

CLINICAL SUPERVISION

Supervision has begun to mirror in many ways what has been happening in the field of counselling and psychotherapy for the last 15 or more years. That is, a substantial expansion in different theories, models, and approaches. Although this has in some ways enhanced the standard and the quality of supervision it has also helped to create further confusion, leaving some unsure of its purpose and value and what works best when and where. It is important to remember, despite the plethora of models and approaches, what supervision is actually trying to achieve. Its primary purpose is to protect the client, ensuring that s/he is properly tended to and is having his/her needs met. In addition to client safety, supervision also needs to focus on the therapist's development, putting in place those things that enhance their knowledge and skills, ensuring that boundaries are understood, respected and adhered to, which is as much for the therapist as for the client.

Once we have accepted that supervision is both to protect clients and meet their needs, the question that must be asked is how is that best achieved? We, at Reach, believe from the evidence of our knowledge, research, and clinical experience, that there is a direct correlation between the therapist's personal growth and development and what they can offer the therapeutic process. In other words, it is not a matter of simply having the necessary training and qualifications, although they are of course important and need to be pursued. The therapist should realise that the extent to which s/he has walked the tightrope of self-examination and looked into his/her own abyss, determines whether it is possible to take the client to the places where s/he needs to go. If that personal journey is lacking, then only a theoretical perspective can be brought to the client's reality and there is a qualitative difference between a theoretical position and one where the therapist has experienced facing her/his own demons. How can we have advanced empathy if we have not walked into the darkest corridors of our own minds and felt the pain, sadness, and struggle that these dark places present us with?

The Reach approach to supervision is in no way a criticism of supervision in all its shapes and forms. We accept like most of the profession that supervision makes counselling and psychotherapy a safe, more effective, and creative tool which puts clients' safety where it should be, at the top of the agenda, and ensures that therapists do not become complacent or arrogant with regard to their professional development. Having said this, however, we believe that the greatest asset and resource that sits in the room with the client at any moment in time is the therapist, who can facilitate the journey towards the client's own solution only to the extent that s/he has taken his/her own journey. We are not saying that someone who hasn't done this cannot help, we are however saying that the quality of that help cannot be the same as someone who has made that journey.

It is also important to add that even those who have walked the path of self-discovery need to practise expanding their self-awareness in an on-going way and so develop the skills of monitoring their inner processes. In this way they are best placed to prevent their own 'stuff getting in the way of their therapeutic relationships and the therapeutic movement of the client. Therefore, in addition to examining the dynamics of the therapeutic alliance, focus on increasing self-awareness in this regard is a primary responsibility of the supervision.

What the therapist brings to the process unquestionably influences the outcome for the client because of the power the therapist has in the therapeutic relationship.