of where there is a social context to support stereotyping. Family Violence counsellors in particular, need to be aware of factors such as gender-based discrimination and age discrimination to ensure that they make a conscious effort to deactivate such bias and ensure they are fully present for all clients (Stangor 2009).

In the Queensland Royal Commission into Family Violence (trends are mirrored in all Australian jurisdictions) they outline that:

Domestic and family violence awareness and prevention messages have been a prominent theme in our national discourse … The majority of people who experience domestic and family violence in Queensland are women. This is not to say that women cannot be the perpetrators of fear and violence upon male victims. Men can be and are victims of violence and coercive control and are victims of domestic and family violence homicides. Any domestic and family violence, regardless of who the victim and perpetrator are, is unacceptable……. The Taskforce also recognises that there are particular groups more vulnerable and at risk of being abused in a domestic or family situation, than others in the community. These vulnerable groups face challenges unique to them. Aboriginal and Torres Strait Island Australians, people from culturally and linguistically diverse backgrounds, the elderly, people with a disability, people in rural and remote communities, people who identify as lesbian, gay, bisexual, transgender and intersex, and children, are all at significantly higher risk from the incidences and impacts of domestic and family violence (Queensland, 2017).

Avoidance of Bias in Reporting – Community Standards

The mainstream media significantly influences the perceptions of all those affected by or involved with family violence practice, including clinicians. Whilst family violence is a serious cause of public concern, there is now much more public reporting than has been in the past. Society viewing Family Violence as an essentially private matter is no longer compatible with mainstream reporting. The Australian Press Council has now issued an advisory framework to assist editors and journalists to carefully exercise judgement in reporting. In part the Guidelines advise:

The relationship between the alleged offender and the victim is the key. Violence inflicted by a stranger would rarely be conceptualised as family violence. The coverage of a breaking story may need to respond adeptly to subsequent information from police or other sources when what first appeared to be an ordinary crime or a tragic accident might now be viewed through the lens of family violence (Victoria Police, 2004).

Reporting of family violence is currently impacted by more than 40 often inconsistent Commonwealth as well as State and Territory laws to ensure that reporting does not interfere with Court proceedings or pre-empt the findings (Australian Press Council 2018).

Family Violence and the Law

Family Violence Counselling Supervisors need to ensure that they are able to provide support to Family Violence Counsellors. Counsellors may need assistance in:

- Understanding how legal protections for those subjected to family violence work in the jurisdiction within which their counselling takes place.
- Providing broad guidance about accessing legal and court processes (as opposed to legal advice)
- Understanding legal and protection orders and variations, and also orders made under the Commonwealth Family Law Act 1975.
- Organising a pre-court visit or orientation session or

participate in one organised by various courts in their local jurisdiction
- Understanding what Safety Planning means in a Family Violence context.
- Consider accessing targeted training in giving evidence, referral, advocacy, and applicable documentation/case note writing relevant to their jurisdictions.

In Victoria, since August 2004 there has been a Code of Practice for the Investigation of Family Violence. Whilst this is not counselling information per se, it does help in the understanding of, and provide some context for what some presenting clients may have experienced prior to attending counselling. It includes processes such as:

- Police will respond to the needs of children individually
- Police will treat every report of family violence as genuine and respond and act on all reports, regardless of where the reports have originated
- Police will assess the immediate risks and threats to victims and manage each incident
- Police will assess the level of future protection required for victims
- Stronger emphasis will be placed on police recognition that diverse communities and some incidents may require a different approach
- All reported incidents of family violence must be recorded to allow identification of recidivist offenders, monitoring of trends and identification of persons at risk
- Referral will be a mandatory component of any police response (Victoria Police 2004)

Given the background in which the Law and Family Violence interact, counsellors need to provide their family violence clients with a psychologically safe place and prioritise what they say and believe. This does not mean that they act on everything a client says, as often perpetrators of family violence can play the role of victim or deflect or minimise their role in the violence. This is part of the skill counsellors need in being able to provide a nuanced response, including being skilled in the application of their clinical intuition.

Self-violence and threats

Professionals are responsible for the care and safety of consumers at elevated risk for suicidal behaviours in all settings and across the age span. This applies to Family Violence Counsellors also.

As part of the Counselling supervision process it is an important competency requirement that Family Violence Counsellors possess the necessary skills to reduce mental health consumer morbidity and mortality by standardising the detection, assessment, and management of all clients at elevated risk for self-directed violence, in all settings and across the age span. Many counsellors have undertaken Applied Suicide Intervention Skills Training (ASIST)or similar and should be able to clearly identify those participants in the Family Violence process who are at elevated risk of suicide. The Family Violence Counselling Supervisor needs to ensure that the Counsellor has the core competencies required of professionals responsible for the care and safety of consumers detected to be at elevated risk for suicidal self-directed violence. Their microcounselling skills need to reflect the ability to be comfortable conducting an interview designed to elicit perceived burdensomeness, suicidal ideation, intent, capability and buffers against suicide. Based on the quality of the therapeutic relationship, the difficulty of the interview, and the reliability of any data collected, Family Violence Counsellors learn to make informed risk stratification decisions to determine the level of care recommended or required and implement risk mitigation strategies. This typically involves making sure that the Family Violence Counsellor has left the client with collaborative crisis safety planning, and input to managing/monitoring risk over time and documentation.

In some Family Violence cases, threats of ongoing violence can be used as a form of coercion in relation to the other party, and should always be taken seriously by the Counsellor until determined otherwise.

As part of their regular practice, Family Violence counsellors are likely to encounter presentations with clients before, during, and after violence is identified, and may receive client referrals in a variety of contexts. Therefore, the Cycle of Violence needs to be well understood in order for effective counselling interventions to occur. The supervision of Family Violence Counsellors must therefore be designed in ways that support practitioners to work (depending on the participants) in both a child focussed and a relationally reparative context with individuals, parents, and children following experiences of Family Violence.

Family Violence and Culturally and Linguistically Diverse (CALD) Communities

Family Violence Counsellors who work with CALD, Migrant, and Refugee communities require significant support by supervisors. Intimate Partner violence takes place in Australia across all cultures and faith groups. In addition to sexual and physical violence, women from refugee backgrounds are particularly vulnerable to reproductive coercion, financial abuse, and immigration related violence (Australian Human Rights Commission 2017). They are often subjected to pre-arrival traumatic experiences, as well as social isolation, and the stresses associated with adapting to a new culture and way of life. In recent years there has been a greater emphasis on involving men in violence prevention, the rationale being that while the majority of men are not physically violent, gendered violence is perpetuated overwhelmingly by men against women. What is not well understood is the ways in which gender and culture intersect and the potential role of men from immigrant and refugee communities might have in Family Violence prevention (El-Murr 2019).

A study of community attitudes demonstrated that people from countries in which the main language is not English were more likely to have low levels of understanding of what constitutes violence against women, to have a low level of support for gender equality, and were least likely to reject attitudes explicitly supportive of violence. (VicHealth 2014) What is still being developed is knowledge about the diversity of views regarding men and women's lived experiences, culturally bound experience, place of birth migration experiences, and religious beliefs.

Effects on Children

Children experience loss as a result of Family Violence. It often disconnects them from their place in the world, their family, and their community. They sometimes have to leave their

home, their room, their neighbourhood, their school, or their childcare. They miss their teachers and they miss their friends. Part of the Family Violence supervision process of counsellors is to ensure that they have the necessary skills and experience to bring the voice of the child into the room. It may be that formal training in Child Inclusive practice and trauma informed practice forms a necessary discussion with the counsellor about practical considerations in their ongoing professional development.

An important supervision question that needs to be discussed with Family Violence Counsellors for their work with children and young people, is their understanding and construction of: What does the idea of home mean for the child? Family Violence can affect issues such as the young person's sense of self. Home may be associated with family, ease, relaxation, sense of belonging, security, oppression, marginalisation, kinship/culture, fear, or indeed feeling connected or not to the world. (VicHealth 2014)

Effects on Mothers

Finding the courage to leave a violent relationship and rebuild the life of their family requires a mother to meet many complex challenges. It may impact the ways in which the mother and child interact in an ongoing way. It may be that the child did not feel protected or safe. It can affect the confidence of mothers to understand and meet the developmental needs of their children. As a part of this there will also be a need to understand whether and how to involve the parent who has acted violently. This is nuanced work through which the Family Violence Counsellor needs to be supported by their supervisor and also not be afraid about raising such complexities in an ongoing way as part of supervision. Family Violence Counsellors need to be aware that violence against women in Australia is disturbingly high and can take many forms. (VicHealth 2014). These forms include domestic violence, sexual assault, online violence and harassment (including social media), intimate partner violence. Other forms include violence against women experiencing: social inequality, disability, refugee and migrant status; or who are of Aboriginal or Torres Strait descent.

Effects on Fathers

Men who present to counsellors for Family Violence may present as lost, not in control, remorseful, angry, disrespected, sad, lacking skills in parenting, and grieving. Family Violence Counsellors need to be in a position to respond effectively to any or all of such presentations. (Ashfield 2011)

There has been and continues to be considerable debate in the counselling and psychotherapy profession about whether there has been a feminization of psychotherapy and whether counsellors have adopted standard approaches to Family Violence that only involve the consideration of Gender to the exclusion of developing a deeper understanding of men and their needs. Indeed, as far back as 2011 it was highlighted that men had been abandoning the field of psychotherapy for decades and that, for example, women outnumbered men enrolled in United States doctoral psychology programs by a ratio of at least 3 to 1. (Carey 2011).

This is not to say that females or males make better Family Violence counsellors or psychotherapists, but that a male counsellor may be more effective for some clients than others, as female counsellors may have more success with certain clients than their male counterparts.

Supervisors of Family Violence Counsellors should not shy away from discussion of these important nuanced issues. Personality style, extraversion, introversion, and self-confidence are inevitably linked to gender and may impact how the client's story is heard. This forms part of the discussions of countertransference and biases about which we all need to be aware in counselling work. (Diamond 2012)

Situational Couple Violence and Family Violence

Counselling supervisors need to educate Family violence counsellors in the differences between situational couple violence and family violence. Not only are they different in a practical sense, but the counselling treatment offered by the counsellor needs to take into account the nuances associated with these differences.

To be clear, no violent or abusive relationship is acceptable. Having said that, the distinguishing feature of what is commonly understood, regardless of jurisdiction, as family violence is that it is a pattern of behaviour. This abusive behaviour has been ongoing in some way for a consistent period of time and may present in the form of psychological abuse, financial abuse, physical abuse, sexual abuse, or emotional abuse.

By contrast, situational violence does not necessarily form a pattern of behaviour. It differs from family violence in that it is generally minor in nature and specific to the situation. It does not escalate over time and while one partner or the other (or both) may use violence to gain control during a fight, there is generally not an ongoing effort to exert power and control over the other between fights.

Both men and women engage in situational couple violence. (Kelly & Johnson 2008). Often those who engage in this type of violence do so because they are poor communicators who do not know how to argue without resorting to verbal or physical aggression. This does not excuse the behaviours described above, nor does it suggest that assaulting someone isn't a crime, because it is. Any use of violence to solve a problem is wrong. There are many examples that Family Violence counsellors regularly see that involve verbal aggression and insults that turn physical.

Part of effective Family Violence counselling involves understanding the client, the type of problem-solving models they adopt, where they learned this model from, and how they might change this model in order to be better or more effective communicators into the future. For example, one model adopted by perpetrators of violence is the EITHER /OR model. The basis of this model is a win/lose posture. It is either my way or your way and one is determined to win and make it their way. An alternative that the client can be introduced to is the BOTH/AND model. The basis of this model is a shared modality. How can "we" ensure that it is both my way AND your way. This facilitates forward joint decision making. During Family Violence counselling it is useful to explore the decision-making model that existed in the client's family of origin and how they learned their current behaviours.

It is also a useful counselling strategy to explore the differences in communication between men and women and the tools and techniques used by each party to get their messages across to the other. This includes issues such as the number of ideas to be communicated, the length of the message, the frequency of communication, the timing of communications

to maximise effectiveness, effective listening, communication spoilers and the history of communication between the parties.

Taking the time to understand and explore interactions are critical in understanding situational couple violence and family violence. This assists with determining what interventions are appropriate and at what times. (McCarthy & McCarthy 2015)

Often presentations resulting from childhood trauma influence how effective communications and escalation between parties occur into adulthood. A significantly under explored variable in men, and to a lesser extent in women, is literacy. Often poor communication, disrespect, hurt, and embarrassment occur in the first instance as one or both of the parties lack the basic skills to read and write, and even speak with one another respectfully. (Golden 2000) It's sad to think this is the case in a modern society like Australia, however this is a reality. It doesn't excuse the use of violence, but it is helpful in understanding what contributing factors have led to this occurring.

The family violence counsellor and the family violence counselling supervisor need to discuss the significant contribution that psychoeducation can make to the client. It would be most appropriate in sessions that the use of specific psychoeducation materials is discussed and retained in an ongoing resource kit developed for this purpose.

Compassion Fatigue, Burnout, and Vicarious Trauma

One of the most difficult issues to deal with in Counselling supervision in general, but with FV counsellors in particular, is the acknowledgement and ongoing monitoring of counsellor fatigue & vicarious trauma and burnout. This is difficult and challenging work. There needs to be a regular system put in place to protect Family Violence Counsellors. In cases where Family Violence Counsellors are sole practitioners, they need to seek external supervision and to regularly practice self-care.

Some strategies that should be discussed in supervision regularly include:

- Decreasing the frequency and duration of caregiving.
- Arranging work cycles to allow for brief breaks between sessions to allow time to refocus, recharge, and to stop patterns of compassion fatigue.
- Monitor and reduce feelings of pressure and encourage informal conversations with colleagues which support and allow the spread of emotionally demanding or time-consuming tasks.
- Encouraging professional development activities or group work to vary counselling routines.
- Promote the autonomy of Family Violence Counsellor self -care strategies such as walking, mindfulness and meditation.
- Encouraging the regular taking of annual leave and leisure time.

Fortunately, the counselling profession is starting to provide more focus on Family Violence Counsellors having their personal needs and mental health attended to on a more regular basis (Australian Childhood Foundation 2015). This in turn promotes recovery, practitioners becoming less stressed, and having more confidence in their own ability to cope. It is essential that Family Violence Counsellor wellbeing is the primary focus of every supervision session, because if the Family Violence counsellor is not functioning well then their ability to help their clients effectively is also diminished.

Concluding remarks

The underlying philosophy of Family Violence counselling practice is that all clients must be treated with hope, compassion and justice. There is an obligation for Counselling Supervisors to ensure that all Family Violence counsellors operate within their current scope of practice, conform to Australian Counselling Association standards and code of ethics, and meet all legislative requirements applicable to the jurisdictions in which they practice. There is often uncertainty about what issues (see Appendix A) need to be brought by Family Violence Counsellors to their clinical counselling supervision sessions.

Counselling supervisors must ensure that all Family Violence Counsellors do no harm. By the very nature of being involved in the family violence process clients have already been harmed in some way. Counsellors have an obligation to ensure that processes are in place to ensure the safety of both the Family Violence counsellor and the Family Violence client and that these aspects are regularly reviewed in supervision sessions with their Supervisor.

Because of the nature of all Family Violence Counselling presentations, there is a requirement to engage in trauma informed practice. Consideration should be given to increasing the frequency of counselling supervision sessions to provide more regular Family Violence Counsellor support as a result. It is essential in the Family Violence domain that Family Violence Counsellors actively seek out supervision as they are particularly and frequently exposed to people who are in or who have witnessed family and personal crises.

This is challenging, difficult professional work. In this context Family Violence Supervisors are a major resource which needs to be utilised by the counsellor. The Family Violence domain in Australia and in the entire western world is rapidly changing as societal norms shift. In various jurisdictions mandatory reporting regimes are being created and implemented by governments. New accountability guidelines are being implemented and gender roles are becoming less certain than in the past.

It is of concern that in this rapidly changing environment that Family Violence Counsellors may forget that they are not there to judge clients, to usurp the role of Courts and Magistrates, or to impose their own values or beliefs on clients. They for example should not assume that all men are violent, or all women are nurturers, or that all children are not affected by Family Violence. Whether the client is a sex offender or a victim of a violent crime, everyone deserves to receive a professional service.

Family Violence Counsellors need to demonstrate hope, compassion, and justice for all clients. Anyone who works in this difficult area of professional counselling practice can experience ethical conflict, transference, trauma, and doubt. It is tough work. And that is the reason why Family Violence Supervision is so essential. Effective Counselling supervision is a mandatory professional requirement. Family Violence Supervisors are there to ensure that Family Violence Counsellors are mindful of their own competence and standards of ethical practice.

Bio

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and related issues. He is based in the eastern suburbs of Melbourne, Australia, and has worked extensively with Crisis and Homelessness clients; within the Magistrates Court assisting men with Intervention orders; and in a community counselling agency supporting women and children fleeing violent situations. He has facilitated Parenting Orders Programs, Men's Behaviour Change Programs, and assisted with engaging men in fathering programs. He has previously worked as a senior leader in several government organizations and was a private consultant specializing in mentoring and coaching. Stephen is a member of the Australian Counselling Association College of Supervisors, a member of Counsellors Victoria and is an Alumni of the Williamson Community Leadership Program.

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Appendix: Engagement with your Family Violence Supervisor for Support and Guidance

Family Violence (FV) Counsellors should engage with their Supervisor when:

1. The client misses two sessions with the FV Counsellor without notifying reasons for the cancellation. Has the FV Counsellor investigated? Is this usual or a pattern?
2. The client expresses dissatisfaction with the FV Counsellor/or with the counselling strategies being offered.
3. A case conference needs to be called or the FV Counsellor has been invited to a case conference.
4. Is Trauma Informed Practice being used effectively by the FV Counsellor? Does the FV Counsellor have a good understanding of trauma and how to respond?
5. Child Inclusive Practice – is this being employed by the FV Counsellor? Who is the "Child's Voice" in the room? What is the current effect of Family Violence on the Child?
6. Are children and/or adults exposed to Family Violence in danger of being abused emotionally, sexually, physically – is their conduct that needs to be reported to regulators?
7. Is it necessary for FV Counsellors to approach Police or other agencies to undertake a current welfare check on their client (e.g., Poverty, Homelessness, no social connectedness)?
8. Has the FV Counsellor noticed an unexpected change for the worst in the FV Client's physical wellbeing? Does the client see a Doctor or a Dentist? Take medication?
9. Has the FV Counsellor observed a significant change in the client's mood (e.g., Increased anxiety, increased depression, rumination, "black & white" thinking)?
10. How often is the FV Counsellor checking with the client regarding expressions of suicidal ideation? Threats to harm others? Threats to harm self?
11. Has the FV Counsellor completed a Family Violence Risk Assessment with the client? Do they understand the triggers for escalation of Family Violence?
12. Has the FV Counsellor gathered data or made observations that may suggest risk escalation towards others (e.g., Purchasing guns; intervention order

breaches; increased substance use- even if the client denies these things)?

13. Does the FV Counsellor feel “stuck” in the session? What is the counselling plan or strategy moving forward?
14. Are there any suspected psychotic symptoms evident in the client (e.g., hallucinations, delusions)?. Is there any evidence that this might be drug induced?
15. Are there any noticeable changes in the alertness or moods of the client? Is there an observable pattern or trigger to these changes?
16. Is the client disengaging from the FV Counsellor? Or have they sought to access another service or agency?
17. If the FV Counsellor is closing with the client, has there been a review of the Family Violence Risks and Mitigating Strategies in Place?
18. Has the FV Counsellor offered the client a Resilience Plan and discussed what to do if desperate (e.g., suicidal) or feeling unsafe?
19. Does the client have a Safety Plan in place? (i.e., what to do, where to go, what to take, who to notify, what to do if in immediate danger)?
20. Does the FV Counsellor keep an up-to-date resource folder to enable secondary consultations or referrals to be effective? This can be jointly reviewed with the FV Counselling Supervisor
21. The FV Counsellor has a tense/taxing session with a client and needs to debrief.
22. Is the FV Counsellor practicing and regularly reviewing their own self-care? What strategies are in place to refresh and renew?
23. Is the FV Counsellor regularly demonstrating an ongoing commitment to professional development?
24. Does the FV Counsellor regularly test out their theories, modalities, hypotheses and ethical concerns with their FV Counselling Supervisor?
25. Does the FV Counsellor model and practice hope, compassion and justice with all clients regardless of whether they are recipients of, witnesses to, or perpetrators of Family Violence?
26. Does the FV Counsellor regularly check in with their supervisor about offering a professional service to all clients regardless of their own feelings about the client’s attitudes and behaviours?
27. Does the FV Counsellor and their Supervisor discuss how many services are currently being received by the client and whether they need to withdraw from service provision?
28. Does the FV Counsellor have a clear understanding of the differences between a therapeutic response and a criminogenic response? Do they understand the role of Courts and the Justice system?
29. Even within a difficult Family Violence context, can the FV Counsellor develop a therapeutic alliance where clients feel safe to freely express feelings and emotions without judgement?
30. Does the FV Counsellor clearly understand the cultural dynamics of diverse groups and the impact on Family Violence (e.g., arranged marriages, sexual orientation, elder abuse, cultural norms, defined gender roles)?

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

Nichola Cooper[1] & Philip Armstrong[2]

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

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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 ±3% at a 95% confidence interval. Therefore, we can be 95% confident that a percentage finding within this study is within ±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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Supervision from Two Perspectives: Comparing Supervisor and Supervisee Experiences

Jim Schirmer[1] and Sonia Thompson[1]

The following manuscript presents the results of a supervision survey and presents knowledge regarding the role of supervision in professional counselling practice.

Keywords: *Perspective, Supervisee, Counselling, Supervision.*

Perspectives

In his widely read book of advice for new counsellors, one of Irvin Yalom's memorable aphorisms is to learn to 'look out of the patient's window' (Yalom, 2002). The story that is attached to this phrase is of two travellers on a long car journey, each looking out their own windows and perceiving quite different landscapes. In such a scenario, each participant can experience the journey in a different way to their partner. The profundity of the image is that it highlights a fundamental dynamic in any counselling encounter: that participants in counselling can see the same event differently from their subjective point of view, a finding that has consistently been demonstrated in research (Tzur Bitan & Abayed, 2020).

While there are clear and often noted differences between counselling and supervision, nevertheless there are also several parallels between the two practices. Furthermore, these parallels have the potential to offer clues to expanding practice and research in supervision (Milne, 2006). The foremost similarity between counselling and supervision is that they are both practices aimed at stimulating learning, adaptation and growth of one party through an interactive, relational process. As such, the mediating mechanism of any change is, of course, the alliance: the ability of the counsellor and client (or supervisor and supervisee) to develop a synergised collaborative relationship around the goals and the tasks that will lead to learning and growth.

Given these parallels, it might not be surprising that the history of research, training and practice in supervision has replicated some of the patterns of counselling. Just as counselling research has disproportionately invested in studying the theories and interventions of the counsellor (c.f. studying the client or the alliance) (Duncan & Miller, 2000), in a similar way supervision research has predominantly addressed the models and practices of the supervisor. While over 50 models of supervision have been identified in the research literature, none have been established to have empirical superiority (Simpson-Southward et al, 2017). Furthermore, they collectively contain significant variability in their elements and emphases and accordingly there is no one consistent, well-established form of practice (Simpson-Southward et al, 2017).

In other words, just as most counselling research has looked out the counsellor's window, so too has most supervision research looked out of the supervisor's window. In this regard, a shift of focus from supervision models to supervision relationships has opened opportunities for broader knowledge on practice. Compared to the variance of elements and evidence of models of supervision, the supervision alliance has proven to be a more robust predictor of supervision outcome across several dimensions (Callahan et al, 2019; Wilson & Lizzio, 2017; Ladany et al, 2012). As an "outcome-mediating construct" (Bambling, 2017, p. 180), study of the supervisory alliance holds promise for identifying the effective processes of supervision that could inform improved practice in this area.

Still, research in this area can be complex, especially given that the interpersonal nature of the alliance requires attention to the perspectives of both participants in the interaction. It has been established that perceptions of the alliance can vary between supervisors and supervisees (Livni et al, 2012; Kemer et al, 2019). Given that such differences have the potential to impact the working alliance and the outcomes of supervision, research in supervision has been urged to be more intentional in getting and comparing the perspectives of both supervisors and supervisees (Grant et al, 2012; Park et al, 2019).

This manuscript presents an example of a study that sought to both capture and compare both of these perspectives. This is not presented as an exhaustive or conclusive comment on this phenomenon. Rather, in presenting this study, we hope it

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can act as an example of what can be learned in comparing the perspectives of supervisors and supervisee, as well what new possibilities for practice can be gleaned from those learnings. In this way, our hope is for this study to act as a model for research and practice and what might be possible if we do undertake similar processes more often.

Summary of Study

In light of this background, the "Supervision in Counselling" survey was developed and launched in order to capture the practices and experiences of supervision amongst Australian counsellors. The aim of this study was to make a contribution to knowledge of the role of supervision in the professional practice of counselling that was novel in three ways. Specifically, the survey sought to add to supervision knowledge through a study that was naturalistic (i.e. getting a perspective of supervision in practice), inductive (i.e. not starting with particular hypotheses, but rather examining themes that emerged from data), and which captured the perspectives and experience of both supervisors and supervisees.

The survey received a total of 1,041 responses, a sample size which was sufficient to give confidence that the results represent the wider body of practitioners. 93% of these participants came from Australia, with a distribution across all states of the country as well as a spread between rural and urban locations. The remaining participants came from overseas (including Cambodia, Canada, Hong Kong, India, Macau, Malaysia, New Zealand, Norway, Singapore, Thailand, Tokyo and Vietnam).

The Australian Government Job Outlook estimate was that there were 31,200 people working as a 'counsellor' in Australia in 2020. Given that this estimate uses the broadest possible definition of all work that exists under the title of counselling, it is reasonable to take this to be the total possible population size of this profession. Even with this generous estimate, a sample of 1,041 practitioners allows us to be 95% confident that a percentage finding within this study is within ±3% of what would be found if the study had surveyed the whole population, giving strong confidence in the results.

The following section outlines the key findings related to a number of areas: (a) characteristics of supervisees and supervisors, (b) practical operation of supervision, (c) the use and content of supervision, and (d) the purpose and value of supervision.

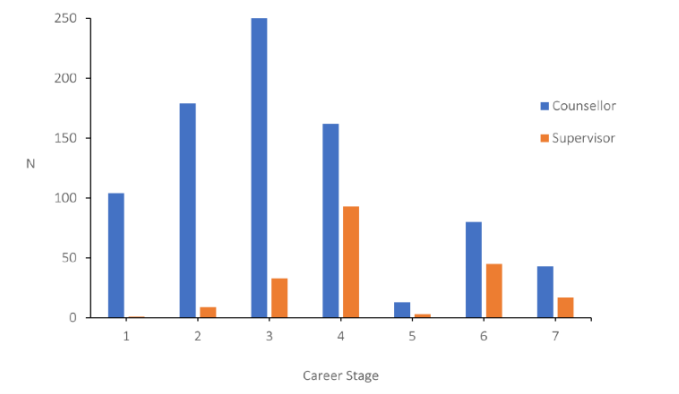
Major Findings from 'Supervision in Counselling Survey'

Characteristics of Supervisees and Supervisors

The responses to the survey provided an indication of the professional make-up of supervisors and supervisees amongst Australian counsellors. Of those that completed the survey, 839 (80.4%) nominated that they predominantly work as counsellors and thus completed the survey from the perspective of a supervisee. The remaining 202 (19.4%) participants predominantly worked as a supervisor and therefore completed the survey from that perspective. This ratio of supervisors to supervisees is consistent with industry body reports of the breakdown of these two groups.

As would be expected, supervisees were, on average, less experienced than supervisors were. Supervisees had a mean of 9.22 years of practice as a qualified counsellor, however there was considerable spread in the data (SD = 7.75). Comparatively, this sample of supervisors had been practicing in the field of counselling for a mean of 14.69 years, though again there was considerable variance within the group (SD = 8.26). This is also reflected in the responses displayed in Figure 1, with the majority supervisors more commonly selecting statements which reflect being in later career stages than the majority of supervisees.

Figure 1: Which statement best describes you in your career at the moment?



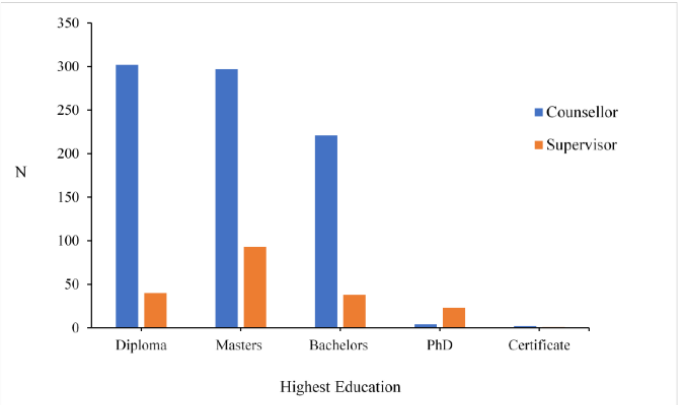
Note.

1 = Just beginning – very 'green'
2 = I have consolidated and am becoming quite comfortable in my practice
3 = I feel comfortable in my current practice and am looking for new challenges
4 = I have begun to feel very confident in my practice and am looking to share my practice skills with others
5 = I am reaching the end of my working years as a counsellor and look forward to retiring from practice
6 = I am reaching the end of my working years as a counsellor but can't ever see myself as retiring from practice
7 = Other

Similarly, the survey showed that supervisors (overall) had higher levels of qualifications, as displayed in Figure 2. Proportionally, supervisors were more likely to hold a doctorate (11.4% of supervisors compared to 0.004% of supervisees) or a masters degree (46% supervisors; c.f. 35.4% supervisees), and less likely to hold a diploma (20% supervisors; c.f. 36% supervisees) as their highest qualification in counselling.

Encouragingly, though, there were similarly high rates of professional accreditation across both supervisors and supervisees. 98.4% of the supervisee sample and 96% of the supervisor sample were registered with a professional counselling association, with the remainder eligible for membership. Participants were most commonly registered with Australian Counselling Association, but the sample included numerous other accrediting bodies both from Australia and overseas.

Figure 2: Which level is your highest qualification in a counselling-related discipline?



Note. PhD includes Professional Doctorate. Missing: *N* = 20.

Alongside their years of experience as a counsellor, the sample of supervisors had been practicing as supervisors for a mean of 6.33 years, again with a considerable variance across the group (SD = 6.64). Along with their professional registration as counsellors, a high percentage of the sample (86.9%) were registered as accredited supervisors with a professional body. Furthermore, a high proportion of the sample (90%) also reported receiving supervision on their supervisory practice.

In summary, there are several comparable characteristics between the supervisors and supervisees in the survey. On the whole, both supervisors and supervisees were qualified, registered with an accrediting body and had some experience within the field. Still, as would be expected, supervisors were, on average, more experienced, more highly qualified and further along in their careers than supervisees.

Practical Operation of Supervision

One of the aims of the survey was to take a 'snapshot' as to how supervision practically operates in the context of the counselling profession of Australia. At one level, this provides a descriptive of the pragmatics of supervision in the profession. However, it also provides some insight into the motivations, preferences and familiarity that both supervisors and supervisees have for supervision.

The survey demonstrated that supervision is a widespread practice in the counselling profession. 96.3% of supervisee respondents reported that they currently access supervision for their practice. The remaining participants did not currently access supervision due to cost or time constraints, or because they were not currently practicing to a level that warranted supervision. Over three quarters of the sample (76.5%) reported that the frequency of their supervision occurred at a fortnightly to monthly basis, with small proportions of respondents reporting both more or less frequent supervision. The length of majority of supervision sessions fell between 30-90 minutes (88% of respondents). While some participants reported the average supervision session was longer than 90 minutes, it was very rare for sessions to be shorter than 30 minutes.

The results also indicated that supervision occurred in a wide range of formats. The most common format was individual sessions that occur in a practice office setting (with close to 54% of supervisees experiencing this format). More broadly, individual supervision (either in-person, online or by phone) was the predominant mode in which counsellors accessed supervision, followed by group supervision (whether in-person, online or in association meetings). When asked about preference of formats, most commonly participants nominated their strong preference for individual supervision (n = 232), preferably in an in-person setting (n = 179). Smaller numbers of participants nominated other supervision formats (including group supervision, and online or telephone delivery) to be preferred, indicating that these are formats that may be favoured by a portion of the professional population.

The results showed that both supervisors and supervisees were commonly motivated to engage in supervision in order to maintain high professional standards. Supervisees most commonly nominated that they access supervision primarily as part of professional registration (n=605) or to ensure that their practice was at a high professional standard (n=366). Supervisors nominated a spectrum of reasons for choosing to become a supervisor. For the majority of supervisors, the nominated reason for becoming a supervisor was to be able to give back to the profession in the way of supporting counsellors (n=120) or to increase the professionalization of counselling in Australia (n=90).

There was some difference between the two groups regarding the level of training and input that they had received in the process of supervision. 96% of supervisors had received some form of formal training in supervision, most commonly a program accredited by one of the industry training bodies (79.8% accredited with ACA and 4.2% with PACFA). In comparison, while close to 70% of supervisee respondents had received some training as to how to use supervision (as a supervisee), 30.6% nominated that that they had not received such training and had instead learnt along the way.

Table 1: Common Elements of Supervision Sessions

	Supervisee Perspective	**Supervisor Perspective**
Most common elements of supervision sessions	Discussion of specific cases Monitoring health/ wellbeing of counsellor General professional discussion Discussing themes in work Particular psychological/social issue or disorder	Discussion of specific cases Discussion of professional practice issues (e.g. case notes) Monitoring health/ wellbeing of counsellor Discussing themes in work General professional discussion
Least common elements of supervision sessions	Planning professional development Small talk Reviewing of taped sessions with clients Live observation of direct client practice	Discussion of practice issues (e.g. staff issues, fees) Reviewing of taped sessions with clients Live observation of direct client practice Small talk

Use and Content of Supervision

There were both points of convergence and points of divergence between supervisees and supervisors around how supervision sessions were used. These included areas such as elements of the supervision session, control of the content of supervision sessions, evaluation of counsellor practice, application of supervision and evaluation of supervision.

As displayed in Table 1, there were common themes across supervisor and supervisee respondents related to the most and the least common elements of supervision sessions. While there were some small differences in ordering, the results would allow us to say with some confidence that (at the time of the survey) supervision sessions are most commonly used to discuss specific cases, monitor the health and wellbeing of the counsellor, and to discuss themes, professional practice issues, particular psychological issues or general professional issues. Conversely, they are least likely to be used for small talk or to directly review client work (either taped or live).

In terms of how the content of the session of the session was decided, there was again general agreement across supervisors and supervisees. Both groups of respondents indicated that supervision content is most commonly decided by mutual control (49.2% of supervisees and 66.5% of supervisors responded this way). Of remaining responses, 42.3% of supervisees and 24.6% of supervisors said that the supervisee had most control over the content of the session. There was a minority of participants that nominated that the supervisor (7.2% of supervisees; 7.3% of supervisors) or the workplace (1.3% of supervisees; 1.6% of supervisors) had the most control over sessions.

A point of disagreement between supervisors and supervisees was the topic of evaluation, both the evaluation of the counsellor's practice and the evaluation of supervision sessions. While 55% of supervisors said that they evaluated the practice of their supervisees, only 36.1% of supervisees responded affirmatively to the same question. Similarly, 96.3% of supervisors said that they regularly evaluated the process of supervision in some way (78.9% informally and 19.5% formally), while 67.7% of supervisees nominated that supervision was evaluated (64% informally and 3.7% formally).

An area where there was mixed agreement was the topic of how the supervisee applies the content of supervision to their client work. Supervisees and supervisors agree that supervision is able to be applied to client work. In other words, the idea that supervision is not or cannot be applied was a minority opinion in the sample. How this application occurred, however, was different between the groups of respondents. Supervisees most commonly said that they were able to apply to specific cases discussed in supervision, through the overall increase in knowledge of the process of therapy, and through learning intervention strategies. While supervisors agreed with the first category (discussion of specific cases), they more commonly saw supervisee apply supervision through their growth and increased confidence as a person and through dealing with ethical issues and scenarios.

In summary, when considering the area of the use and content of supervision, the snapshot taken in the survey suggests that there is general agreement on the common content and control of content in supervision, some disagreement on the evaluation of supervisee practice and of supervision, and some mixed agreement on the topic of application of supervision to client work.

Purpose and Value of Supervision

When surveyed on their perspectives on the purpose and value of supervision, supervisors and supervisees again showed points of similarity and also some subtle differences. Areas included in the survey related to the importance of supervision, and the potential and received benefits of supervision.

Encouragingly, there was a strong agreement on the positive value of supervision. When asked about the value of supervision a high proportion of supervisees (60.5%) indicated that it was 'extremely important' with a further 34% saying it was 'very important' or 'important'. 3.3% were not sure of its value, while only 2.2% found it 'limited', 'not important' or 'detrimental'. Similarly, 90% of supervisors saw supervision as being 'extremely important' to supervisees. A further 8.9% of supervisors considered it 'very important' or 'important', with only 1% of supervisors identifying supervision to be of limited importance or were unsure of its benefit to supervisees.

Table 2: Benefits of Supervision

	Supervisee Responses	**Supervisor Responses**
Potential Benefits of Supervision - Five Most Common Responses	Assistance with difficult cases Advanced practice skills Care of the therapist as a person Evaluation of current practice Increased self-awareness	Assistance with difficult cases Care of the therapist as a person Evaluation of current practice Increased self-awareness Advanced practice skills
Potential Benefits of Supervision - Five Least Common Responses	Greater flexibility Time management skills Research skills Managerial skills Other	Time management skills Managerial skills Research skills Personal Therapy Other
Experienced Benefits of Supervision - Five Most Common Responses	Assistance with difficult cases Increased self awareness Advanced practice skills Care of the therapist as a person Altered perspectives on practice	N/A
Experienced Benefits of Supervision - Five Least Common Responses	Greater flexibility Time management skills Research skills Managerial skills Other	N/A

As displayed in Table 2, there was considerable overlap between supervisors and supervisees in terms of the potential benefits for supervision. Both groups listed assistance with difficult cases, advanced practice skills, care of the therapist as a person, evaluation of current practice and increased self-awareness as their five most common responses (albeit with some small differences in the ordering). A further positive finding is that these potential benefits also largely lined up with what counsellors were experiencing in reality.

When asked which of the benefits was most important, supervisees again most frequently nominated assistance with difficult cases, followed by advanced practice skills, increased self-awareness, and altered perspectives of practice. Supervisors, however, considering the most important benefit to be increased self-awareness, followed by care for the counsellor as a person, assistance with difficult cases and advanced practice skills.

In summary, the survey suggests that there is clear agreement on the importance of supervision, as well the most some general agreement of the potential benefits of supervision. Still, there are subtle differences between supervisors and supervisees in terms of the relative importance of supervision, and the prioritisation of the various benefits.

Discussion: Implications for the Supervision Alliance

As noted in the introduction, supervision is a fundamentally interpersonal practice, as consequently the outcome of supervision is mediated by the strength of the alliance. As such, it is important to consider the phenomenon of supervision from the perspective of both participants to see what perceptions and experiences each party are bringing to the encounter. In this way, the results that have been outlined have the potential to inform not only the research on supervision, but also its practice. This section will discussion four salient implications for practice from the findings that we observed. These implications cover the importance of approaching the supervision alliance in good faith, to remember that the same event might be seen differently by different people, to review the goals and tasks of supervision, and to explore possible formats for evaluation and feedback.

Approach supervision in good faith

One of the clear and encouraging findings of the survey was that both supervisors and supervisees see value in supervision. There was a strong consensus that supervision is important to counsellors. Conversely, the experience of supervision being detrimental seems to be a minority experience. More concretely, supervisees were reporting that they were experiencing the benefits that they wanted to receive from supervision. There was also a perception that supervision could regularly be applied to client work in a variety of ways.

While this is of course positive news for the profession, it is also not a situation that can be taken for granted. Some studies have reported much higher levels of inadequate or harmful supervision, with up to 36% of counsellors having reported having received harmful supervision and close to 90% reporting having received inadequate supervision (Ellis et al, 2014). Certain contextual issues may play into this finding, with most harmful experiences of supervision being reported by counsellors-in-training and can often be associated with inadequate training of supervisors. Given that the study reported high levels of training and accreditation among supervisors, this may well have mitigated this risk. Still, it emphasises the necessity of maintaining these professional standards to ensure the quality of supervision.

The survey's findings give us cause to return to the essence of what we mean by the alliance. This essence is evident in Watkins' (2014) integration of various models of the alliance. In this framework supervisors and supervisees come together in a form of "psychoeducational contact (i.e., they are bound together by a matter of educational and psychological importance)" (p. 25). The nature of this contact is somewhat conditional on certain psychological conditions of both participants, including the supervisor's belief in supervision and the supervisee's willingness to be supervised. The alliance is dependent on the mutual receptiveness of each participant to these states in the other, whereas compromise, distrust or incongruence in these matters is likely to impede or rupture the alliance.

In summary, the supervisory alliance is a form of intentional relational bond that relies on the investment of psychological energy of both parties. So long as we engage in supervision, this investment of both supervisors and supervisees – and the recognition of the investment of the other party – is essential in the functioning of the alliance.

Assume the same event might be seen in different ways

As noted in the above findings, there were both subtle and substantial differences that could be observed between supervisors and supervisees.

This finding is in parallel with considerable research from counselling and psychotherapy that shows it is common for counsellors and clients to have different perspectives and experiences of the same therapeutic event (Sackett, Lawson & Burge, 2012). It is also consistent with recent research focusing on the dyad of supervisor and supervisee discussed previously. A major hypothesis for this consistent observation is that it is an inevitable result of the subjectivity implicit in any interpersonal encounter.

In other words, given the complexity of both personal and social constructs, different people can perceive and interpret the same event differently. When working from this hypothesis, the emphasis is not to try to uncover an objective account of what really happened (e.g. Did the supervisor really evaluate the counsellors practice, or not?). Rather it is more important to explore the subjective perception and experience of each participant to understand how they constructed the event (e.g., When we did that activity, I consider that a process of evaluating and giving feedback on your practice – how did you experience it?).

While perhaps not surprising, this finding should be a humbling reminder to regularly check our assumptions about the perceptions and experiences within supervision. Furthermore, it should encourage us to establish structures where we can regularly review these perspective as part of supervision practice.

Regularly review the goals and tasks of supervision

Along with finding that counsellors and supervisors saw the importance of supervision, the survey also highlighted some of the common ways that supervision is used, including the expected benefits and experienced benefits of supervision. Within this area there appeared to be a predominance of the use of supervision to explore particular cases, to monitor and support the person of the counsellor, and to expand skills and perspectives on practice. While these activities were most common, the results also showed that participants used supervision for a wider range of activities including discussing professional practice issues, exploring and applying research, discussing organisational issues or concerns, and practicing or role-playing skills. Even less common activities – such as reviewing live or recorded sessions with clients, planning professional development, or discussing topics such as time management or managerial skills – were selected by some participants.

This finding indicates that while certain activities may be more common than others, the exact combination of the various purposes and content is likely to be idiosyncratic to the individual and their needs. This is consistent with other research which has demonstrated that not only is the relational bond between the supervisor and supervisee an important factor in developing a strong relationship, but also of importance is agreement between the supervisor and supervisee on the goals and tasks of supervision (An et al, 2019).

A strong alliance involves agreement on all three areas – bond, goals and tasks – is essential to reduce the risk of supervision that is insufficient or even detrimental to

their supervisees. Recent research has indicated that rates of inadequate or harmful supervision may be higher in practice than previously recognised, even by the participants of supervision themselves (Cook & Ellis, 2021). Still, the same study affirms that this risk is partly mitigated by taking basic measures such as a clear supervision contract and making regular opportunities for supervisee feedback.

Such a regular review would also ensure that there is adequate supervision taking place for the developmental needs of the counsellor. The ACA Supervision Policy (2018) recommends that counsellors receive "one hour of supervision for every 20 hours of client contact time or one hour every working week for counsellors with a full-time case load", however the results of this survey suggest that practitioners are not meeting these targets.

Encouragingly, the survey's findings also indicated that current practice is for the content of supervision to be largely determined by the supervisee or through mutual process between supervisee and supervisor. Nevertheless, it is an important reminder for supervisor practices to have processes to reset goals and review tasks to faciliate the formation of the alliance and to ensure that we are meeting the developmental needs of the counsellor.

Explore possibilities for evaluation and feedback

There were several notable findings relating to the topic of evaluation, particularly the evaluation of the supervisee's practice as a counsellor. Both supervisors and supervisees commonly nominated evaluation of practice as one on the top potential benefits of supervision. However, when supervisees were asked the most common benefits they received from supervision, evaluation was further down the list.

This was consistent with the responses to the direct question about whether supervisors evaluate the practice of supervisees. While the exact rate of evaluation is unclear (as 55% of supervisors said that regularly evaluate practice, compared to 36.1% of supervisees), even the upper figure would mean that nearly half of supervisees are not experiencing regular evaluation of their practice. This is also consistent with the finding that direct or indirect observation of client work was one of the least common activities in supervision.

Professional standards relating to supervision (e.g. the ACA Supervision Policy, 2018) commonly recommend that supervision consists of evaluation, education, support and administration. Of those functions, it would appear that evaluation is one that needs more attention as an area of improvement across the profession. Still, it is a practice that is not without its complications. Issues such as resourcing, ethical considerations (e.g. privacy), the competing interests of the various stakeholders, and the therapist's own experiences of vulnerability that come with this process are all considerations that need to be taken into account in designing the format of evaluation and feedback (Boswell et al, 2015; Baldwin & Imel, 2013).

Therefore, it remains a priority for the profession to develop mechanisms to evaluate counselling practice through supervision that are effective, efficient and supportive. However this does not have to be led by professional bodies and organisations, but rather could be led by practitioners. If counsellors and supervisors prioritise a discussion on possibilities for more direct evaluation and feedback on practice, and (importantly) share the outcomes of their innovations, there is the capacity to evolve and improve the practice of supervision more broadly.

Conclusion

In this manuscript we have sought to introduce the importance of supervisors and supervisees 'looking out each other's window' and viewing supervision from the other's perspective. The survey outlined is an example of one piece of research which sought to do this. Naturally, it is far from exhaustive both in breadth of content and also depth of participant responses. Yet, what it demonstrates, even in its limitations, is the scope of learning that is possible when supervisee and supervisor perspectives are placed in contrast with each other. Such a result shows the potential for researchers to explore and expand methods which capture both voices of supervision, and hopefully encourages practitioners to explore the perspective of the other party in supervision.

Bio

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