

Guidelines for Supervision of Sexual and Relationship Therapy

The primary purpose of supervision is to ensure that the therapist is addressing the needs of the client.

DEFINITION OF SUPERVISION

Supervision is defined as a contractual working alliance between the Supervisor and the Practitioner, in which the Practitioner can offer an account or recording of his/her work with Clients, reflect on it, receive feedback and where appropriate, guidance. The two main objects of the supervisory alliance are to enable the Practitioner to gain and maintain an ethical competence, knowledge, skills, confidence and creativity so as to give his/her best possible service to his/her Clients and to monitor good practice.

CONTRACT

When setting up supervision, a contract needs to be made which clearly establishes the ground rules of the supervisory process and the boundaries of clinical and ethical responsibility. This contract should encompass the [COSRT Codes of Ethics and Principles of Good Practice for Members](#) and the [COSRT Codes of Ethics and Principles of Good Practice for Supervisors of Sexual and Relationship Therapy](#) and in particular should be drawn up with reference to Part Two – Principles of Good Practice for Supervisors (June 2003).

This contract should include:

- a) Time, duration, place, frequency of meetings.
- b) Access to supervision outside agreed hours.
- c) Clarification of clinical and ethical responsibilities, including procedures for the management of disagreements between Supervisor and Supervisee.
- d) Boundaries between supervision and other relationships, eg line management, personal therapy and friendships.
- e) Clear agreement about action in the event of a conflict of interest by either party to the contract.
- f) Agreement between Supervisor and Supervisee about length of notice required in the event of termination of supervision contract.

- g) Fees for supervision where relevant.
- h) Agreed ratio of supervision to therapy/client hours.
- i) Agreement by the Supervisor and Supervisee of responsibility for keeping records and collating hours.
- j) An understanding of the style and theoretical orientation of supervision.

There should be opportunities for review of the process of supervision and for feedback between supervisor and therapist and for review of the entire caseload.

Supervision is likely to touch on the exploration of personal awareness and sexual attitudes, but should not become personal therapy or counselling for the therapist. If this seems necessary, appropriate recommendations about seeking therapy or counselling should be made to the therapist by the Supervisor.

FORM AND QUANTITY OF SUPERVISION

The College is moving towards recommending specific ratios of supervision to practice hours that are higher in training and reducing as greater experience is obtained. At present it is recommended that for any therapist, consideration should be given to an appropriate balance between individual and group supervision and a process for regular review of the complete caseload. Whilst it is recognised that face-to-face supervision is the preferred model, in exceptional circumstances a proportion of supervision can be done by telephone. This should be no more than 40% of the total amount of supervision.

Monthly supervision of a minimum of one hour is recommended for all Practitioners. Therapists seeking COSRT Accreditation should refer to the Accreditation criteria for guidance on levels of supervision.

For Category One (members who have completed a two-year COSRT approved course): After completing the approved course, applicants must complete at least 200 hours of face-to-face assessment and treatment. The first 200 hours of post-training practice should be supervised at a minimum ratio of one hour of supervision to six hours of therapy.

For Category One (members who have completed a four-year COSRT approved course): There is no designated post-training period, but it is recommended that a minimum of 1.5 hours of supervision per month is undertaken.

For Category Two (members who have completed a course in psychosexual and relationship therapy not approved by COSRT): Applicants must complete a minimum of 400 hours of face-to-face assessment and treatment of people with sexual and relationship problems. The first 400 hours should be supervised at a minimum ratio of one hour of supervision to six hours therapy.

Supervision can take place:

- a) Between one therapist and one supervisor.
- b) Between one co-therapy pair and one supervisor.
- c) In groups with one or more supervisors (not suitable as the only form of supervision pre-accreditation).
- d) Live, using a one-way screen.
- e) Peer case discussion (not suitable pre-accreditation).

Case material may be presented to the supervisor through the use of:

- a) Verbal account.
- b) Written case notes.
- c) Audiotape.
- d) Videotape.
- e) Roleplay.
- f) One-way screen.
- g) Telephone – where access to face-to-face supervision is difficult.

THE SUPERVISOR

The Supervisor of trainees and those seeking COSRT Accreditation and/or potential UKCP Registration should be sufficiently experienced and competent in Sexual and Relationship Therapy for others to have confidence in his or her professional skills and is preferably an Accredited member of COSRT and/or a COSRT Accredited Supervisor. The Supervisor of experienced therapists must either be competent and experienced in sexual and relationship therapy or work in a closely allied profession and have been working as a Practitioner in that profession for at least five years.

The Supervisor should be someone who:

- Is able to understand and use the process of supervision.
- Is committed to supervision and professional development of the individual therapist.

- Has an appropriate balance of sensitivity, confidence and humility.
- Can provide acceptance, empathy, genuineness and accurate communication.
- Can deliver comment and feedback to the therapist in such a way that she/he feels safe enough to bring any relevant issue to the supervision.
- Has experience of the treatment of Sexual Dysfunction and couple therapy.
- Can draw upon relevant clinical experience and knowledge of a wide range of theoretical models, thus being able to discuss with the therapist a range of alternative therapeutic strategies.
- Has access to resources for consultation or supervision of their supervision.

THE SUPERVISORY RELATIONSHIP

- a) This must be a professional relationship where the likelihood of conflict of interest is minimised.
A conflict of interest is not a difference of clinical opinion.
- b) Supervision by intimate partners is deemed to be inappropriate.
- c) Peer Supervision in pairs or groups must be formalised and regular.

CONFIDENTIALITY

Supervisors must maintain confidentiality with regard to information of a personal or sexual nature about therapists or clients. Confidentiality does not, however, preclude the disclosure of such information relating to therapists in the following circumstances:

- The evaluation of therapist's work with Clients by the Assessors Panel.
- Where the welfare of the Client is concerned and where others may be at risk, attention and reference must be made in the context of current legislation.
- Where the welfare of a therapist in respect of their own mental or physical health is concerned.
- In the Supervisor's own supervision.

June 2001

Amended June 2003

Amended October 2011