

## **HCPC REGISTERED ART THERAPIST GUIDELINES FOR SUPERVISION**

**Revised June 2019 - To be reviewed June 2022**

### **Supervision**

**All HCPC Registered Art Therapists are required by The British Association of Art Therapists' (BAAT) Code of Ethics to undertake supervision for the protection of the service users that the Art Therapist sees on behalf of their employer or on behalf of the service user if the Art Therapist works privately. The HCPC mandatory standard 11.3 requires that arts therapists 'understand the role and value of ongoing clinical supervision in an arts therapy context'**

Supervision is required to support the protection and welfare of service users, for good clinical practice and to contribute towards the continuing working development (CPD) of the Art Therapist. Provision of supervision falls into two categories: clinical supervision and managerial supervision, although some tasks will be common to both (see organisational issues and report writing). Both types of supervision are necessary in order to function well within a multi-disciplinary setting if employed. If working in private practice, some aspects of managerial supervision such as management of caseload will still be relevant and need to be provided. For guidelines about the supervision of trainees on practice placement, please see: **Guidelines for workplace placement Supervisors of Art Therapy Trainees.**

### **Clinical Supervision**

The main aim of Clinical supervision is to support safe and best practice. To this end, Clinical Supervision provides time in which the supervisee's practice may be enhanced by supporting the supervisee:

- To consider risk assessment and risk management.
- To develop formulation skills.
- To expand their range of clinical techniques
- To enhance the effectiveness of their interventions
- To understand, in relation to the client group they are working with, what kinds of practice are supported by evidence
- To expand theoretical understanding.
- To enhance their ability to monitor their own practice i.e. to develop their 'internal supervisor', including looking at ingrained patterns of practice and challenging them where relevant.
- To examine the therapeutic relationship between therapist and service user and the way in which these impacts on the progress of the therapy.
- To reflect on the impact that culture and difference may have on the work.
- To understand organisational issues that affect the work context and how these impact on the clinical work.
- To reflect whenever relevant on potential impact of work-related stress on supervisee's mental and physical health, risk of Burnout and levels of compassion.
- To endeavour to comply with the supervisee's code of professional practice and the delivery of a safe service to clients.
- To process and analyse the clinical material and its expression through the particular art form.
- Periodically to review the original aims of the therapy and discuss time scales of the

intervention.

- To mark turning points within the therapeutic relationship.
- To provide a framework for understanding the unspoken process and agendas.
- To decide on appropriate changes and adjustments within practice.
- To understand the need to engage service users and carers in planning and evaluating diagnostics and assessment outcomes to meet their needs and goals
- To evaluate whether these changes have been appropriately implemented.
- To engage with preparing appropriate feedback and verbal and written reports to colleagues.
- To support further learning and professional development of supervisee.

### **Managerial Supervision**

Managerial supervision is set in place to provide the following:

- To review day-to-day operational and administrative tasks and to address areas of difficulty arising.
  - To have constructive feedback on clinical reports.
  - To ensure professional guidelines on note writing, confidentiality, etc. are being adhered to.
  - To discuss the future development of the supervisee's work and feedback on new developments.
  - To set tasks and targets for the supervisee's professional role development.
  - To look at needs for training and development.
  - To monitor levels of stress.
  - To give mutually constructive feedback and to agree actions.
- To discuss levels of satisfaction within the workplace and organisational dynamics.

### **Legal, regulatory and professional frameworks**

Supervision should support supervisees to adhere relevant legal, regulatory and professional frameworks including the Health and Care Professions Council Standards of Professional practice and the BAAT Code of Ethics.

### **Mutual expectations of Supervisees and Supervisors**

Below is a list of some of the mutual expectations supervisees and supervisors may have of each other. This is not an exhaustive list and other expectations may be added to the supervisory contract (see below).

Supervisors should:

- a) Work within the scope of their professional knowledge, skills and competence.
- b) Provide regular, punctual and reliable supervision, in a space where confidential issues may be freely and safely shared.
- c) Keep up-to-date with all relevant legislation affecting practice, including Safeguarding and GDPR, and be able to advise supervisees appropriately.
- d) Have some knowledge and understanding of the organisations within which their supervisees practice.
- e) Have current and contemporary clinical practice pertaining to the work of their supervisees (see section on 'Who can supervise an art therapist?').

- f) Support the exploration of service users' artworks and the use of art within supervision as an essential component of good art therapy supervisory practice.
- g) Avoid repeated and late cancellation of supervision sessions.
- h) Ensure a culture of trust and openness in supervision, where challenging issues are explored, and positive work acknowledged.
- i) Ensure that the supervisee's service users remain the primary focus of supervision – although addressing counter-transference issues is part of supervision, supervisors need to ensure that these do not become the main focus of supervision, thereby blurring boundaries between supervision and therapy.
- j) Not profit from or exploit the supervisee sexually, emotionally, financially or in any other manner.
- k) Be aware of power dynamics in a supervisory relationship and be able to explore this with the supervisee when appropriate
- l) Hold in mind supervisee's professional and personal wellbeing and raise any practice concerns at the earliest stage.
- m) Follow professional and statutory guidance when needing to raise concerns (see section below on 'What if the Supervisor has concerns about the supervisee?')

Supervisees should:

- a) Attend supervision regularly and avoid frequent cancellation of sessions.
- b) Be an active participant in supervision.
- c) Ensure that clients are the primary focus of supervision, even when exploring counter-transference issues.
- d) Endeavour to bring artworks to supervision (or when not possible, digital copies or hand drawn reproductions) and explore their own artmaking as a component of good supervision.
- e) Be honest and open about challenges.
- f) Disclose any concerns about boundary issues or risks with clients and themselves if this issue arises.
- g) Implement learning from supervision in their practice as part of continuing professional development.
- h) Raise any concerns about the supervisory relationship initially with their supervisor and seek advice from their organisation and/or professional body if these are not resolved.

### **Legal Responsibility regarding Disclosure**

Any Art Therapist working with service users has a legal responsibility regarding disclosure (e.g. physical, emotional, sexual abuse, safeguarding issues, etc.). The Art Therapist must seek advice, be that from their supervisor, line manager, clinical lead, local child protection team or an appropriately competent colleague conversant with the current appropriate legal Acts addressing the protection of children, vulnerable adults and elders within the UK Country of practice. We therefore expect all art therapists' supervisors, including those in private practice, to be up-to-date with Safeguarding legislation regarding the client groups they supervise.

### **Who can Supervise the Art Therapist? Art Therapists who are (S) Registered**

The Art Therapist, wherever possible, should be supervised by an experienced Art Therapist who is an accredited (S) supervisor. This symbol denotes that the supervisor has applied for and met the criteria outlined by BAAT Council for registration. **(S)** Registered Art Therapists

have considerable clinical experience and listing details can be found on the BAAT website. Although historically supervisors have learnt 'on the job' and have used their own experience of supervision to become supervisors, circumstances have changed: as practice is now increasingly subject to statutory regulation. **Therefore, BAAT now recommends that supervisors should undergo some training in supervision in order to supervise others. BAAT now requires at least a basic training in supervision in order to be registered as a Private Supervisor.** This training can be taken with any suitable local provider and does not have to be art therapy based. **Please note:** one cannot supervise a personal friend, relative, spouse or partner – any personal relationship, including friendship, would impact on the integrity of the supervision.

As practice in the workplace is changing rapidly, supervisors who are no longer actively practicing in their clinical field should consider if their scope for supervision practice is suitably up-to-date and bear in mind any implications, statutory or otherwise, that this would have for the supervisee. Supervisors should always work within their area of competence and if out-of-practice with a specific client group for more than 3 years, should desist from supervising clinicians working in this field.

#### **What if there is no Art Therapist who can supervise?**

BAAT recognises that it is not always possible for some Art Therapists to have access to a supervisor who is **(S)** registered and trained and they may therefore seek supervision from an experienced and noted supervisor. In such cases BAAT strongly recommends that the supervisor should have a training and experience compatible with the approach that will be appropriate for the client group and have undergone supervision themselves as part of their training.

#### **Artworks and artmaking in art therapy supervision**

Bringing actual art objects (and returning them safely) to supervision is part of good supervisory practice, which is detrimentally affected when this cannot happen as an essential component of the work is missing. Service users need to be informed that their artworks get taken to supervision and safely returned as part of good practice and this is not something that can be offered as a choice in terms of treatment consent.

However, if working in organisational contexts when this is not possible, supervisees can make digital records of artworks but will need to get informed signed consent from service users to do this as it differs from bringing actual artwork because of issues of circulation and replicability. The information needs to include details about how these will be kept on password protected devices and deleted immediately after the supervision session. If the service user refuses to give consent for this, the art therapist can draw a copy of artwork to take to the session to give the supervisor a sense of the artwork and destroy it afterwards.

BAAT also supports the use of supervisees' artmaking as a positive component of good supervisory practice. This can include images made as a counter-transference response to clinical material as well as artmaking during the supervision session.

#### **Supervision on online platforms**

Online platforms are an excellent way to ensure that art therapists who live in isolated areas or who need specialist input can access the right supervision and many supervisors now provide this facility. When arranging supervision online, BAAT recommends considering these points:

- Ensure that the online platform you use is secure
- Refrain from using clients' real names
- Obtain informed consent from clients to photograph their artworks for supervision and include the protocol used to share photos securely with supervisor and how the digital photos will be disposed of by both supervisee and supervisor.

### **How much supervision?**

Most art therapists work within organisations and therefore supervision does not only address client's issues but also includes topics such as team and organisational dynamics that impact on the work. Supervision works best when sessions are regular and frequent enough to allow a thorough exploration of clinical issues. Ideally, an hour a fortnight would be recommended to art therapists working between 3 to 5 days. For art therapists working between 1 to 2 days, we suggest at least an hour per month. The amount of supervision also needs to be regularly reviewed by both supervisor and supervisee to check if it still meets the needs of the supervisee and the size of their caseload.

### **Newly Qualified Art Therapists**

For newly qualified Art Therapists, supervision does not mean that every service user seen is individually discussed. Supervision provides the opportunity to look in depth at a particular service user as the need arises. At the same time, the supervisor is there to discuss any work-related problems that may arise, and/or other areas of uncertainty.

### **Length of Supervisory Sessions**

As a general rule, the length of each supervisory session depends on whether or not the Art Therapist is taking an individual, or a group session to supervision. In the case of an individual or individuals, supervision lasts for one hour. Normally group sessions last for 1½ hours to 2 hours and correspondingly the supervision time received would be for the same amount or time. There are however groups where the session lasts for a much longer time, i.e. 2½ hours, weekly. In such cases it is up to the Art Therapist to establish how many sessions, and for how long they may last.

### **HCPC statutory standards of proficiency and of conduct, performance and ethics**

If supervising art therapists, supervisor should be aware of these HCPC standards and ensure that their supervisees are too. These standards define our scope of practice and are useful to ensure best practice and professional conduct.

### **Peer Supervision**

BAAT wishes to make the distinction between peer supervision, which is an extension of the working relationship between members of the same service **and** the supervised practice of a group of Art Therapist peers belonging to the same service or private practice. BAAT recognises the respective value of both forms of supervision but emphasises that peer supervision alone is not advisable and should be supplemented by some other formal supervision (this does not need to be frequent but should be regular). If the Art Therapists are of equal standing and working for the same service or in a private practice together, BAAT recommends that they do not seek supervision from an Art Therapist whom they work alongside, because of the constraints of their established working relationship. In some circumstances it may be advisable to use an external supervisor. External supervisors should have clear lines of accountability to therapists' managers (see section below on '**Relationship with the organisation for External Supervisors**').

### **Private Practice Supervision**

Where a group of Art Therapists work together in private practice, BAAT strongly recommends that an external supervisor be sought. This recommendation is made so that the group practice does not unconsciously collude together on issues relevant to their practice, which may in turn remain unspoken of.

### **Sessional Workers**

All Art Therapists, whether working with individuals or with groups, are required by the statement of the Code of Ethics of the British Association of Art Therapists to undertake supervision of their work. Sessional workers need to negotiate with their employer, **before** employment commences, what supervision they will require during their term of employment, and to make supervision arrangements accordingly. **Please note: if self-employed, supervision costs should be included in the fee charged by the Art Therapist and not paid separately by the employer, as this may affect the self-employed status. (see the BAAT Guidelines for Sessional Workers for more details)**

**Employers should be aware that clinical supervision is undertaken for the following reasons.**

- For the protection of the employer's service users during the time they see an Art Therapist
- To gain greater understanding of the individuals seen on behalf of the employer,
- To ensure that further psychological understanding and knowledge is gained.
- The Code of Ethics of The British Association of Art Therapists, requires State Registered Art Therapists to undertake supervision.

### **Employer Supervision**

The employer in agreement with the Art Therapist is also free to suggest that the Art Therapist receives supervision from a supervisor in their employment who shares the same practice perspective or has compatible training and has kept up-to-date with practice in their own field.

- Supervision contracts, accountability and responsibility.

BAAT recommends that any agreement for supervision should be made as a written formal contract agreed by both parties. Even working in an organisation (as employed or self-employed), we advise avoiding informal arrangements: as a supervisor, although you are not responsible if a supervisee actively withholds information from you and is investigated by a regulator, you may still be accountable and be asked how you conducted your supervision and which measures you took to monitor the supervisee's work. A formal contract should therefore include (the following list is not exhaustive):

- Agreed frequency of sessions
- Cancellation policy (how much notice both parties expect and what charges will be met if cancellation is done at short notice)
- Agreed scope for supervision (caseload, which organisations will be included)
- A list of mutual expectations for supervisees/supervisors
- A agreement to regularly review the supervisory relationship and to decide if this still meets the needs of the supervisee.
- A protocol on what happens if there are concerns about practice for both parties, including which manager/team leader this should be reported if working within an organisation.



## **Confidentiality**

### **Supervisor's confidentiality in relation to all supervised Art Therapists**

Reasonable confidentiality in relation to the supervisee and service user takes precedence in all cases, should any concerns arise about the supervisee's practice. Before supervision begins, the supervisor should inform the supervisee what action they will be obliged to take if any irregularities occur in the supervisee's practice (see below), and of the limits of confidentiality in relation to the workplace setting.

### **What if the Supervisor has concerns about the supervisee?**

Where the supervisor has concerns about the practice of the supervisee, confidentiality may be broken in order to protect the service user. It is the duty of the supervisor to inform the supervisee that they are obliged, firstly, to make their concerns known to the supervisee's Line Manager/employer. In all cases, including Private and Independent Art Therapists, if concerns about service user's or supervisee's safety persist after being raised with the supervisee, the supervisor is duty bound as a State Regulated professional to contact the Health and Care Professions Council to report these concerns. Failure to do so may make the supervisor liable for any harm that would ensue from non-action.

### **What if the Supervisee has concerns about the supervisor?**

Concerns about supervisors may also arise. This may include concerns about the quality and reliability of the supervisor's knowledge, skills and advice. It may also relate to concerns about professional conduct such as frequent and unexplained cancelling of sessions, coercive behaviour (for instance, supervisor promoting own issues), bullying behaviour (such as undermining the supervisee's confidence) and breaking of professional boundaries (such as attempting to start a personal relationship). For qualified practitioners, we advise following the same protocol as above: raising concerns first with supervisor and then contacting the Health and Care Professions Council if concerns persist.

## **Record keeping**

Supervisors are responsible for maintaining a record of the supervision, whilst ensuring the confidentiality of the service user by using a pseudonym, initials, or first name only. Supervisors should have a good knowledge of the BAAT guidelines on GDPR and ensure that their supervisees have a good working knowledge of these too. BAAT advises art therapists who are supervisors to keep written records of supervision sessions which should be agreed and signed by supervisor and supervisees. BAAT has provided a template for this which can be adapted and edited. Due to the nature of supervision, supervisors are also responsible for maintaining the confidentiality of the therapist, unless serious concerns arise about their supervisee.

## **Professional Indemnity Insurance**

All HCPC registered art therapists have to have by law personal professional indemnity insurance (PII). If working as self-employed practitioners, supervisors will need to have PII and this will be audited by the HCPC by registrants signing a declaration confirming PII. All employed art therapists are advised to check with their employers if they are covered by their employers' vicarious responsibility insurance policies. BAAT recommends that all art therapists, whether employed or self-employed, should have their own PII. BAAT members should also be aware that the legal framework for vulnerable clients to take action against their therapists after the end of therapy is 19 (nineteen) years. Not all insurers extend their cover to apply to retirement and in some policies, PII is only valid at the time of a complaint,

so even if an Art Therapist was duly insured whilst seeing clients (or supervising the clinical work), what matters is whether the therapist has PII cover at the time of a complaint. BAAT recommends that members check what their insurance policy states in terms of cover when retired and purchase special 'cover for life' PII on retirement if not provided by their current policy, or end of clinical/supervisory practice.

### **Storage of Supervision Records**

Records will be kept in a separate file to that of the service user and will only be made accessible if the therapist's practice comes into question, or if they are involved in legal proceedings.

### **Supervision and Training Supervision Charges**

Charges made for supervision vary, according to experience and whether the supervisor has special rates for supervising certain individuals, such as trainees. Supervision costs from around fifty to seventy Pounds per hour) according to experience and location. Before seeking a supervisor, the Art Therapist and/or employer are advised to check that the supervisor chosen is a State Registered Art Therapist and recognised by BAAT as having **(S)** registration. After that, ask other Art Therapists whom they would recommend. Find someone who you feel you can relate to, and do not be afraid to ask questions about their practice and qualifications when you first meet them.

### **Relationship with the organisation for External Supervisors**

Too often, organisational issues are seen as detracting from the real work of supervision which is narrowly defined as a focus on the client/therapist relationship. Therefore, the host organisation is kept at bay, with the external supervisor having little, if any, relationships with managers, team leaders, etc. Whilst this may not appear to be a problem when things are going well, it soon becomes one if there are any worries about the supervisee or supervisor. The advice for any external supervisor is to make sure that a link is established with managers and the organisation, so that any concerns can be quickly shared and discussed. Increasingly, organisations ask for regular supervision reports from external supervisors and this is becoming part of good practice (many have developed their own supervision feedback forms).