



## Psychotherapist supervision

The purpose of this policy is to set out the Board’s requirements and recommendations for the clinical supervision of psychotherapists.

All psychotherapists must undertake regular clinical psychotherapy supervision. Additional supervision such as workplace, cultural and other specialist supervision may be undertaken as well as clinical supervision.

Psychotherapist clinical supervision contributes to improved competence in clinical practice and professional development. For further information and guidelines refer to Psychotherapist Core Clinical Competencies: “Reflective Practice and Continuing Professional Development.”

In this policy the term ‘clinical supervision’ takes the meaning understood in the profession of psychotherapy, rather than the meaning attached to the term “supervision” in the Health Practitioners Competence Assurance Act 2003 (HPCAA)<sup>1</sup>. That is, a psychotherapist is expected to consult regularly with a person skilled in psychotherapy for the purpose of professional support, assistance and professional development. It is also distinct in definition, and function from “training supervision” undertaken as part of an accredited psychotherapy training.

### Supervision

Clinical psychotherapist supervision is to be provided by a person skilled in psychotherapy and suitably qualified.<sup>2</sup>

It is expected that clinical supervisors will be actively engaged in clinical supervision of their supervisory practice.

It is expected the clinical supervision should not be provided by a person in a managerial or line-responsibility position.

### Frequency of psychotherapy clinical supervision

Psychotherapists are expected to undertake clinical supervision of a frequency and duration commensurate with the psychotherapist’s experience, case load and intensity of clinical work.

Supervision generally occurs on a fortnightly basis.

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<sup>1</sup> HPCAA section 5(1) defines supervision as “the monitoring of, and reporting on, the performance of a health practitioner by a professional peer”. In the context of this policy, clinical supervision is regarded as more akin to consultation.

<sup>2</sup> The Board recognises that each psychotherapist is best placed to decide who is best qualified to provide supervision to them because of the personal nature of the relationship however it is expected that the person chosen will have an appropriate professional background.

### **Supervision of newly qualified psychotherapists with less than 900 hours clinical experience**

The Board requires that weekly supervision is undertaken by newly qualified psychotherapists with less than 900 hours of clinical practice experience, regardless of caseload, as the supervision has a function of solidifying the training process.

#### **Peer clinical supervision (2 or more people)**

It is expected that practitioners engaging in peer clinical supervision will be experienced psychotherapists.

#### **Mode of clinical supervision**

Where supervision is undertaken in a group or via electronic means, care must be taken to ensure the depth of reflection on clinical practice for each participant is equivalent to that produced in a one to one, face to face context.

#### **Cultural supervision**

In some situations, specific cultural supervision may be needed in addition to clinical supervision. Refer to the Board's Cultural Competencies requirements.