

The importance of examining your own prejudices as a supervisor

Originally published 10 years ago in the RACE division journal and in the PRG newsletter, **Angus Igwe's** thoughts are as provocative and pertinent now as then

I believe that the damage in the supervision process, as in any cultural system, could become so deeply entrenched that it will get passed from generation to generation and will stay in the 'system' until it becomes really powerful. The supervisor may unintentionally be responsible for creating a new 'culture' that is damaging to clients and supervisees alike. This type of deep wounding/trauma on a subconscious level can easily be activated by current distress which activates early imprints of trauma and leads to relapse. This may involve being shamed for cultural/racial differences. The earlier the damage, (trauma) in the formative years of learning, the deeper the wounding.

I believe that supervisees and supervisors who have only intellectual awareness may promise not to do X Y Z, but *will* do it when under stress. Unwillingness to measure the level of one's prejudices causes a failure in the system. But an opportunity to work and have an in-depth understanding and awareness on conscious and unconscious levels helps supervisors to move from the unconscious state to a conscious incompetent level of awareness (see figure 1).

'I don't know what I don't know' is a state I find unacceptable when working with people's emotions. *'I know what I do not know'* is acceptable because it helps us make necessary changes, which is what

real awareness does. How can I know what I do not know? We need to explore with an open mind cultural issues and assumptions (which give structure to our way of perceiving and form the basis of our conceptual system) starting with being aware that cultural issues are often so very deeply entrenched in the unconscious that they dictate all our behaviours. Real awareness becomes a process of examining and changing principles and beliefs, where and when necessary.

An unwillingness to measure one's level of cultural unawareness in real terms will lead to unintentional abuse in supervision. Supervisors must not divorce their supervisees and clients from their social and cultural background. They are, after all, a specific group of people who have reacted in a specific, sometimes unique way to their problem. Supervisors who overlook the importance of understanding culture and its implication will leave us signing IOUs to future clients and counsellors that we will not be able to pay because of the resultant high cost of our ignorance.

Many factors influence our ways of perceiving the world around us and most readily apparent may be race, sex, ethnicity, physical and mental challenges. Less easily discerned, but perhaps more basic, are our philosophical assumptions about the world, ourselves and life in general.

Here are some examples of common

cultural beliefs/prejudices found in cultural, family, corporate and environmental belief systems, and which may be held by supervisors or supervisees:

- My self-worth is dependent on my possessions.
- All social workers/teachers are mean.
- All traffic wardens/law enforcement people are out to get us.
- Men are more important than women.
- My self-esteem is linked to never losing at a game. If you can't win – cheat!
- My self-worth is linked to never losing an argument with my son, spouse etc.
- A good business management principle is to cut cost at all costs.
- My self-worth is dependent on the number of children I have.
- My culture/race gives me superiority over those from another culture/race.
- All men should be named after Mr BA Stard.
- People who do wrong should be punished very harshly.

Such assumptions, which give structure to our way of perceiving, form the basis for our conceptual system and can cut across race, sex, sexual orientations, age, society, status, religion, nature of counselling, family system, disability etc. We need to question our own assumptions and use our supervised supervision to monitor our own prejudices.

Here are some examples of how cultural issues might challenge supervisors from Western culture.

Case 1

A young Filipino man arrives in England having left his family of origin. An older white woman, to whom he had served a meal in the hotel where he worked, found him exceptionally attractive. She took him home at the end of the evening and they married within three months of meeting. A year later she is presenting to her therapist with the following issues:

- ‘black magic’, as the husband says he is ‘troubled’ and that his ‘unacceptable’ rage is because his family is unhappy with his marrying a white woman
- insecurity and jealousy, because he may be psychologically unwell and seems to be attracted back to his wife in his country of origin
- fearfulness because he insists on her wearing some native tablets around her ankle all the time to avoid the black magic separating them
- he believes that he has the right to go out and come back if and when he pleases; he will not be controlled or dictated to by a woman
- he sees her as the person who should ‘know it all’ as the English are supposed to do
- he gets in a rage if he comes home late at night and she’s either asleep and/or the dinner is not ready and/or she’s already had her meal
- he perceives her as the ‘Queen’ when on holiday in his country of origin
- he finds her unwillingness (at 45) to have children unacceptable.

Case 2

An young African man, who had gained a 10-year scholarship as a 13-year-old to go to boarding school away from his family for in excess of 80 per cent of the year over five years and then abroad for further studies, which means further separation from culture and family of origin.

In his culture it is regarded as one of the best things in life to obtain a scholarship, go abroad, then marry an English person, setting up home in England. In training, issues of abandonment were discussed and the supervisor was adamant that he needed to go into further counselling to deal with those issues and lots more.

Case 3

A young African man, who had gone into therapy as part of his training requirement, had become silent when the counsellor asked him to talk about his mother. He’d stopped coming to therapy because of the confusion this brought. As he explained later, ‘As a child I had three mothers. I was breast-fed by six breasts. In my country it was okay to be passed from breast to breast depending on who is free and “milky” at the time of demand. Which “mother” should I talk about?’ he asked.

Case 4

A couple were in major financial difficulty because of the heavy burden of a family of 10 children.

They were confronted in marital therapy with the issue of

contraceptives, yet procreation had always been the object of their existence, to bring as many spirit children into righteous families as possible. As the patriarch, a husband’s place is at work and at home he dictates what goes, and the wife’s place is at home and it does not matter what happens to them as long as god loves them and they keep the commandments.

I wonder what the ‘uninformed’ supervisor/counsellor will make of these issues.

The common denominator among all the cases is the assumption made by professionals trained in a Western setting that a Western style of emotional differentiation or expression is the norm against which ‘other’ types are judged. Such assumptions are inherent in the adherence of most professionals to ‘illness’ models based on Western thinking, whatever the context, whatever the cultural background of the service user. They often lead, in clinical situations, to a ‘pathologising’ of the culture.

The way people cope, attempt to solve their problems and seek assistance, are shaped by the social and cultural norms and the symbolic meaning within their culture. Different authors agree that differences do exist between cultures on what is deemed as problematic. Five crucial elements to successful helping in any culture (with the non-Western approach) have been identified:

- The client’s problem is named.

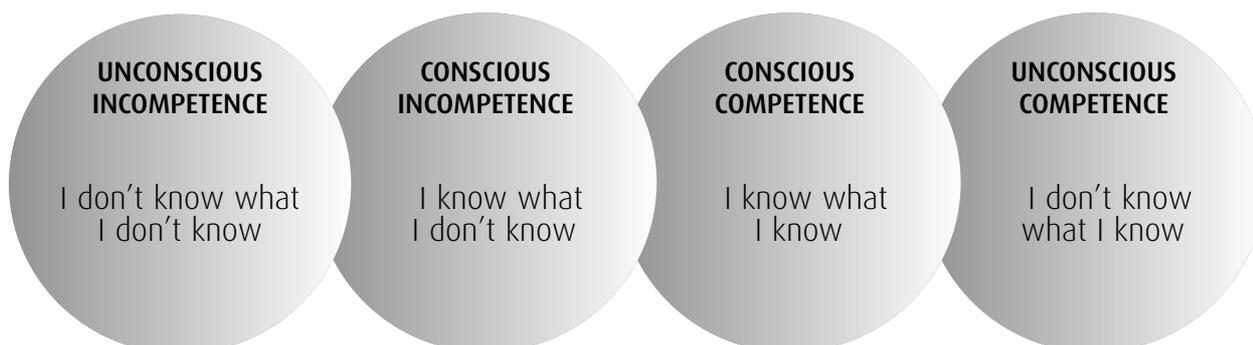
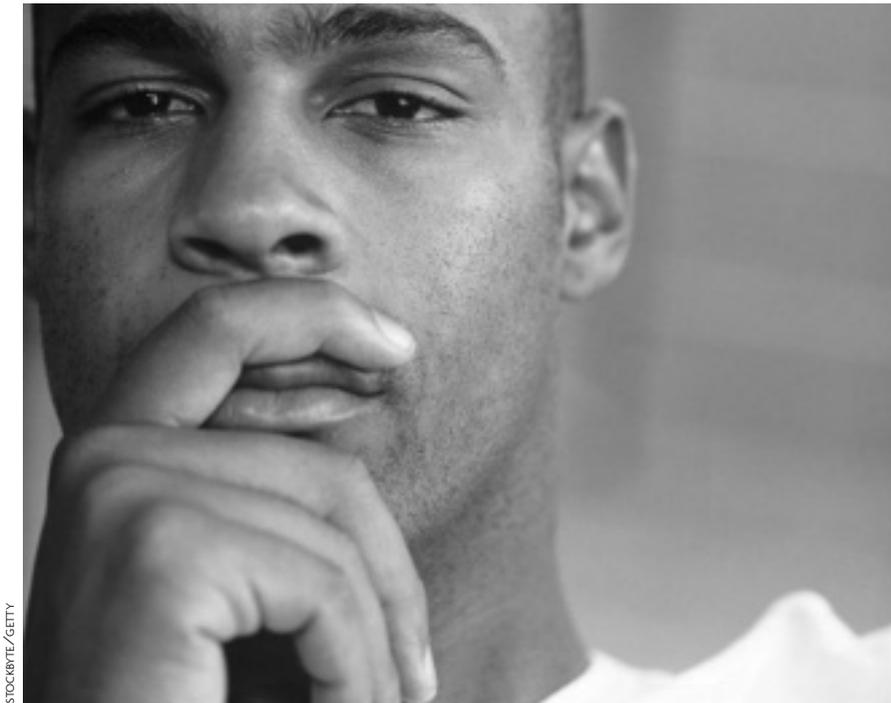


Figure 1: Model showing how we move from a state of unconscious incompetence (unaware of what we do not know) to unconscious competence (where we have internalised what we know so well that we are no longer aware of knowing it).



STOCKBITE/GETTY

‘It is unacceptable to work with a client or supervisee without knowing their cultural setting or background’

- The personal qualities of the counsellor are extremely important.
- The counsellor must establish credibility through symbols, skills or power.
- The client’s specific expectations must be met.
- The counsellor must apply certain techniques designed to bring about relief to the troubled client.

The effective supervisor for cross-cultural counselling

Do I know what I do not know?

We must be aware and willing to accept our present level of conscious and unconscious incompetent/competent level of awareness and not get stuck in the ‘I know it all’ line of thinking.

Cultural knowledge of supervisee and client

It is unacceptable to work with a client or supervisee without knowing their cultural setting or background, as this awareness can reduce by up to 90 per cent unintentional racial or cultural abuse.

Welcome diversity (unconditional positive regard)

Flexibility as against rigidity: something may not make sense to me, but if it makes sense to the client/supervisee, then it is imperative

that I respect what they feel.

Trust building (which leads to overt work)

Supervisors and supervisees should work towards trusting each school/culture without necessarily subscribing to the whole ‘truth’. I believe that there are very, very few absolute truths.

Understanding that ‘normality’ is culturally defined

What is normal in your culture?

- father never being there
- being sent to a private boarding school away from home (a privilege, blessing or abandonment)
- being breast-fed by three different mothers as an infant
- cultural body language (touch, eye contact)
- eye contact from a younger person; being called by your first name by a younger person or your children
- back door kids (latch key kids)
- promiscuity
- male dominance
- time perception (‘African’ time)
- language.

Be proactive in initiating discussion of multicultural issues in supervision especially between client-supervisee-supervisee-client. Learn how to support and yet challenge when

helping supervisees deal with cross-cultural issues (interdependent type of relationship) using necessary skills.

Choosing a supervisor Have they got the skills?

I conducted a survey asking clients, supervisees and supervisors how and why they chose their counsellor and supervisor. And if the person was chosen for them, why did they stay put? Was it because of the supervisor’s skills, intellectual knowledge, awareness, cultural similarity or dissimilarity? Many choose their supervisor because of their high level of awareness, followed by experience and very few have thoughts about cultural issues.

Inferiority/superiority issues

Inferiority/superiority complexes are two sides of the same coin. Very few supervisees choose their supervisor because they (the supervisee) felt superior (to the supervisor). On a conscious level most parties work on an equal level but on a subconscious level I believe there is a level of superiority in play on the side of the supervisor. As long as this is not abused, then it will be okay to exist.

Power

The power issues can be covert or overt, conscious or unconscious.

A good supervisor should be able to monitor through the internal supervisor what and if there is a power struggle issue at play. For me, the most important issue is the awareness of the existence of all these various issues in play all the time and having the ability to call 'time out' to examine any chinks in a safe environment, for example personal therapy, peer group supervisor or supervision of supervisors, or better still, in group work.

Knowledge

To become a transculturally skilled counselling supervisor one needs to:

- have knowledge about the complex concepts of race, culture, ethnicity and how these relate to our own heritage and thus affect a person's perception of the world
- gain understanding of the historical and contemporary relations between their own culture and others
- understand how systems of racism and oppression operate
- attain specific knowledge about the client group/s they may work with, including family systems and hierarchies
- understand how race, culture and ethnicity impact on the people's development and informs and motivates their action in society
- consider the impact of language difference from client/supervisee and construct strategies to deal with it
- understand how the process of a dominant group in society impacts upon minority group members
- have knowledge of the cultural limits of counselling
- know their limitations and know themselves (self-awareness).

All these points are geared towards ensuring that supervisors and therapists do not misuse their power (personal, gender-related, cultural, racial, institutional) with clients and supervisees and that they also do not impose culturally biased views or procedures for action that will be harmful to participants. ■

Angus Igwe is Nigerian by birth. He trained as a counsellor with SPF and as a supervisor at Roehampton University. At the time this article was written he was working as a counsellor, supervisor, trainer and facilitator.

Supervision: how is it for you?

One and a half hours supervision per month is the BACP minimum requirement. The responsible practitioner will make sure s/he gets more than that if the caseload is heavy or difficult. Good supervision is where you take your concerns, your successes and your mistakes and where you can be free to talk about things at work (counselling) that affect your home life and things at home that affect your work life.

The following questions were asked in the Winter 2003 issue of *News and Views* (the journal of what was then the PRG division). Even if you remember them, it could be useful to ask yourself again—or work in pairs, groups, with or without your supervisor. Even if you decide to change nothing, you may find it helpful think about these issues.

- How often do you have supervision because you are supposed to and how often because you actively want it?
- What parts of yourself do you bring to supervision?
- What parts of yourself do you *not* bring to supervision?
- Is your supervision organised on a client-by-client basis? If so, how else might it be organised?
- What tends to block empathy between you and your supervisor?
- What percentage of the average supervision session is spent on (a) content (b) process (c) vocational (d) discussing the supervisory relationship (e) socio-political issues (f) other?
- How would you *like* these percentages to be?
- Do you have regular monthly appointments for supervision or do you arrange on an ad hoc basis? What do you feel are the advantages and disadvantages of each?
- How do you feel your supervisor perceives you?
- How do you perceive your supervisor?
- Are there any boundary issues or contractual areas with which you are dissatisfied?
- How does your current supervision relationship differ from previous ones?
- In general, how happy are you with your supervision and what, if anything, would you like to change?
- What other forms of support do you employ? How effective are they? Would it be helpful to increase, decrease, change or supplement these?

Adapted from an article originally published in Ipnois.

Guidelines for effective use of supervision

There are many different approaches to doing supervision, although perhaps not as many as there are modes of counselling. However, there are doubtless some common denominators; tips for making the most of your supervision sessions. The following guidelines have been adapted from *Notes and guidelines for supervisees*, used by The Seren Project (counselling adult survivors of childhood sexual abuse) for whom I do group supervision.

Preparation for supervision

Ask yourself:

- Is there anything in my home life that is affecting my work life?
- Is there anything in my work life that is affecting my home life?
- What is my particular difficulty with this client?
- If I could risk telling my supervisor

what really concerns me in my counselling work, what would it be?

- What do I need from supervision to help me work more effectively with this client?
- What do I need to tell or offload to my supervisor so that I can work more freely with this client?
- Is there anything I want to celebrate or feed back to my supervisor from previous work we have done together?

In other words, supervision provides the opportunity to step back and see the overall picture of the work; to highlight themes, patterns and recurring issues, and to identify supervision needs.

Notes for using supervision more effectively

Ask yourself:

- What is this client wanting and

what do I wish to accomplish with this client?

- What am I doing well with this client?
- What could I do better with this client?

Process not content

Ask yourself:

- How do I feel about the client – how do my feelings change in the session and through the duration of the counselling?
- What is my understanding (empathy) for this client?
- How am I judging the client's story (positive/negative reactions, feelings, thoughts)?
- Is there openness and congruence in the relationship?
- What are the problems, issues, dilemmas?

Margaret Akmajian-Pitz

What would *you* do?

Issues for supervision

1 Jack's client, Kevin, is a lonely and very isolated man. He was grossly mistreated by his parents in his childhood and he has found it impossible to make close relationships with people, so he has thrown all his energy into work and is now very wealthy. Jack and Kevin have been working together for 18 months or so and Kevin has become very dependent on Jack. He believes that without Jack he would have committed suicide; he has never known care like that offered by Jack before. Last week Kevin told Jack that he has rewritten his will and has made Jack his beneficiary.

How could the supervisor help this counsellor?

2 Anna's presenting problem is her recent split from Harvey. She wants to examine her part in it and, if the relationship is really over, then to find a way to move on by herself. After a couple of sessions she reveals that Harvey has said that he is also interested in working on their relationship and has sworn that his brief affair with Mary is over. You suggest that Harvey ring for an appointment which he does. Halfway through the session he makes it clear that he is *not* there to work on the relationship, but on his own confused feelings. He left Anna because he never felt loved by her. You ask if he has

ever felt loved and Harvey responds, 'I do now. By Mary,' and reveals that far from being over, his affair with Mary is continuing furiously and that he has no idea how to get himself extricated from the situation – even if he wanted to. And he is far from feeling that he wants to. You are seeing Anna next day and feel sure she will want to continue working on their relationship, almost certainly to the extent of scheduling a joint session.

What would you do? Send your thoughts and suggestions to the editor at the address on page 1.

Working with abuse

Many of our clients are survivors of abusive relationships. Counsellors and psychotherapist have the potential to contribute to the healing of their wounds, but the process can be arduous and painful for both therapist and client. Supervision is crucial both for understanding the client and for the protection and support of the therapist, as they grapple with client experiences that are sometimes beyond the extreme of what seems humanly possible. **Moira Walker** discusses

In writing this article I take two starting points. One comes from my own experience of working with adult survivors, from reflecting upon what I have needed from supervisors, and from considerable experience of supervising others who work in this field. The other arises from the recognition that abuse in childhood (and I include in this physical, emotional and sexual abuse) is a horrific event that has the potential to inflict deep developmental and intra-psychoic damage to the child. This has enormous consequences and repercussions for the adult in all aspects of their life¹ and these are played out in the therapeutic relationship in many-layered ways. I am continually aware that practitioners in the field of abuse come face to face with appalling realities that can reverberate throughout the person and force entry into a world that many people in society still prefer to deny. They can feel overwhelmed, invaded, haunted by terrible and terrifying scenarios and can come to doubt that anything is ever what it seems.

Supervision is always multi-faceted. Most obviously there is concern for both the client and for the counsellor accompanied by recognition of the significance of the relationship

between these two people. In this particular instance there is a need to recognise and understand the dynamics that can be present when trauma is part of the therapeutic picture. Similarly the effects of the structure and attitudes of the employing agency and the impact it may have on the work needs to be acknowledged². The relationship between supervisor and counsellor and the triad that also includes the client is obviously crucial. In addition, much of the supervision I have undertaken has involved two therapists working together with a survivors' group. The layers present in supervising individuals who are working individually are multiplied many times in the context of a co-facilitated group.

To return to my first starting point – what have I needed from supervision in this context? It is essential that the supervisor has considerable clinical experience in the field and is prepared to share this, when appropriate, in a collegial fashion. They need a very sound and specific knowledge base related to abuse – I do not want to continually explain what I mean. Experience of working with individuals, groups and within agencies is essential for the contexts I work in. I need to be confident that the material I bring will not damage

the supervisor. Their resilience is crucial: I do not want to worry about their wellbeing. I need to feel safe enough to unload, to share negative responses and feelings, to feel and express when I have had enough without this being pathologised. However I also want a supervisor to challenge and help me recognise the symptoms of being overloaded when I might not be working well. Because the work does not, in my experience and in my view, fit neatly into one theoretical model, I want a supervisor who can both work within my core psychodynamic model but also flexibly and creatively, in a way that is client led, so that we draw upon and integrate other models. This experience of being contained but also challenged, of feeling free to say how I feel, of learning from another experienced practitioner who gives freely of their knowledge and experience while never imposing or being patronising, has been invaluable.

Abuse attacks trust and safe attachment so deeply and thoroughly that this permeates the whole process. As the creation of trust is so basic to the counsellor and client relationship so it is to the supervisory relationship. It must not be persecutory, attacking or critical – if it is it will not work. A relationship has to be created in which the supervisee is able to

‘A key role of supervision is to prevent the isolation of the counsellor mirroring the isolation of the client’



ROSE/GETTY

speaking about what is most difficult and most perplexing. They need to be able to communicate both the frightening and hidden world of the client and the sometimes frightening and worrying responses they can experience. There is otherwise a danger that the previously unspoken secrets of the client become the unspeakable experience of the counsellor. A key role of supervision is to prevent the isolation of the counsellor mirroring the isolation of the client. Sara Scott³ describes how supervision was a ‘life saver’ to her when she first worked with a ritual abuse survivor; and this reflects the experience of many when they first encounter such horrors.

In counselling abuse survivors the projections and transferences can be so powerful and the counter-transferences so extremely complex and potentially overwhelming⁴ that it can take away the therapist’s ability to think. Another significant aspect of supervision is to help the supervisee recreate a space to think, at least within the supervisory session but hopefully within the therapy session too. There is also a particular risk of the counter-transference becoming traumatising for the counsellor⁵. If these sometimes highly disturbing experiences and feelings cannot be safely expressed and worked with in supervision they can be acted out dangerously with

the client, or introjected and harmful to the counsellor.

If I were to select one aspect of the supervisory process in the context of abuse that is central and essential, it is the need to work with the counter-transference. If your supervisee does not trust you this will not be possible. We know that clients with a history of abuse are particularly vulnerable to being abused by therapists and that female clients are most at risk with a male therapist⁶. One way of explaining this (although there are others) is of an erotic counter-transference being acted out. But there are other counter-transferential risks: of therapists becoming the rescuer and boundaries being dangerously eroded, often accompanied by the therapist becoming progressively more exhausted; of counsellors being victimised themselves by the powerful aggression of their clients – with the counsellor beginning to dread sessions as the client once dreaded the abuser. There are many variations and patterns but they are based on overwhelmingly strong feelings which share an ability to sweep through the person – mirroring the unstoppable and penetrating experience of the abused child.

I can think of many instances when supervision has actively prevented counter-transferential reactions from being dangerously acted out. As a supervisor it is crucial to be aware of the patterns of counter-transference that can evolve, and to have a sound understanding of their origins and psychological and dynamic purpose. Without this it is not possible to work with the supervisee to identify what is happening; to name it; to allow safe space for expression of how problematic and disturbing it is to be caught up in something so powerful, and then to find safe and therapeutic ways of responding. It can sometimes also be crucial to state clearly and firmly when some actions or responses from the therapist would be unacceptable. Doing so in a way that is challenging and containing, without becoming

destructive or shame inducing, is difficult. But it is possible within the context of a well-established, trusting and respectful relationship.

The recognition of, and the ability to work with, transference and counter-transference is perhaps a real strength of the psychodynamic approach. But like all strengths it can also be a weakness if misused and like all other potent tools it is open to misuse. If as a supervisor and therapist you also acknowledge and work with the real relationship as well as the transference relationship (and this is contentious but is a view I would support) then as a supervisor you need to be watchful of the transference as reported by the supervisee becoming a translated version of another aspect of the work. An example is of a supervisee reporting a negative transference from his client. The client was saying that she experienced the therapist as critical and attacking, which the supervisee interpreted as the client experiencing him as her abusive father. In supervision it became evident that the therapist was in reality being critical and attacking; this was not the client's transference but the acting out of the therapist's negative counter-transference that was being quite accurately identified by the client. In denying this reality the therapist was in danger of repeating an earlier pattern in which this client's attempts as a child to tell of her abuse had been explained away as a fantasy. Unravelling these types of instances is helpful to counsellors in monitoring their own responses honestly and openly, and in recognising the power they hold in the relationship. Indeed the same can apply to supervision – supervisors can be persecutory or patronising; and this can be reality and not a consequence of the supervisee's projections.

I conclude by noting the

tremendous respect I have for practitioners working with abuse survivors, and for survivors themselves. It is hard and painful work; it can be gruelling but deeply rewarding for all concerned. For myself as a supervisor I feel that if I can become a safe container for some of the material that can feel unmanageable – so that the counsellor can return to her client less burdened, feeling stronger, more optimistic, able to think and more secure in herself and her work, and with a clearer focus and understanding – then that is a meaningful achievement. The ripple effect of childhood abuse is extraordinarily wide but supervision can ensure that this is made manageable, does not become abusive to the counsellor and does not add further distress to an already hurt client. ■

References

- 1 Walker M. *Surviving secrets: the experience of abuse for the child, the adult and the helper*. Buckingham: Open University Press; 1992.
- 2 Walker M. *Working with abused clients in an institutional setting: holding hope amidst despair*. In: Smith E. (ed) *Integrity and change: mental health in the marketplace*. London. Routledge; 1996.
- 3 Scott S. *Counselling survivors of ritual abuse*. In: Bear Z. (ed) *Good practice in counselling people who have been abused*. London: Jessica Kingsley Publishers; 1998.
- 4 Davies JM, Frawley MG. *Treating the Adult survivor of childhood sexual abuse*. New York: Basic Books; 1994.
- 5 Herman JL. *Trauma and recovery*. New York: Basic Books; 1992.
- 6 Stream HAS. *Therapists who have sex with their patients: treatment and recovery*. New York: Brunner Mazel; 1993.

This article first appeared in CPJ (now therapy today) April 2001, Vol 12, No 3, the professional journal of the British Association for Counselling and Psychotherapy.

A brief introduction to some AIP members

Several people responded to Justine Oldfield-Rowell's invitation to get in touch and let us know about their training, their practice, their hopes and fears. Below are brief extracts from some of the responses

From Barbara Akers...

Thank you for your warm welcome in the most recent *Independent Practitioner*. I have been subscribing to the journal for a year now.

I am of Afro-Caribbean origin, living and working in Ashford, Kent, and I am seven years post qualified with a Diploma in Counselling. I became accredited in 2007. I am also an accredited Relate couples counsellor for East Kent Relate (2005) and have recently become a life skills trainer for Relate, which offers training in counselling skills to other organisations: schools, prisons etc.

I have been in private practice since 2003 but manage this with some paid work through Relate and from the training and education side. I have also done some EAP work.

I enjoy the freedom of private practice but also understand how lonely the work can be, hence being part of other organisations where I can meet others and network. My personal gripes about the counselling world are how our profession is changing, and I am reading

(not always eagerly) about our future with the new regulations coming into effect. At the moment, I feel it will benefit those already working in the NHS, and although there may be opportunities for private practitioners, my fears are that we will all be forced to find NHS work to survive, and not only that, but made to work in a way which not all of us believe in.

From Wendy Hookey...

I have been a member of your association for about a month and so far I have received two copies of your journal and found them both informative and enjoyable. I will go further than that and say that it feels as though a friend, or perhaps a group of friends or colleagues has just dropped through my letterbox and talked about a number of issues I have been or am interested in both as a counsellor/psychotherapist but more particularly as an independent practitioner!

I changed careers when I was 51 (I am nearly 61 now) and was 'drawn' to a counselling skills course, which led on to a counselling theory course, one evening a week at my local college in Eastbourne for a year.

For the following two years I was completing my training firstly in humanistic and then ultimately my diploma in psychodynamic counselling.

After my placements in bereavement counselling where I sometimes saw clients in their home environments, I felt that I would enjoy seeing clients in my own home and that is what I started to do four years ago, beginning by working for a year as an associate for a counselling consultancy seeing EAPs from the education department and Isle of Wight Council. It is now just three years since I set up my own practice at my home.

Two years ago I began my degree in counselling and psychotherapy at Southampton University and aside from the huge benefits of that

integrative course and the way it has informed my practice with clients, was the ability to meet other counsellors some of whom were in private practice or who wished to be so in the future.

I have just completed my degree and one of the first things I did was to contact you to establish my membership of AIP because I know so well what the benefits are of knowing that there are others in the arena of counselling sharing the same experience as me and also who I can seek advice from when the need arises.

While I did my degree, I chose a placement with the primary care mental health trust to widen my experience and I am very pleased I did this. It has also given me a very good window into what is happening in the NHS with regard to the arrangements both for the tuition of CBT and the outcomes!

My next task is to finish my accreditation and I am considering doing a diploma in supervision (two days a month) at Farnborough College.

From Keith Anderson...

I am just getting started in counselling, which at 60 years of age is perhaps a little unusual.

I did an introductory course in psychodynamic counselling at Reading University in 2004/5 and have just completed the two-year taught part of the postgraduate diploma course in psychodynamic counselling, also at Reading. I am still working on accumulating the 150 hours of actual counselling for the diploma, 94 hours so far. I hope to do the MA at Reading this autumn.

My five-year plan is to get BACP accreditation and retire into full-time counselling. At present I work full time as the inspection manager for a large process engineering company.

The last two years have been all about compromise. Balancing study,

work and family and trying to get it right most of the time.

As a chartered engineer I see regulation as very necessary for the future of counselling. I do think the pay scales for what is a professional activity are low outside private practice and need rationalisation within the NHS to give counsellors reasonable incomes for the difficult and stressful work they do and give the public low-cost, if not free, access to all modalities of counselling, both short and long term.

From Sandy Hutchinson Nunn...

I live and work in Brighton where I have a home-based psychotherapy and counselling practice using transactional analysis and transpersonal models as my primary theoretical framework. I have a background in teaching and for many years taught psychology as well as feminist philosophy of religion. These days I teach on a postgraduate diploma in counselling and balance my therapy practice working as an independent trainer, particularly in the field of family conflict.

I am also passionate about narrative therapy and have an MA in creative writing and personal development and in that capacity I am Brighton coordinator of Lapidus, the organisation for creative words for health and wellbeing.

I use creative writing techniques in my clinical work and also offer therapeutic writing workshops and supervision in this field for both a general audience of writers and specifically for counselling and therapy practitioners.

In the gaps in between all this I read and write fantasy and folklore fiction, grow garlic in the back garden to keep the vampires out and roses in the front garden to encourage clients in!

I look forward to some stimulating and playful contacts with you all. ■



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Counselling & Psychotherapy

Conference announcement

Exciting and changing times lie ahead for the profession of counselling and psychotherapy, as statutory regulation draws nearer.

The AIP conference is another in our series of conferences focusing on 'Professionalism'. Delegates will be informed about imminent developments within the field of psychological therapies and how this influences on independent practitioners and others.

Keynote speakers

- Heather Fowle – Head of the Transactional Analysis Department, Metanoia Institute
- Eric Marshall – Chairman of EAPA

Confirmed workshops include

- Super-vision: can you see what you need and do you need what you get? – Kathy Raffles
- Fit for purpose: competencies in counselling supervision – Elspeth Schwank
- Regulation & supervision – Christina Docchar
- Risk management: avoiding the pitfalls – Steve Johnson & Philippa Weitz

Booking fees

AIP members	£75
BACP members	£90
Reduced fee members	£60
Non-members	£120

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To register your interest please email katy.hobday@bacp.co.uk and entitle your email 'AIP Conference'.