

Supporting robust supervision practice

Cathy Sparkes and Sam Simpson share their perspectives on supervision and the revised RCSLT guidelines

As strong advocates for regular, high-quality supervision, we are keen to examine the timing and impact of the 2012 RCSLT guidelines on speech and language therapy practice. Here, we share some of our thoughts and provide a platform for SLTs from NHS and independent contexts to give their views on the importance of supervision. We hope to inspire you to take a closer look at the guidelines and re-evaluate the adequacy of your own supervision arrangements.

Clear and comprehensive

We have been proactive in accessing frequent, ongoing and varied supervision since qualification, have created supervision-friendly cultures in the departments we have worked in and provided managerial and clinical supervision to others throughout our careers. The revised RCSLT supervision guidelines are clear and comprehensive and we welcome their arrival. They clearly differentiate line management and

clinical (non-managerial) supervision from professional support, detail minimal ethical standards, refer to the competency-based transitional framework for newly-qualified practitioners (NQPs) and provide a useful table summarising supervision and support. We encourage each individual to familiarise themselves with the guidelines, but also recommend each service reflects on whether they are adhering to the service standards outlined in the document.

Intensity of supervision

We would like to highlight one aspect of the guidelines: Standard 14:

'SLTs access an appropriate form of clinical supervision at least once every 12 weeks'. (For therapists with a predominantly counselling role, one-and-a-half-hours per month is an appropriate level of supervision, but this may need to be increased depending on caseload)

In our view the clinical supervision minimal standard of once every three months is too low. We, therefore, welcome the subsequent qualification and recognition that the intensity of supervision changes as a practitioner develops their expertise, goes through transitional periods or extends the demands of their work and roles. We strongly believe the frequency of supervision needs to reflect:

- The practitioner's level of experience, competence and training within a particular field/specialist area.
- The practitioner's caseload at a particular point in time (for example, the number of clients, nature of the work, complexity, emotional intensity).
- The nature and range of roles required by the practitioner.
- The practitioner's work context (for example, full or part time, in isolation or as part of a team, availability of informal support and advice, and joint

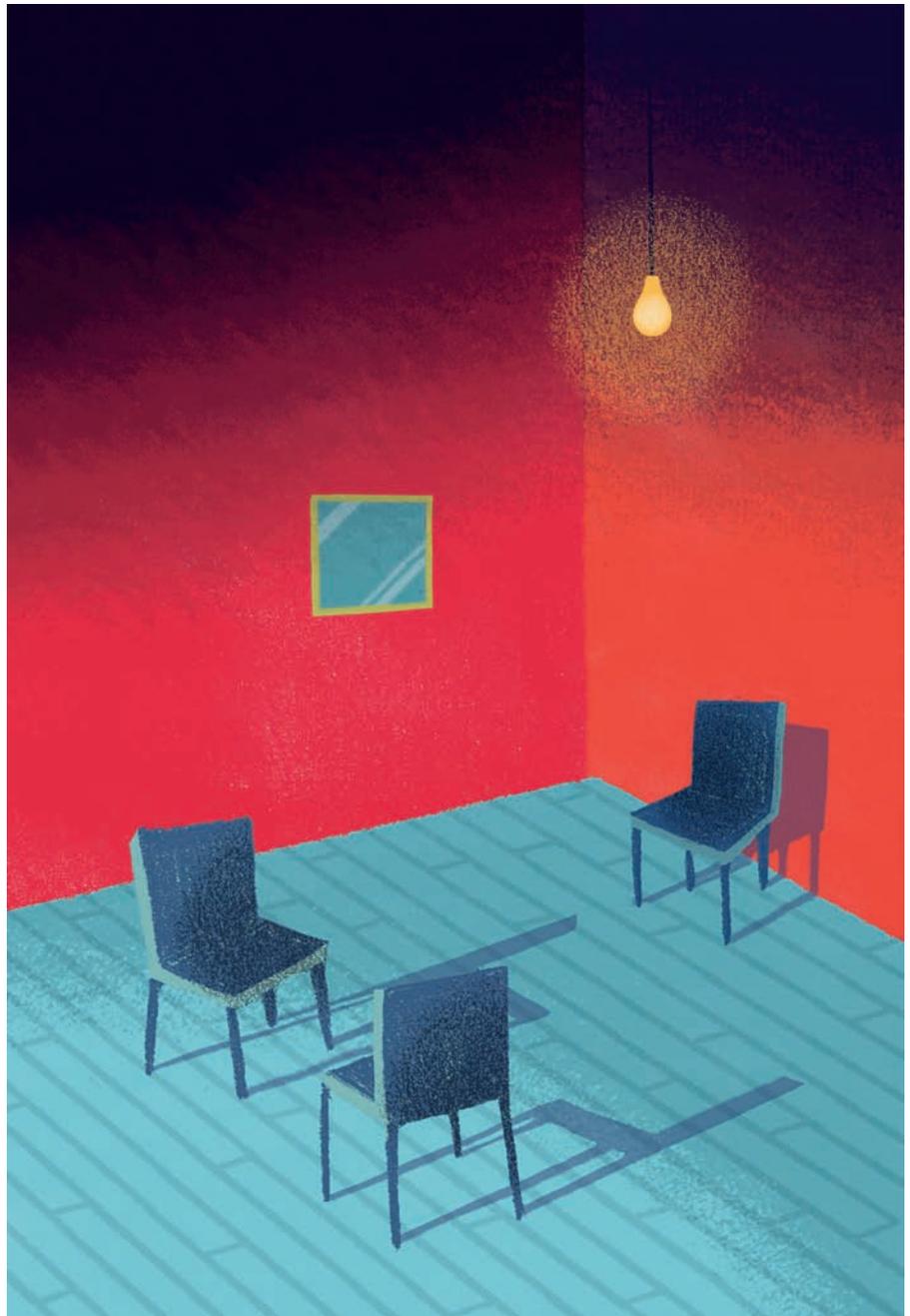


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working opportunities).

- The practitioner's personal context (for example, specific difficulties encountered in either the work domain or personal life).

Consequently, we recommend each individual practitioner reviews regularly the adequacy of their supervisory arrangement over time; not only the frequency of sessions, but also the quality and style of the supervision accessed.

Changing needs

Our experience of offering an independent supervision service over the past 10 years has highlighted several changes in supervisees' needs. Many therapists who access our service have either never received regular clinical/personal supervision or have received supervision of a style, quality and frequency that was inadequate for their needs and the demands of their role. SLTs are more acutely aware of the importance of supervision in the face of increasing work pressures, and limited time and financial resources. In our experience, an increasing number of therapists self-fund their supervision or access regular supervision rather than use their allocated continuing professional development funds for courses.

We have observed a clear shift away from specific clinical dilemmas and issues. Recurrent themes include navigating the realities and challenges of working in the current NHS, negotiating complex and demanding team dynamics, the stresses and emotional intensity of work, and future uncertainty. The role of supervision has now extended to one that supports and facilitates emotional resilience, opens up possibilities where there seem to be very few and fosters an individual's personal/professional resources to manage change.

“Supervision keeps me fed and watered and still in the game”

Broadening the discourse

Here are personal reflections from SLTs working in both the NHS and independent sectors on the importance of supervision in the current climate:

Regular commitment: “I feel it is important to make this regular commitment to myself as it challenges me to affirm what has gone well, to see things from a different angle, to learn from things that have been challenging and to gain new ideas. Regular supervision has taught me new ways of approaching particular clinical cases, helped me resolve dilemmas and restored my confidence and motivation to continue working as an SLT.” *Lucy Skelton*

Self-nourishment and transformation: “Supervision keeps me fed and watered and still in the game. Without it I think I would possibly start to wilt and eventually cease to function. It has transformed me from a hard-working and dedicated therapist who felt very confused, misunderstood and angry about decisions I felt were made for me – into a confident, focused and assertive practitioner.” *Anonymous*

A safe place: “I feel the therapists I have known who leave their jobs or the profession have lacked the supervision and support they needed to work through their issues. Aside from the mindfulness about maintaining the quality of your work that naturally comes from regular supervision, you have a ‘safe’ place to articulate your concerns and grow stronger from this, rather than giving up.” *Marianne Brown*

Empowerment: “During my years in the NHS, carving out time for supervision became harder as my seniority and responsibilities increased. This had the potential to lead to feelings of isolation and create a barrier to learning. Prior to joining the independent sector I sought out external supervision and this has allowed me to stand back and look at the bigger picture, to explore my clinical/personal strengths and areas for development.” *Felicity Parsons*

Self-care as a priority: “With changes in the NHS it is challenging to keep time for supervision. I still feel this needs to be prioritised and I make sure supervision for my team is a priority. With pressure in the NHS increasing, I feel it is even more important to prevent burn out, poor decisions due to stress, and ultimately the loss of SLTs from the profession.” *Anonymous*

Self-scrutiny: “I continue to find supervision vital in giving me explicit permission, time, space and the discipline to examine and reflect on my practice. It allows me to be challenged, understand problems and devise plans to learn and deal with things differently. When I was younger, I had to lobby for access to supervision. It was regarded as proof of weakness and a lack of capability to ask for it. I hope very much that those days are gone.” *Jean Kerr*

There is also a current thirst for information regarding supervision theory and practice. More individual NHS and independent SLTs are attending our supervision courses and we are regularly commissioned by speech and language therapy and multidisciplinary departments who want their staff to access training in order to shape their organisation's supervision culture and practice.

Implications for supervision practice

The new guidelines give educational establishments, all NHS and independent SLTs in practice, departments and wider organisations an opportunity to review their current supervision teaching, culture and practice. For those who are keen to reconsider their current policies, they offer mechanisms for reviewing and updating standards and approaches. Importantly, the new guidelines give a voice not only

to NQPs, but to all SLTs who are keen to increase the quantity and quality of the supervision they receive. They also address the need for those in practice to receive training and supervision of a high enough quality that they in turn feel equipped to offer good quality supervision to others.

We welcome a dialogue with those of you who have an opinion regarding supervision in the current climate or the new RCSLT guidelines. Join the debate on Twitter (#RCSLTsupervise) and @_intandem ■

Cathy Sparkes and Sam Simpson.
Email: info@intandem.co.uk



References & resources

Royal College of Speech and Language Therapists. *Supervision guidelines for speech and language therapists*. London: RCSLT, 2012. Available online: <http://tinyurl.com/azvc6lh>