Assignment 1

Title: “Describe your philosophy of supervision within your profession and what theories underpin the way that you work. You are invited to draw upon and discuss your current role and experiences as a supervisor and your role(s) and experiences as a supervisee to illustrate your points”

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**Philosophy of Supervision**

**Introduction**

The requirement of review and redefinition of the philosophy that grounds my theoretical knowledge and practice has become ever more evident through the medium of supervision and reflection on my professional practice. In the context of this essay it is my intention to explore my philosophy and clarify the values and beliefs that underpin my professional and clinical practice as I seek to develop my role as a supervisor of therapeutic practice in psychotherapy and counselling.

The reflection and analysis that this essay requires offers me the opportunity to really consolidate my theoretical and practical understanding and application of the supervisory process when working with supervisee’s. I regard this assignment as an essential initial component of the overall development of the model of my practice as a psychotherapist and a supervisor.

Tudor & Worrall, (2004; 94) have challenged trainee supervisors to develop a philosophy of supervision that features a high level of congruence between their personal philosophy, their theoretical approach, their clinical work and their supervision practice. That is also the challenge inherent in this essay question.

To meet this challenge I shall discuss the theory and research about supervision to discover whether or not a change to my existing understanding and practice as a Supervisor will enhance my practice in relation to my self and that of my supervisee’s or clients.

I shall then describe my experience in relation to Supervision in a variety of differing roles, which are, Nurse Manager, Psychotherapist, Supervisee and Supervisor.
I shall discuss the four fundamental values that underpin my model of supervision which are client safety, client empowerment, modelling effective practice and congruence.

By critical analysis of the process model belonging to Hawkins & Shohet (2006) and the cyclic model belonging to Page and Wosket (1994) I conclude by reflecting on the application of these two models of supervision. These models sit in relation to the framework of my current and retrospective supervision practice.

The acquisition of clarity about the belief and values that I hold will enable me to act in a congruent way that will affect my practice professionally and personally enabling my work to embody effective therapeutic practice.

Theoretical Models Underpinning My Practice

This discussion describes how neurolinguistic psychotherapy organises my frame of reference and enables me to combine my previous experience working therapeutically as a nurse with my current practice as psychotherapist.

I have accumulated theory, skills and practice from the specific models aligned to these two professional approaches to client therapy. I perceive my practice as a neurolingistic psychotherapist to be one that operates from an eclectic approach to psychotherapeutic practice, whilst my nursing perspective was formed from my alignment with a holistic nursing model derived by Rogers (1970). This theoretical model is aligned with the science of holistic health, which underpins a bio-psycho-socio-spiritual paradigm. The study of Rogers model of nursing helped to formulate my understanding that each person is a holistic functioning being and that the subjective experience that relates to each individual is totally unique.

Through application in practice I have developed a more flexible and adaptable approach to communicating, listening and delivering physical and psychological care to each client I work with believing him or her to be uniquely individual. This is also the way that I now view each person I meet and also applies to the supervisee’s that I work with in supervision.

The neurolinguistic psychotherapeutic model is in essence an eclectic model that incorporates a generative modelling process as defined under a constructivist approach that recognises the study of subjective experience.
As a neurolinguistic psychotherapist and supervisor there are four pillars of therapy that I apply to my practice, which are cognitive linguistics, outcome orientation, systemic perspective and modelling.

By combining this model of therapy with my original philosophical stance, already formed as a nurse, I can now identify the integration of both models of therapy, thus believing to have widened the scope of my knowledge and practice.

Theory And Research

As supervisor in private practice, whilst mindful of the organisation that the supervisee may work for, it appears that my current approach to my role is one of supportive, educative, as I have no line managerial role for the supervisee in relation to an Organisation.

In a view expressed by (Holloway: 1995: 2) that in order to understand the purpose and structure of supervision a distinction is required in that supervision can either be Managerial in relation to an Organisation where the task of overseeing, directing and evaluating clinicians can apply. This form of supervision enables the supervisor to function as a managerial buffer; acting as a change agent within the organisation (Kadushin: 1985).

In contrast (Holloway: 1995: 3) states that clinical supervisors focus on professional development of the supervisees skills emphasising an educative and supportive function of the supervisor. Currently this is the approach that I am more aligned to however I recognise through the NLPTCA Ethical Code of Conduct for Supervisors (2009) that I am jointly responsible for the quality control of care delivery to the client by my supervisee. A managerial perspective could be perceived by the interpretation of overseeing a client caseload role when working with a trainee supervisee. I aim to take this into consideration when I work in the future with supervisee’s who are in training. On consideration of research into the supervision preferences of beginning and advanced supervisee’s, I aim to act flexibly in relation to the experience of the supervisees that I work with in the future. There appears to be a an argument made by most developmental models that supervisees require and prefer less structure in supervision as they gain experience is moderated by the personality traits of supervisees and the content of the supervision session as noted by Tracy and Colleagues (1989).
The dual experience of receiving and giving supervision has taught me that the process involved the sharing or exchange of knowledge, skills and competence enhancement suggestions that could be interpreted as an educational process and have had a positive influence on subsequent practice. This is endorsed in the work of Barmann and Hosford (1985) who as theorists saw supervision as ‘A teaching – learning situation or as an educational process’.

As a supervisor I seek to facilitate a mutual learning and sharing environment with the supervisee.

As a neurolinguistic psychotherapist I am aligned with the belief that openness to learning can mutually enhance the experience of supervision for both supervisor and supervisee. Hawkins and Shohet (2006) point out that it is important to recognise that supervision in itself can be considered a form of research on the affectivity of practice viewed as a form of action research.

One method of action research that can be applied my supervision and neurolinguistic therapy is derived from Heron (1996) in a research approach called co-operative enquiry, which is collaborative in nature. In this approach all involved in the process are seen as contributing with equal worth and value to the outcomes and reflection both internal and externally to the experience.

The need to provide a framework for the supervision is described by both Lang (1994) and Proctor (1997) as providing a fixed frame, which is termed the ground rules or contracting process. (Lang 1994; 3) states that ‘the most optimal approach to training psychotherapists is the creation of a secured frame supervisory situation in which the communicative principles of technique and frame – management are used for the supervisory session itself for the teaching of the supervisee’.

I now perceive that the initial setting and management of the ground rules for supervision are of paramount importance to the learning outcomes of the supervisee. On reflection of the application of this principle my in practice I have started to pay great attention to the following aspects of the frame; length of sessions, time management, fee discussion, facilitation of total privacy and confidentiality, ethical and legal issue discussion and the use and ownership of written notes regarding the sessions. This is not just discussion
but is a working demonstration of practice application; this is also facilitating an improvement of my skills in relation to my client sessions.

Proctor (1997) describes a series of ‘agreement variables’ that affect the supervision contract. Through the contracting process I have noticed that there develops an engaging and strengthening working connection between the supervisee and myself as supervisor. I seek to apply the approaches as described by Proctor (1997) who says ‘The respect, empathetic, understanding and authenticity which the supervisor brings to the task will determine the nature of the relationship established with the supervisee, and will be an important model for the way in which the counsellor creates rapport and establish working agreement with her clients’

In consideration of the research the conclusions I have drawn are that as a supervisor my approach should be to model reflective practice in a manner that is respectful, empathetic, understanding and congruent within a safe and open environment. This will facilitate honesty and disclosure of sensitive issues about the supervisees practice to safe guard the client and develop the professionalism of the therapist. This can be readily achieved by the use of a negotiated framework, which embodies contracting and boundary issues. In order to allow for the developmental stage of my supervisee’s I must be open to other counselling practices and models in conjunction with my own.

**Reflection on experience**

The reflection of my experience as a Practitioner working within the Healthcare industry explains the shaping of my current practice as a supervisor. The experience of various different approaches to supervision within my role as a nurse and then subsequently as a psychotherapist has influenced my knowledge and practice to date. My receipt of formalised supervision whilst practising as a nurse was limited and delivered within an Organisational and managed structure described by Hawkins and Shohet (2006) as managerial supervision. It could be suggested that the approach and implementation of this model of supervision was oppressive in nature. The following discussion of my experience of developing supervision within my role as a nurse manager provides explanation as to how I received and delivered supervision in my Clinical speciality.
As Proctor’s Interactive Model of Clinical supervision became influential as an opportunity for nurses wishing to access Clinical Supervision the three interactive functions of supervision were termed: Formative; an educative process, Restorative; a supportive approach and Normative; the managerial and quality control aspects of professional practice. (Proctor 1996).

In adopting this model of supervision, on reflection I believe the theory behind the model to be very robust and of value. In the application in practice, the reality of acting as a line manager and supervising staff that had not had the freedom of choice of their supervisor became a potential flaw in the process this approach to supervision in practice. I would suggest that this model, if misinterpreted, could facilitate an oppressive practice in supervision.

By 1993 clinical supervision in nursing was considered a necessary process following a Department of Health document ‘A Vision for the Future’ (DOH 1993) that directed ‘Clinical Supervision in Nursing is a formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and safety of care in complex clinical situations’ (DOH 1993). I agreed with the principles of supervision in nursing and now consider that they have promoted the reflection of practice, which has increased the quality of caring applied to patients within the NHS system.

By 1995 supervision in nursing had become a necessary directive for implementation within the profession by the United Kingdom central Council for Nursing and Midwifery and Health Visiting following recommendations from Butterworth and Faugier’s Clinical Supervision; position paper (1994)

From this time onwards, I was to receive and deliver supervision both as supervisee and supervisor despite a limited education or training in either capacity.

At this time I had a limited choice of supervisors whose supervision training was variable and was able to experience a directive and to some extent policed approach to the process. I can reflect that this placed personal limitations to self-disclosure within the supervisory relationship. On reflection this may well have also been the experience of my supervisee’s at the time. I experienced incongruence in my role as a nurse manager and supervisor of practice. This was duplicated when I experienced receiving supervision in this way, and I concluded that this form of supervision imposed a limitation on
the relationship and openness between the supervisor and supervisee, which I now consider in my practice as supervisor.

Copeland (2005; 19) states that ‘creating a succinct definition of counselling supervision within an organisation is a difficult task’

This reflects my experience of supervision within the nursing profession although as manager at this time I was able to actively encouraged staff to seek an additional supervisor outside the speciality to facilitate a freedom and openness of environment that they did not access with a line manager.

As my requirement for a different form of supervision emerged I sort external supervision that was self funded at this time and received a different free and open experience. This felt like a positive approach to supervision provided by that supervisor and I still hold them as a good role model for me to hold as a comparison to my previous experiences that has influenced my current approach as a supervisor.

Whilst practising as a trainee neurolinguistic psychotherapist it was interesting to note that although my supervisor did not work from exactly the same speciality as myself they were able to support me in reflection on my client relationship and work in a highly productive and beneficial way to assist my growth practically and professionally. I seek to adopt this approach to my supervisee’s in my current practice.

I was able to enjoy the process of supervision and the feeling of relief that there was a space that was provided where I felt that I was truly heard. This has enabled me to place my attention on the focus of really listening to the supervisee that I may work with in the future.

As part of the psychotherapeutic training that I acquired I was required to make detailed notes on the reflective process that occurred for me whilst in supervision as best practice. These notes have acted as a useful source of verification of both my experience and the process prior to writing this essay. On reflection I have a high regard and appreciation of the skill that my supervisor used to support and guide me in order that all my learning and professional needs were met whilst I was progressing through the developmental process to allow me to practice and become a competent practitioner.

They placed a great emphasis on the safety of my clients and also my safety in relation to multiple aspects of practicing in a primary care setting as a community nurse psychotherapist. At the time in the Northwest region I was
pioneering a role working with patients who had experienced a stroke and their families.

Developing a new role and service carried with it a number of issues that would not normally have been present in a previously existing service, as I had no access to peer support on some of the aspects of practice development.

In the absence of colleagues who worked within this specialist field in which I was practicing I found that my supervisor was invaluable, helping me to quickly define a safe way to deliver for my organisation as well as for the clients and families with whom I was working.

In primary care there can be many times and issues that emerge for a practitioner where they may have to make decisions in relation to how they respond and practice autonomously as there is no one else in the situation to consult or gain advice from. I was able to gain support and feel a strong sense of connection to my supervisor as a professional lifeline should I face challenging circumstances whilst gaining expertise within the service that I was being employed to develop.

The supervision process was an essential component part of my ability to reflect and discovery of other approaches and consequences to the decisions or actions that I took whilst working with my clients. It is my belief that I could not have been explored these issues as effectively on my own. Supervision gave an additional dimension of having other perspectives that remained more objective and wider in over all view than my own self-reflection. I experienced an acceleration of my learning in relation to my developing practice within this process.

I met for supervision initially on a fortnightly basis where the emphasis for me seemed to be to discuss in detail the content and sequence of my interactions with selected clients. I am now aware that initially I was keen to present clients that I had worked with that helped me to feel good about what I was doing and saying within the client relationship.

Sedlak (1997) highlights that the main feature of supervising untrained or inexperienced therapists – their difficulty with bearing the emotional strain of counter transference responses, especially in the negative transference. My supervisor had a subtle yet powerful way of using specific questions that enabled me to do this just long enough to gain the desired outcome for me which was to start to feel more competent. However their skill as a supervisor
meant that they also encouraged me to focus on areas of the therapeutic work that I was eliciting with my clients where expansion of my knowledge and perspective would be enhanced.

I was encouraged to reflect on the depth of trust and openness that I was facilitating with my client incorporating boundaries and the foundations for a qualitative approach to supporting my clients desired outcome. From the way in which my supervisor facilitated the direction of my attention to this I now realise the importance of the supervisors skill in modelling this frame and structure for the supervisee for them to really experience the transferable relevance to their own practice.

I found the process fascinating to both explore my ability to work with my clients model of their world with another person who with modelling questions demonstrated with experience and expertise how this could be elicited thus providing me with a framework of the supervisory and therapeutic process which I was then able to start to apply within my own practice with clients.

I had considered myself to be open minded and flexible prior to supervision but I recognise these qualities have seen a transformation and expansion that I would not have otherwise accessed as swiftly, effectively or rigorously through self-reflection and I now apply as a supervisor.

The process of learning about myself through supervision has been at times very challenging, thought provoking and empowering. This has developed my self-awareness of values and beliefs both limiting and positive, that I hold and has facilitated my choice to hold or release them, in relation to the beliefs and values of my clients. I have experienced this outcome to allow my clients their freedom to express their individual needs which has maximised their learning or healing process.

After working with my supervisor for three years I made the decision to seek a different supervisor whom I perceived as working in a way with clients that I would aspire to work. Their knowledge and approach was less formally structured than my initial experience and this has allowed me to function and work in a more creative and innovative way than I had before. They have modelled for me an exemplary frame-work of supervision and practice that has served to facilitate my growth as a supervisor to date.
Values and beliefs

The knowledge and practice that I am now able to adopt as a supervisor has facilitated new clarity in clarifying the values and beliefs I hold about supervision. In my quest to develop a better-informed supervision these values will direct my practice as a supervisor and inform my philosophy of supervision. There are four fundamental principles that I bring to my work as a supervisor, working safely, supervisee empowerment, modelling effective practice and congruence.

The first principle in relation to working safely serves to highlight the need for therapists to act in the best interests of the client safety. This means that in supervision my primary focus should be the welfare of the client. In addition to this focus there is a need for reflective awareness about personal safety issues for the supervisee in working with the client I consider this to be a key responsibility in my role of the supervisor to assess and monitor both aspects of the working safety principle.

This belief is reflected in my work as a supervisor where I aim to promote the safety of the client by monitoring the practise of the supervisee, by noticing whether clients are deteriorating (Feltham and Dryden: 1994: 94). Keeping a regular review in relation to client progress within the supervision session will enable me to achieve this.

Now incorporating a fixed supervisory frame, within my supervision practice, safety is maintained in order that I can build trust with my supervisee. (Langs; 1994) I would aim to obtain mutual safety by building within that fixed frame a significant trusting relationship in which supervisees feel able to explore their mistakes, anxieties and conflicts; and where they can reflect on their client work in a supportive atmosphere; and where ‘learning in action’ (Schon: 1983) can take place for the mutual benefit of the client, supervisee and supervisor.

I aim to address the supervisee safety through attention and exploration of the supervisee’s self-awareness of their feelings, which legitimately relate to the here and now of their working relationship with the client. If on exploration the therapeutic relationship between the supervisee and their client could be adversely challenged as a result of counter transference the requirement for
personal therapy by a different route to our supervisory session would be brought to the forefront. The reasons for this are discussed at a later stage in the essay.

In my current role as a psychotherapist my primary focus is usually that of my client and issues in relation to them safely meeting their desired outcome. A main part of my approach to client-based work is to elicit and work with supervisee’s collaboratively to achieve their desired outcome for the session and longer term.

This was discussed by Carroll (2006) who states ‘Counselling work is not about experimenting with clients for the learning of trainees, but about using that work as a way of learning how to become better counsellors. It is the task of supervisors to ensure that supervisees are not working beyond their capabilities, and are being referred clients who are appropriate for them to see’. Incorporating this aspect of both client and supervisee safety into consideration is, for me an active part of the contracting process as well as an overall evaluation process and is made exploit in the initial discussion that I conduct with the supervisee.

Villas-Boas Bowen (1986) writes ‘When the behaviour of the clients brings out in the supervisees feelings or attitudes that interfere with their ability to listen and to understand, it becomes important to explore in supervision the factors in the supervisees life that might be contributing to their difficulty in staying empathetic. Although at such moments the focus of the supervision becomes the relationship of the supervisee with some one other than the client, it is only relevant because it is interfering with the interaction with the client’ I would take the stance that this was in the interests of safety not just for the client but also that of the supervisee.

The distinction of the need for the supervisee to find their way to some personal therapy from a different source to the supervisor can ensure the supervisee safety in relation to an unequal power base that could be evolved should the supervisor pursue deep exploratory questions that may invade the supervisee’s personal space. Whiston and Emerson (1989) have highlighted the particular vulnerability of a trainee counsellor when invited to enter a counselling role with their supervisor. They also describe a power issue where supervisors seek to counsel their supervisee’s.

Blocher (1983) highlights a view that suggests that a supervisor may demonstrate an abuse of power within the supervision session and describes
this concept further by stating ‘to assume that the supervisor has the right to function purely in a self appointed, unrequested therapy role is the epitome of egocentric insensitivity, and verges closely on unethical and unprofessional’. In consideration of this concept, it is important that within my role as supervisor that I monitor and maintain the boundary between supervision and therapy.

In my experience, it may not always be apparent to the supervisee if engrossed in their own introspective work. I have experienced supportive personal therapy in relation to counter-transference issues that I held in relation to a client. My own need for this support was highlighted within a supervision session and it felt more appropriate that the boundaries of therapy and supervision were clarified for me so that I could continue to work with my client in a way that was therapeutic for them. I also experienced a continued focus on my professional practice that was best separated from much deeper underlying personal issues that did not best serve me in the supervision of my client work and relationship with my supervisor. I aim to relate this to my own practice as supervisor, like Langs (1994) I aim to create a supervisory frame so I can maintain safety in supervision.

My second fundamental principal of supervision concerns the empowerment of the supervisee. My understanding and utilisation of empowerment is that it is a process of providing or allowing opportunities through the use of encouragement and developing the skills for self-sufficiency, with a focus on the independence and autonomy of the individual.

Within the application of neurolinguistic psychotherapy I align with the presupposition that the individual has all the resources that they need, in the wealth of their knowledge and motivation to make their own choices and to work autonomously. I consider that my role as supervisor is to facilitate the supervisee’s self-discovery and confidence to attain skills and knowledge that will allow them to over come obstacles professionally.

Recent research suggests that the opportunity to exercise personal choice is an important element contributing to professional engagement of well-being and growth. (Page & Wosket, 2001).

In consideration of evidence that a positive attribution style influences self-belief and resilience when facing setbacks, and the ability to visualise ones
self overcoming problems I seek to adopt this approach as supervisor. (Thomas and Velthouse: 1990).

‘Supervision, while not therapy, should be, like all good human relationships, therapeutic. Supervision is a relationship, which is therapeutic, and in which the student learns. But the learning, which takes place, is not the kind of learning that takes place in the classroom. It is more like the learning that takes place in counselling and psychotherapy’ (Patterson: 1983:25).

The third fundamental principle of modelling effective practice aligns with neurolinguistic psychotherapeutic practice and theory that I apply when working with both clients and supervisees. I consider this to resonate in a variety of ways by holding a belief that human experience has structure, and modelling is the process of usefully describing those structures of experience that give rise to human abilities. In the context of my function as a supervisor I operate from this belief to enhance my supervisee’s understanding of how they can work developmentally to improve skills, thought, and limiting beliefs either to enhance their therapeutic client practice and that of their client. I achieve this through, questioning strategies and counselling interventions that address what, why, how and when in the context of discussion relating to my supervisee’s practice.

My fourth principle of supervision is in neurolinguistic therapy terms described as congruence or personal alignment. This is in relation to my adopting an honest an open approach to working with both my client and supervisee. It has been my previous experience that discrepancies in relation to being perceived as speaking the truth to clients and supervisees will not be forgiven once perceived as dishonesty. An open and honest relationship that builds trust is vital to ensuring that information exchanges, feelings and responses can be openly shared to facilitate learning and alignment for both myself as supervisor and the supervisee in relation to him or herself and their exploration of their client relationship as well as with myself.

I have utilised and combined two models of supervision in my approach to supervision that of Page and Wosket (2001) with Hawkins and Shohet (2006). I aim to explain my understanding of both models and how the combination of the two models is both appropriate and has been beneficial to working with my supervisees.
Hawkins and Shohet (2006) have provided a model that matches the process that I have discussed of, content, strategies and interventions, therapy relationship, therapy process and counter transference. Their model is more empowering in its attention to resourcing the supervisee as opposed to a restorative approach (Proctor 1996), which was more aligned, to my practice as a nurse in the early 1990’s. In my opinion the resourcing function of this model is an essential component to self-awareness and the understanding of how to manage the client relationship if a counter transference and transference dynamic is prevalent.

Hawkins and Shohet (2006) describe their seven-eyed process model of supervision to have seven modes. Six of the modes have focused in the main on all the processes within the client and supervisory ‘Matrices’ (Hawkins & Shohet, 2006,84) and the seventh mode focuses on the wider contexts in which the work happens for example the organisation that a supervisee may work for. It is my recent experience of my cognitive application of this process model has highlighted for me the skill and flexibility required of that of the supervisor and this has highlighted areas of developmental needs in my supervisory skills in facilitating the total processes, which I aim to address in the skills group whilst at Salford University.

In the detail provided in the cyclical model by Page and Wosket (2001) they provide a more detailed procedural description of the five stages of supervision. The stages are described as contract, focus, space, bridge and review. Within each of these stages Page and Wosket (2001) continue to sub divide these into five additional branches of the stages that are sequence staged.

The staged structure that this model adds to the Process Model by Hawkins and Shohet (2006) has influenced my current practice as a supervisor positively.

By combining these two models of supervision I am able to review every aspect of the supervision process with regard for the detail and structure that is inherent within the models. For me this was an essential component and I have deduced that the combination and application of these models would assist my practice as a developing supervisor. By using the Process Model I will assist self-reflection of my practice to gain experience and competence as supervisor thus enhancing and monitoring the quality of my supervisory practice.
Conclusion

Having discussed my experience of supervision, the fundamental values I bring to supervision, the research and theories that inform my practice, the models that match my approach and reflected on my work to date as a supervisor, I am now in a position to state my philosophy of supervision. Supervision takes place within a fixed framed or contract which is negotiated between the supervisor and the supervisee. This contract forms the boundary around the supervisory relationship. I consider that within my role as supervisor I seek to explore and reflect upon the supervisee's material using the process models represented by Hawkins and Shohet (2006) and the cyclical model by Page and Wosket (1994) with the aim of protecting the client and developing the supervisee. To achieve this I need to offer commitment, empathy, openness and honesty and an appreciation of the value of supervision. By modelling effective practice I am assisting my supervisee's to develop an model of therapeutic practice which will provide their clients with a high quality, effective therapy thus contribute to the reputation of counselling and psychotherapy nation wide.

References


Emerson and Whiston (1989) *Ethical Implications for Supervisors in Counselling Trainees*. Counsellor Education and Supervision, 28, 319-325

Feltham, C and Dryden, W (1994) pg 4 *Developing Counsellor supervision*, London: Sage


NLPtCA (September 2009) *Code of Ethics & Practice for the Supervision of Psychotherapists and Counsellors* Affiliated to UKCP

www.nlptca.co.uk


Proctor, B. (1996; 1) *Clinical Supervision in Practice : A working Model* 
As cited on www.supervision&coaching.com


*Cited in* Emerson and Whiston (1989) *Ethical Implications for Supervisors in Counselling Trainees*. Counsellor Education and Supervision, 28, 319-325