**Clinical Supervision For Psychotherapists and Clinical Counsellors**

**Preamble and Definitions:**

Psychotherapy is a complex field, requiring practitioners to have extensive training in order to practice and be registered. One of the hallmarks of psychotherapy, clinical counselling and counselling therapy is the need for Clinical Supervision. All trainee psychotherapists are required to regularly participate in Clinical Supervision throughout the course of their training, qualification or candidacy. Once the psychotherapist has completed their qualifications, supervision and / or consultation, while not mandated, remain suggested best practices and are encouraged. The more experienced the therapist, the less they generally engage in supervision. Many senior experienced therapists begin providing supervision and consultation for those less experienced than themselves.

**Clinical Supervision**

The regulation of psychotherapy and counselling therapy currently in 5 provinces but quickly spreading across the country has arisen largely out of a desire to protect members of the public from untrained or unscrupulous practitioners. Prior to regulation, anyone could practice psychotherapy. Certain kinds of psychotherapy have inherent risks associated with them. An untrained practitioner can do a great deal of emotional damage to a client, especially when they practice beyond their skill level or outside of their scope of practice.

While there is extensive background knowledge required of a psychotherapist that is usually learned in graduate level university courses, it is not possible to adequately learn how to practice psychotherapy from academic courses alone. The beginner psychotherapist needs opportunities to practice their skills with real clients. But in order to ensure the safety of the clients, this practice must be supervised. The clinical supervisor assists in the following ways:

* addresses any concerns and difficulties noted in the clinician’s practice,
* assists the clinician in case conceptualization and assessment
* assists the clinician in treatment planning
* teaches new skills / models to the therapist,
* teaches new psychotherapeutic knowledge
* assists clinician who is working with new populations of clients
* recommends any additional training required
* challenges clinician blind spots,
* helps the therapist be aware of self-care strategies,

“Clinical supervision is a crucial component in the training of helping professionals. In the arena of supervised practice, nascent counsellors integrate theoretical and conceptual learning and apply skills and strategies in vivo. Clinical supervisors are simultaneously tasked with facilitating the professional growth and development of supervisees while safeguarding the wellbeing of clients and the public.” (retrieved from https://www.ccpa-accp.ca/resources/clinical-supervision/?

The current Salvation Army Social Services Accreditation program refers to the need for Clinical Supervision in the following standard:

“Whenever clinical counseling/psychotherapy is offered, those providing services should be involved in clinical supervision, and/or consultation.” Standard X.7.3

**How is Clinical Supervision different from administrative or employment supervision?**

Administrative supervision may concern itself with employee performance, attendance, direction and goal setting etc. These are all important functions of employment based supervision. Any supervisor / manager can provide this kind of supervision.

Clinical supervision does not concern itself with the above issues. The focus of Clinical Supervision is on the professional growth of the psychotherapist and the assurance that the clinician is practicing within his or her scope of practice and qualifications. This kind of supervision may only be provided by seasoned clinicians with supervisory training. It is not possible for someone who themselves is not a psychotherapist to adequately provide Clinical Supervision of Psychotherapy.

**Below are some definitions as further clarification of the practice of Clinical Supervision:**

“Clinical supervision [is] a contractual relationship in which a clinical supervisor engages with a supervisee to discuss the direction of therapy and therapeutic relationship; promote the professional growth of the supervisee; enhance the supervisee’s safe and effective use of self in the therapeutic relationship; and safeguard the well-being of the client. Clinical supervision can be individual, dyadic or group. Group supervision may include structured peer group supervision if the supervision is formal and structured and includes at least one group member who meets CRPO’s definition of a clinical supervisor.” (www.crpo.ca)

“Supervision is a specialty within the overall practice of counselling and psychotherapy and is perhaps one of the most important components in the development of a competent practitioner.  It is within the context of supervision that trainees begin to develop a sense of their professional identity and to examine their own beliefs and attitudes regarding clients and therapy.” (Corey, Corey, & Callanan, 2007, *Ethical Standards* p. 360).

“The clinical, educational, and training functions of supervision include developing counseling knowledge and skills, identifying learning issues and problems, determining counselor strengths and weaknesses, promoting self-awareness and professional and personal growth, and transmitting knowledge for practical use. A clinical supervisor should be a teacher, mentor (not tormentor), trainer, and professional role model.” (The Blended Definition of Supervision “Clinical Supervision in Alcohol and Drug Abuse Counselling” David J. Powell)

David Powell further discusses the process of supervision in the following manner:

Supervision is not therapy, but the relationship between supervisor and supervisee does have a therapeutic dimension. To suggest what that dimension is, I like to use this saying in my workshops: shops: "Supervision looks like therapy, not because the supervisor is doing therapy but because a therapist is doing supervision." In another clear example of isomorphism, the personality, training, techniques, and style of a therapist carry over into the supervisory role. Although the supervisee is not treated as a patient, the supervisor still sees with the eye of a therapist-one who is sensitive to feelings, perceptive about intrapsychic issues and interpersonal dynamics, and trained in a particular model of therapy. Anything a therapist does may feel more or less like therapy… To the extent that the supervisor does act as a counselor, the focus is on the supervisee as a person, and the supervisor's goal is to facilitate the supervisee's growth in relation to the supervisee's counseling role. (Article: The Blended Definition of Supervision “Clinical Supervision in Alcohol and Drug Abuse Counselling” David J. Powell)

**Clinical Supervisors**

Each professional college across Canada, may have its own qualifications for who can provide supervision to psychotherapists and counselling therapists, either in training or qualified. While these qualifications may differ slightly from province to province below are general guidelines. The clinical supervisor must:

* Be a member in good standing of his or her professional college
* Have 3 – 5 years of clinical experience
* Have completed 1000 hours of supervised clinical practice
* Have completed a clinical supervisor training program

Since there may be other requirements for specific provinces, it is important that the ministry units check with the applicable professional college in their area to ensure that people with the appropriate qualifications are supervising employees practicing psychotherapy, clinical counselling and counselling therapy.

**References:**

https://www.ccpa-accp.ca

<https://www.crpo.ca/>

<https://nscct.ca/>

<http://cctnb.ca/>

<https://www.ordrepsy.qc.ca/psychotherapeutes>