

Supervision Guidelines for Psychosexual Therapists

1. What is Supervision?

Clinical supervision is contractual and collaborative. It monitors, develops, and supports psychosexual therapists in their clinical role. In clinical supervision the central focus is on the optimum treatment outcome for the client, as well as the professional development and self-care of the supervisee.

Clinical supervision encompasses several components and includes a formal agreement between supervisor and supervisee. It is an opportunity for the supervisee to present relevant material with regards to their clinical practice via case discussion, recordings of client sessions, role plays, and allows a space for reflective review by the supervisee and feedback by the supervisor. The supervisory relationship and process of supervision need to be congruent with the developmental needs of the supervisee.

2. Supervision

To maintain accreditation status, members must engage in formal supervision each year, meeting the below criteria:

- Clinicians with a minimum of 5 years post graduate psychotherapeutic experience in sexology may elect to have either 5 hours of individual formal supervision, or 5 hours of formal small group facilitated supervision with less than 6 individuals with a designated supervisor, plus a minimum of 10 hours of peer supervision.
- Clinicians with less than 5 years post graduate psychotherapeutic experience in sexology are required to engage in a minimum of 5 hours of individual supervision, plus a minimum of 10 hours of peer supervision, or formal small group facilitated supervision with less than 6 individuals with a designated supervisor.
- The supervisor needs to be approved by the Society of Australian Sexologists Ltd and submit a SAS Supervisor Recognition Request Form.

3. Definition of Supervision Styles

Individual Supervision

Individual supervision refers to clinical supervision undertaken by an individual supervisee with a designated supervisor. The supervisor will most often be a more senior clinician or have acquired more experience in a specialist area of practice. Senior practitioners may well choose a supervisor of equal experience whereby the supervision lends itself as a space for reflection and for gaining alternative perspectives.

Peer Supervision

Peer supervision refers a reciprocal supervision process where peers work together for mutual benefit, rotating the role of supervisor. This is a formal process where therapists contract to provide collegial critiquing and enhancement of each other's clinical work. Peer supervision can be undertaken as a dyad or within a small group of up to six to ten members. Peer supervision is considered more beneficial for experienced therapists than for novice therapists.

Group Supervision

Group supervision has a designated supervisor who provides supervision and facilitates the group supervision process. Group supervision can be comprised of two to six supervisee members.

4. Supervisor Requirements

A supervisor is a practitioner with a minimum of 5 years clinical experience who has supervision competencies which satisfy the requirements of the SAS Ltd Supervision Standards. The supervisor is generally seen to have more experience than the supervisee with regard to professional seniority, skill development and possibly within a particular speciality, although senior practitioners might select a supervisor of equal status.

A group supervisor who facilitates a group of supervisees, in addition to the requirements for supervisor, a group supervisor also has specific skills to conduct the group process and to manage any group dynamics that arise.

Training and Experience

A supervisor must be able to situate their supervision theory and practice modality within the broader field of psychosexual therapy, counselling and supervision models and will have deepened their understanding of relevant theories. Training in supervision practice needs to be informed by the theories and models of supervision and the link between theory and practice.

Ideally, a supervisor has completed a course in supervision with a minimum of 39 hours of content. All supervisors must be able to meet the following competencies:

- Ability to structure supervision sessions
- Ability to facilitate the supervisee to present information about their clinical work
- Ability to facilitate the supervisee to reflect on their work and on the process of supervision
- Ability to help the supervisee practise specific clinical skills
- Ability to use a range of methods to give accurate and constructive feedback
- Ability to employ educational principles to enhance learning
- Ability to conduct supervision across a variety of formats such as direct observation and web based technologies
- Ability to conduct supervision across the variety of client presentations such as individuals, couples, family and group
- Ability to supervise across a range of counselling and psychotherapy modalities
- Ability to enhance ethical practice
- Ability to foster competence in working with difference
- Ability to adapt supervision to the organisational and governance context
- Ability to form and maintain a supervisory alliance
- Ability to manage threats to the supervisory alliance
- Ability to assess the supervisee's level of competence
- Ability to apply standards
- Ability to support the supervisee's ability to manage their caseload
- Ability to detect and support personal and professional issues which could impact on the supervisee's capacities
- Ability for supervisor to reflect and act on limitations in own knowledge and experience
- Ability to be aware of and act on potential sources of evaluation bias