

MA Psychotherapeutic Practice: Humanistic

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- Assessment 2
- Ingrid Nicholls
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- Level 7: Oral
Presentation



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CLINICAL SUPERVISION

A presentation illustrating how supervision
can be used to develop understanding
about clinical work and how it can enhance
and protect well-being.



Introduction

What is Clinical Supervision.

The work I do that requires me to need Clinical Supervision.

Why is Clinical Supervision important.

The Model that my Supervisor uses.

The benefits and limitations of this Model and my work with my Supervisor.

What I gain from regular Clinical Supervision.



What is Clinical Supervision

- ✓ It is a formal arrangement for therapists to discuss their client work with someone who is a therapist and also a trained supervisor.
 - ✓ It is a safe space to explore a therapist's work with clients, which could help build confidence to become more creative in the work they do with their clients.
 - ✓ Regular supervision enables a therapist to gain in ethical competence.
 - ✓ The aim of Supervision is to work together to ensure the best possible outcome for the therapist/client relationship and outcomes. (Creaner 2014).
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What Clinical Supervision is not

- It is not a tick box exercise for line managers and organisations.
 - It is not performance management or line management, these cannot replace supervision, supervision has a different role and purpose.
 - It is not personal therapy it is supervision, the focus remains on how to improve the work for the client not the supervisee's individual needs. It is not a cosy chat. It is about enhancing a therapists professional development.
 - It is not about being told what to do and how to work with individual clients.
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- The work I do which requires me to have clinical supervision

- I work as a Social Prescriber across eight GP practices
- Member of the National Association of Link Workers (NALW) (2019).
- Professional requirement, best practice to have supervision that had not been recognised by my employer, it was a requirement highlighted in the code of conduct of the NALW (2019), Bajad et al, (2019).



Why Supervision is important

- The British Association of Counselling and Psychotherapy (BACP) (2018) state in The Ethical Framework that supervision is essential for practitioners to sustain good practice.
- Els Van Ooijen (2013), Creaner, (2014) Clearly, (2010), Bajad et al (2019) and Snowdon et al, (2019) all agree the need for good quality clinical supervision in professional settings.
- Challenges the therapist to explore their work with clients.
- Aids in providing a form of CPD for the therapist.

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Why Supervision is important cont'd

- Creates a level of accountability in a setting that is client centred and confidential, bringing it out of the therapy room to be analysed in a safe, respectful and confidential way. (BACP, 2018).
- Opportunity to learn from different experiences, especially on occasions if you are able to have group supervision, enables exploration, to question was I right, could I have used a different response.
- Enhancing a greater level of professional focus.
- Highlights the presence of alternatives and other professional avenues.

How and why I chose my Supervisor.



She has an understanding of the Medical model and a more holistic person centred model

Person centred therapist who has worked in the field of primary care and the health board/health and care setting.

Understands the challenges I face providing emotional support within the medical model.

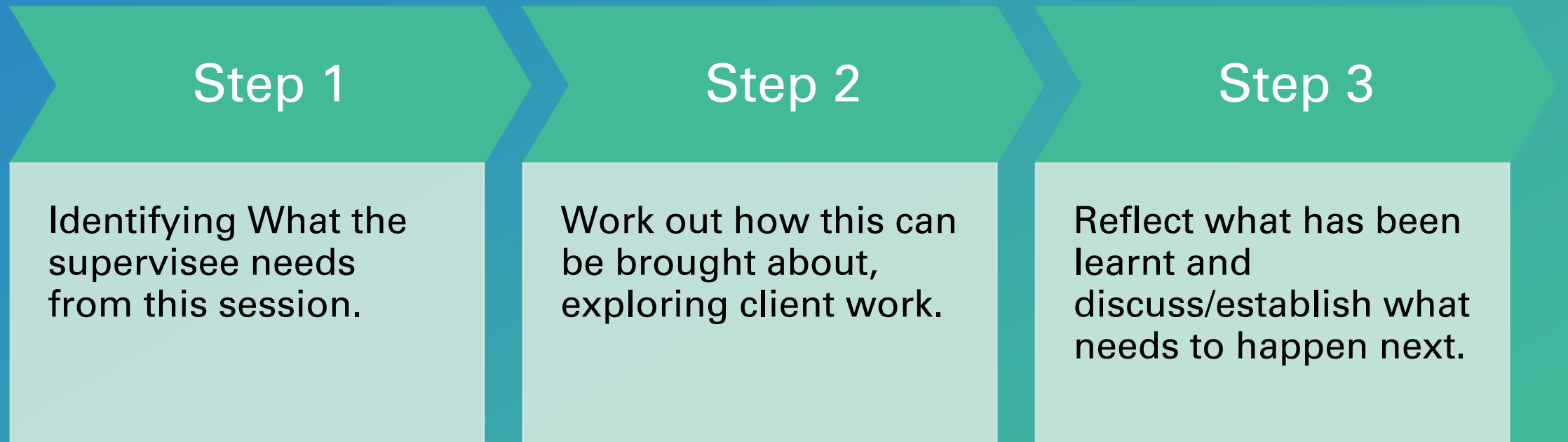


ELS VAN OOIJEN 3 STEP MODEL

- My Clinical Supervisor follows the Els Van Ooijen model
 - A process model
 - The 3 steps being, Implementation, process and evaluation. (Van Ooijen, 2013)
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Els Van Ooijen 3 step model

Cont'd



What I gain from the 3 step model.



This process helps me as the supervisee as it enables me to choose a selection of patients that I want to take to supervision to explore my work with, in a clear step by step process.

This model reflects my approach to working with patients in the GP practice. So mirroring this in supervision gives me a way forward and a sense of progress.

I do acknowledge that although it benefits me as a social prescriber, I recognise this is not always something that my patients need to have in the same linear way. I am mindful that each patient is individual, and they have the autonomy to work with me in whichever way best meets their needs.

Case study

To show how the supervision works and to draw out key points of what supervision is and is not and what is good practice.

A recent patient that I took to supervision that I was struggling with and felt I really needed to explore and process.

Relationship with my Supervisor



Building of the therapeutic relationship was important as it was a new way of working for me. It also gave me an insight into how it felt for my patients to receive telephone or online support.

We have established an ethical, respectful, open, honest, equal, non-threatening, relationship where I feel safe to explore all aspects of my work.

I appreciate that she challenges me and gives me the opportunity to justify and analyse the reasons why I chose to work in a certain way, which also triggers the response of whether anything I could have done differently?

Way of working specific to my role and the role of a counsellor/humanistic background/ holistic work

My role can become isolated as I am the only person in the role, working in a medical practice and working from a different perspective. I endorse patient autonomy or whereas my colleagues take more of a medical lead.

Combination of one to one and group supervision I feel would be of the most benefit.

BENEFITS OF THIS MODEL AND MY RELATIONSHIP WITH MY SUPERVISOR

This Model is simple to follow, but
an effective way of working with
supervisees.

It has clear, concise and easy to
understand steps to follow

I have an open and honest
relationship with my supervisor.

CHALLENGES OF THIS MODEL AND WORKING WITH MY SUPERVISOR

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 - - I found it difficult to find any real challenges within the 3-step model.

However the challenge is to engage in any model of supervision, as previously mentioned, if the therapist is not fully engaged then no model is going to be of benefit.

I would like to experience the benefits of having group supervision.

Not yet having face to face in the room therapy could change the dynamics of our relationship.



Areas Further Development

- I currently have not had an in the room face to face session with my supervisor due to Covid19 restrictions.
- However and wherever I have my supervision it is important that I am engaging openly and honestly with my supervisor to gain the most benefit from it. (Clearly, 2010).
- I would find it beneficial having had group supervision in the past work to have the opportunity of group supervision on some occasions.
- This could be achieved if there were more Social Prescribers employed within my Organisation.
- Continue to gain as much knowledge when attending CPD with the NALW as if it was not for this I would not have had the leverage to secure clinical supervision.

To Conclude

I have discussed what clinical supervision is and explored the importance of it. I have identified why it is important that I receive supervision in this role.

It has been established that there is a definite need to find the right supervisor for therapist, this enables the building of therapeutic relationship where therapist and supervisor can have an equal, respectful and honest platform to work.

I have identified the model my supervisor follows and established the benefits and challenges of the model and my clinical supervision.

I have identified areas where I feel my supervision can be enhanced further.

**ANY
QUESTIONS**



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