

We can look at this area of our work using the College Curriculum model of Knowledge, Attitudes & Skills:

KNOWLEDGE

- knowledge of the College's specific requirements of supervisors and regarding supervision
- theoretical knowledge about what works in supervision – from articles, texts, workshops
- practical knowledge - from own experience and peer discussions
- knowledge about dynamic processes in any 1:1 supervisory relationship from our psychotherapy training and experience (transference, counter-transference, parallel process, defences) and in systems and teams (group dynamic processes etc.)
- knowledge about the College requirements – the assessments, case-histories and exams - that registrars need to achieve at each stage
- knowledge of each particular registrar personally (develops over the first weeks or months):
 - ⇒ their stage of training and their prior training and life experience
 - ⇒ their particular strengths
 - ⇒ problem issues or concerns – newly detected or passed on from prior supervisor
 - ⇒ particular stressors on the registrar that need to be taken into account

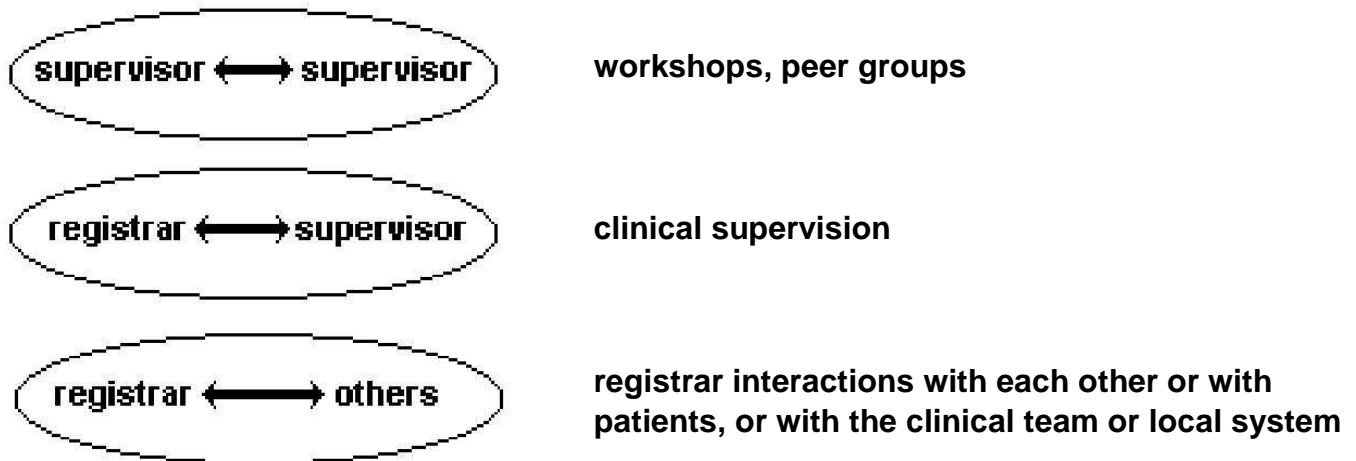
ATTITUDES

- *responsibility* to the registrar, to the Training Committee/College and to our employers for providing:
 - ⇒ support and structure
 - ⇒ teaching and development of skills
 - ⇒ modelling and leadership
 - ⇒ availability and approachability
 - ⇒ arranging supervisory cover if away
 - ⇒ regularity and punctuality of sessions
 - ⇒ honesty, clarity and balance in feedback
- *ethics* of the relationship
 - ⇒ power issues inherent in the feedback and monitoring process – honesty, fairness, no bullying
 - ⇒ avoidance of sexual relationships with current registrar (see: Fellowships Board Ethical Guide)
 - ⇒ avoidance of exploitation of the trainee via work overload, excessive demands etc.
- *confidentiality* - of disclosures within supervision - and how/when to breach this (eg. re patient safety)
- *gender issues* - sensitivity to these in the supervisory relationship
- *cultural issues* - sensitivity to these esp. for registrars from another cultural background

SKILLS

- ability to model how to do interviews and to use this with trainees for teaching
 - ability to do observed interviews with registrar and to use this with them for feedback and teaching
 - ability to teach and encourage registrars to think for themselves and take responsibility
 - ability to teach and model evidence-based practice
 - ability to teach and model the art of psychiatry
 - ability to encourage interest, enthusiasm and wider reading
 - ability to model and teach presentation skills
 - ability to model and teach formulation skills
 - ability to model and teach management planning and treatment skills
 - ability to give useful, clear and balanced feedback
 - ability to use psychotherapy skills to manage dynamic issues which may arise (see over) to assist the registrar without allowing supervision to become a defacto psychotherapy
 - ability to maintain appropriate boundaries
 - ability to provide remediation for a struggling registrar or where exam remediation is needed
 - ability to provide mentoring and career counselling as appropriate for the registrar
 - (and of course) ability to model how to supervise
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SOME THOUGHTS ABOUT DYNAMIC ISSUES IN CLINICAL SUPERVISION



Parallel Process:

These are some ways in which what occurs in the supervision relationship mirrors the trainee's clinical work with patients. This occurs in general supervision, not just psychotherapy supervision, but it may be less well recognised in the general context.

Issues can be reflected upwards - i.e. a very needy and dependant patient can make the trainee needy and wanting to be "fed" answers on how to manage the patient, in supervision. Other examples would be the trainee mirroring a chaotic or dysfunctional team dynamic in supervision eg. by acting out, splitting, behaving chaotically, or acting so as to provoke limit setting.

Although not true "parallel process" in the strict psychodynamic sense, issues can also be reflected downwards by the supervisor modelling skills in supervision which the trainee then takes away and uses with patients without these being consciously "taught". For example a stiff and anxious trainee might learn by experience from supervision that the use of humour and warmth is acceptable, so gradually become more able to interact more flexibly with their patients.

Parallel process interactions generally need to be identified and then carefully raised directly with the trainee during supervision, often presented as a theory, in the same way that process interpretations in therapy are suggested gently rather than dogmatically.

At other times, these process issues may have to be dealt with non-verbally, for example with a fragile or defensive trainee or one from another culture who is initially unused to receiving process interpretations from authority figures. Other ways to address these issues are via teaching by example (e.g. by modelling the desired behaviour) or by addressing the problem behaviour at a cognitive level rather than by interpretation of underlying dynamics. For example, in the example of the "needy" trainee as above who wants "answers", it may be sufficient to say that they will learn more from problem-solving with you to find solutions during supervision, rather than by just receiving direct advice – as opposed to also interpreting the parallel process occurring vis à vis the patient.

Other Dynamics:

Transference and countertransference issues occur in all relationships, but most particularly in those mimicking parent-child situations where power is unequal. Supervisors need to be alert to this and to be sufficiently self-aware - and to use their own supervision or peer-review - to detect countertransference reactions or discomfort so as a) to contain these and not act upon them and b) to use these reactions as a "radar" so as to detect dynamic issues arising in supervision which might otherwise impede its process. As above, sometimes the issues can be addressed and interpreted directly, sometimes they may need to be dealt with more obliquely via modelling, limit-setting or addressing specific behaviour. If there are significant within-trainee psychological issues, even if at first a trainee is unable to deal with these, at some point they will need to be addressed if the trainee is to be safe working with patients in the longer-term. Supervisors should thus discuss such concerns with their Director or Coordinator of Training or at Supervisor Peer Review so as to determine how best to deal with them, or at least alert the subsequent supervisor.