



Family Support
Centre

Family Support Centre

Supervision Guide





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1. Introduction

This document provides a framework for a supervision system for all counsellors working for the Family Support Centre (FSC), and highlights the responsibilities of the FSC and the needs of clients and counsellors. It applies equally to full- and part-time counsellors, volunteers (provincial committee members), and anyone who works with clients.

The supervision guide is aligned with the FSC counsellors' code of ethics and the National Counselling Guideline's Practice standards.

1.1 What is Supervision?

The purpose of supervision is to enable counsellors to reflect on and develop effective and ethical practice. It also has a monitoring purpose with regard to counsellors' work and psychological well-being, and it promotes self-care.

Supervision includes personal support and mentoring for the development of a professional identity; a confident and stable sense of self is one of the key requisites of being a good counsellor. In addition, supervision is a reflection of the relationship between the counsellor and client, and the ideas, methods, work contexts and cultural perspectives within that relationship.

Professional supervision is a relationship between a counsellor and a supervisor. It is a predetermined, collaborative and confidential process, based on informed consent. The counsellor arranges the supervision session with the mutual understanding with the supervisor that the session will be confidential.

Working with gender-based violence (GBV) survivors, the FSC acknowledges the potential for burnout, vicarious traumatisation and compassion fatigue among its counsellors following their counselling work. The FSC has therefore formalised a supervision system for its counsellors.

The FSC has three forms of supervision incorporated into its daily practice:

- 1) one-to-one supervision;
- 2) group supervision; and
- 3) peer supervision.

1.2 Terminology

The terms below are used throughout the document.

1. Burnout - is categorised as a type of stress. It is a syndrome which occurs due to the prolonged strain of dealing extensively with other human beings, particularly in counselling relationship. It is conceptualised as resulting from chronic workplace stress that has not been successfully managed.

It is characterised by three dimensions:

- feelings of energy depletion or exhaustion;
- increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and
- reduced professional efficacy.

2. Compassion fatigue, also known as second-hand shock and secondary stress reaction, describes a type of stress that results from counselling those who are traumatised or under significant emotional duress.

3. Counselling involves the formation of a professional relationship between the client and the counsellor. The working relationship is based on ethical values and principles, which the counsellor providing the service must uphold and implement. Counsellors seek to assist their clients in increasing their understanding of themselves and their relationships with others, developing more resourceful ways of living and bringing about change in their lives.

4. Debriefing refers to the various stages of support after a traumatic or critical incident, including informal support on the job, making progress after discussing being stuck or defusing a situation by discussing feelings shortly after a counselling session.

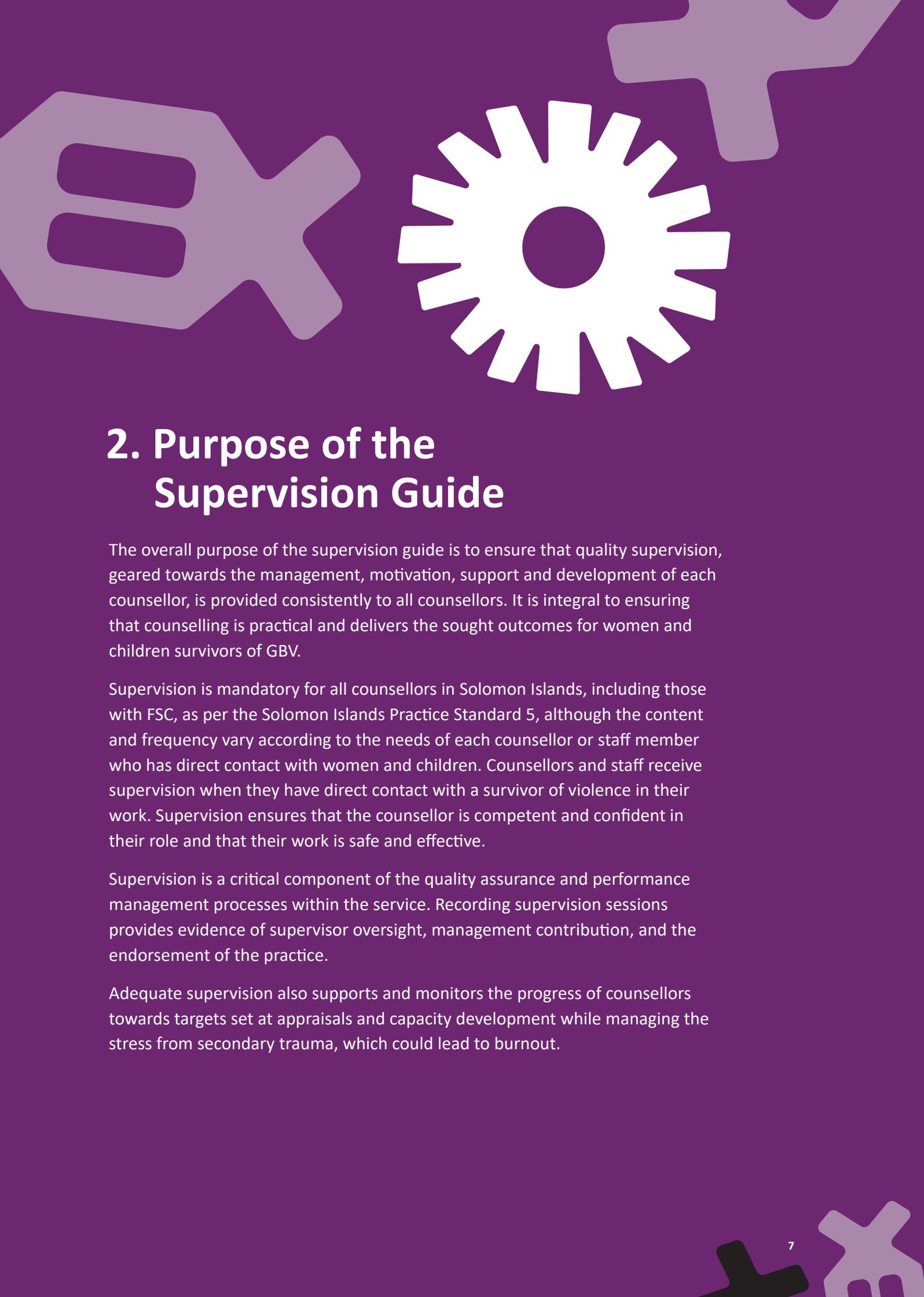


5. GBV counselling is a specialised practice within the broader counselling field. It refers to the psychosocial and psychological support offered to survivors of GBV.

- **GBV counselling** is resource-oriented counselling, which aims to help survivors cope with the emotional and psychological trauma of GBV. It can be implemented in the form of one-to-one individualised sessions with the survivor, sessions with the survivor and their family, and even group counselling with other survivors. GBV counselling includes follow-up visits and referrals to other services and service providers in the community.
- **GBV counselling** is a rights-based and woman-centred type of specialised counselling practice. Therefore, the counsellor does not blame the survivor for the violence experienced. Instead, the counsellor acknowledges the survivor's right to live a life free from any violence. The counsellor also considers the survivor's gender, the gendered nature of the violence perpetrated, the complex dynamics of the specific type(s) of violence perpetrated and the impacts of this violence on the survivor.

6. Supervision is a professional relationship between two or more individuals engaged in counselling activities. It involves reflecting on the structure of the counselling session, providing emotional support and advice, setting clear boundaries and curtailing harmful practices for the counsellor in the course of their counselling work.

7. Vicarious trauma (VT), also known as secondary trauma, can be described as indirect exposure to a traumatic event through a first-hand account or narrative of that event (i.e. counsellors who listen to a survivor's story of rape or partner violence may experience trauma by listening). Survivors relate the trauma directly to the counsellors (i.e. counsellors often have significant relationships with survivors, and, in particular, those counsellors who have multiple sessions with a survivor of trauma may also come to experience VT).



2. Purpose of the Supervision Guide

The overall purpose of the supervision guide is to ensure that quality supervision, geared towards the management, motivation, support and development of each counsellor, is provided consistently to all counsellors. It is integral to ensuring that counselling is practical and delivers the sought outcomes for women and children survivors of GBV.

Supervision is mandatory for all counsellors in Solomon Islands, including those with FSC, as per the Solomon Islands Practice Standard 5, although the content and frequency vary according to the needs of each counsellor or staff member who has direct contact with women and children. Counsellors and staff receive supervision when they have direct contact with a survivor of violence in their work. Supervision ensures that the counsellor is competent and confident in their role and that their work is safe and effective.

Supervision is a critical component of the quality assurance and performance management processes within the service. Recording supervision sessions provides evidence of supervisor oversight, management contribution, and the endorsement of the practice.

Adequate supervision also supports and monitors the progress of counsellors towards targets set at appraisals and capacity development while managing the stress from secondary trauma, which could lead to burnout.

2.1 Frequency

All counsellors must have a **MINIMUM of one and a half (1.5) hours** of supervision per month. This is the requirement under the Solomon Islands National Counselling Guideline.

Supervision should take place as often as it is required to ensure that the counsellor is competent and confident in their role, and that their work is safe and effective.

Supervision should take account of the supervisee's level of experience and competence. It should not be assumed that the length of a counsellor's service reflects their competence. Experienced counsellors are required to have the same amount of supervision as new counsellors.

When the supervisee/counsellor is in their probationary period, they should receive more frequent supervision. This may involve shorter sessions, but it enables the supervisor to assess the counsellor's suitability for permanent employment and helps to ensure that a quality relationship develops.

Supervision must be prioritised by FSC management and counsellors equally. Every effort should be made to avoid cancellation, which should occur only in exceptional and unforeseen circumstances and with the agreement of both parties. Any adjourned session must be reconvened within five working days.

Group and peer supervision should be booked in advance in the calendar annually and planned dates should be recorded in the supervisee's supervision folder.

2.2 Limits of Confidentiality on Supervision

Supervision is a private but not a confidential process. Therefore, the supervision records are the property of the organisation, not the individual. From time to time, supervisors may need to disclose the content of a supervision session to others, and supervisees should be aware of this. The disclosure could be made to the FSC Coordinator or Deputy Coordinator, for example, for line management and quality assurance purposes.

Access to supervision records should be controlled, and all records must be locked away/stored securely so only those with authorisation can access them.

When a counsellor/supervisee leaves the FSC, the supervision records should be retained for 10 years and then destroyed.

2.3 Competencies of Supervisors

All supervisors should attend at least basic supervision training before taking on a supervisory role.

Supervision is a developmental process that is mostly dependent on the quality of the relationship between the supervisor and the supervisee. Effective supervision is supported by a style of supervision that pays attention to the quality of the relationship between the supervisor and supervisee.

Taking into account that English is the counsellor's and supervisor's second language, the supervision can be facilitated in pidgin. The counsellor decides the language in which the supervision session will be facilitated. The supervisor should also spend time discussing the individual's learning styles. It is vital for the counsellor/supervisee to be encouraged in the working relationship. Supervisors should consider how preferred learning styles are likely to influence the supervisee and their practice.

Supervision establishes the basis on which the supervisor and supervisee work together during one-to-one supervision. It should be developed through negotiation and clarification of the roles and responsibilities of both parties to create a safe, secure and effective supervisory setting.

The agreement covers:

- the frequency, duration and venue of sessions;
- cancellation and re-booking;
- the availability of the supervisor between sessions;
- ground rules, confidentiality and personal support;
- roles and responsibilities and expectations of each other;
- content of supervisions and agenda-setting;
- preparation for individual sessions;
- recording of supervisions;
- recording of case discussions/decisions; and
- the resolution of any difficulties that might arise.

The supervisory relationship is critical to ensuring that counsellors are supported to undertake their work effectively and to develop as professionals to their full potential.

Counsellors/supervisees should always discuss any issues or concerns in the first instance with their supervisor and endeavour to reach an agreement within the normal supervision process. If an issue cannot be resolved by discussion with the supervisor, the counsellor/supervisee should raise the issue with their Coordinator.



2.4 Guidance on Effective Supervision

Workload and performance management



Workload and performance management



Case management



Professional training and development



Personal support

- › Workload and performance management involves:
 - » ensuring counsellors have/develop the skills and knowledge for the required tasks;
 - » using policies, procedures and practice standards;
 - » monitoring caseload and capacity;
 - » ensuring confidence and competence; and
 - » addressing and supporting any shortfall.
- › Case management involves:
 - » reviewing actions/decisions from the previous session;
 - » undertaking case discussion, risk analysis, progress reviews and action planning;
 - » focusing on any children involved in counselling sessions, with planning being informed by their views;
 - » reflecting on case dynamics, reviewing approaches, seeking productive ways forward;
 - » allocating tasks; and
 - » reviewing all cases at least every 12 weeks.
- › Professional training and development involves:
 - » helping counsellors to understand their learning needs;
 - » planning and promoting training opportunities;
 - » reflecting on, and implementing, new learning; and
 - » focusing on the role of the individual in the broader organisation and career planning.

- Personal support involves:
 - » providing a safe environment to disclose/explore personal issues, including the impact of the job; and
 - » managing attendance and the impact of any personal or health issues.

2.5 Ethical Issues

The supervisor is the organisation's gatekeeper for ethical and legal issues. First, they are responsible for upholding the highest standards of ethical, legal and moral practices and for serving as a model of practice to staff. Furthermore, they should be aware of and respond to ethical concerns. Part of the supervisor's job is to help integrate solutions to everyday legal or ethical issues into the trauma-informed practice.

Some of the underlying assumptions of incorporating ethical issues into clinical supervision are as follows:

- Ethical decision-making is a continuous, active process.
- Ethical standards are not a cookbook. The guideline tells you what to do, but not always how.
- Each situation is unique. Therefore, all personnel learn how to 'think ethically' and how to make sound legal and ethical decisions.
- The most complex ethical issues arise in the context of two ethical behaviours that conflict, for instance, when a counsellor wants to respect the privacy and confidentiality of a client, but it is in the client's best interest for the counsellor to contact someone else about her or his care.

The decision tree (Diagram 2A) on page 12 outlines the steps assisting/guiding the supervisor or the Coordinator of FSC when in doubt or confused about reporting an ethical violation.

Depending on the decision made in-house on the action to be taken for a counsellor's breach of ethical practice, the FSC informs the National Domestic Violence Counselling Committee. The FSC follows the National Counselling Guideline in terms of reporting to the committee when they have terminated the counsellor's contract or suspended their practice, for instance by telling them to refrain from seeing clients for a set period of time. This information is relayed to the National Domestic Violence Counselling Committee.

The decision tree indicates how a supervisor and Coordinator might manage a situation in which they are concerned about a possible ethical or legal violation by a counsellor or supervisor.

Diagram 2A: Decision Tree

Is there a potential ethical violation?

- Was there a client or a case/situation to which the counsellor failed to respond?
- Was there an unrecognized duty to report dependent (child) abuse?
- Was there a breach of confidentiality?
- Did an inappropriate or unprofessional action occur?
- Was there a duty to act and was the counsellor derelict in performing that duty?

Yes

No

Identify potential risk factors

- › Are any clients or identifiable others in any danger as a result?
- › Is anyone in immediate danger?
- › Is anyone at risk of harm?
- › Was any damage incurred or might damage be incurred as a result of this action?
- › Could a counsellor's action be perceived as inappropriate?

No serious
risk factors

Some risk
factors

Significant
risk factors

- › Identify warning sign (e.g. client's propensity to commit a significant crime); the extent of the breach of confidentiality; and the boundary violation that might adversely affect the therapeutic relationship.
- › Identify potential harms as a result of this action; are there legal or ethical issues that might affect the counsellor, administrators, agency, the profession; was there a breach of the organisation's crisis management policy or drug-free workplace act?
- › Monitor warning signs (e.g. contact affected parties, notify relevant authorities, such as child and family services or law enforcement authorities).

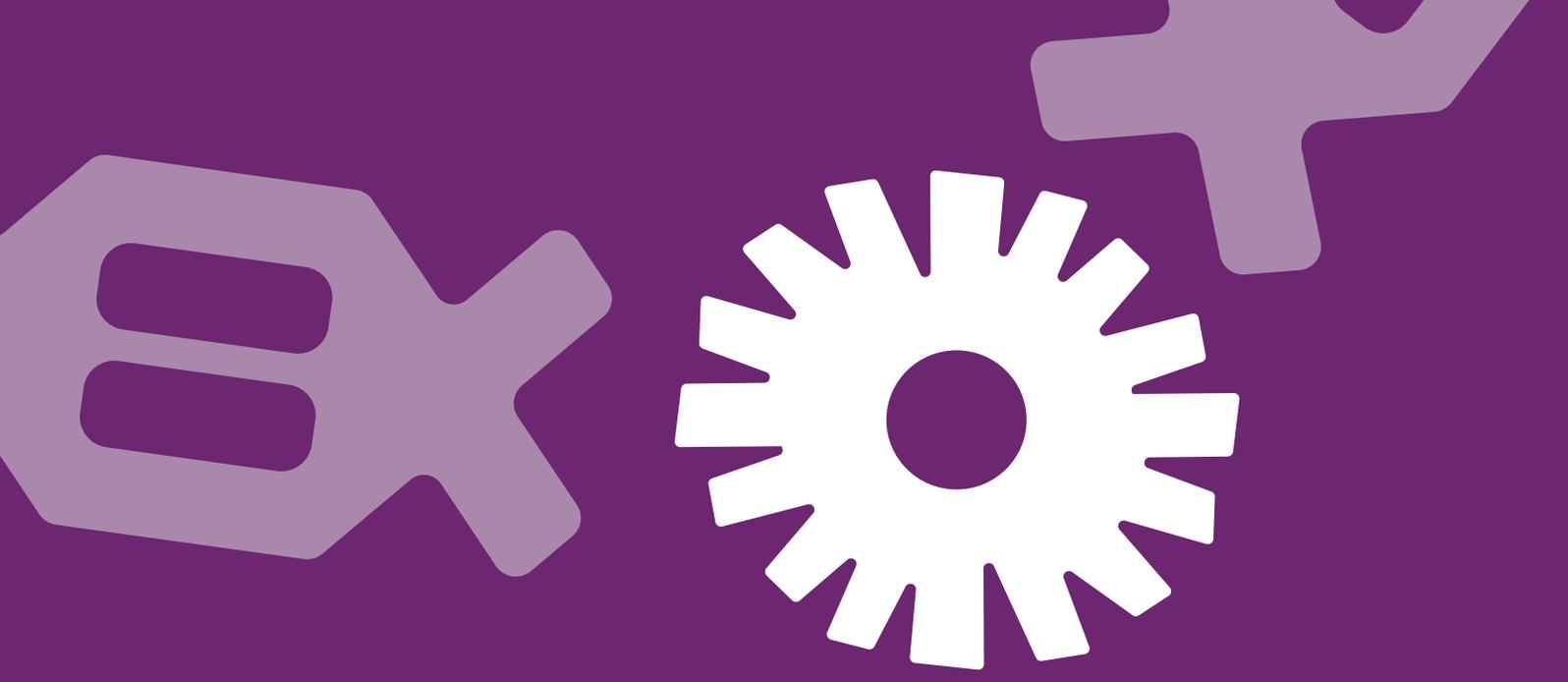
- › Assist counsellor in identifying corrective steps.
- › Intervene with the client if necessary.
- › Review damage control steps with clients.

Verify and document that action was taken

- › Inform management/board.
- › Begin disciplinary action against counsellor if necessary.

Verify and document that action was taken

Verify that situation has been resolved



3. Modes of Reflective Practice

As a GBV service provider, the FSC recognises that its counsellors are conditioned by the communities in which they live. Counsellors' views, values and attitudes may influence their practice. A lack of self-awareness or critical insight, or the presence of ambivalence or uncertainty about values they bring to their practice, can mean that counsellors risk operating within stereotypes that disempower and disrespect women and girls.

Reflective practices are methods and techniques that help individuals and groups reflect on their experiences and actions to engage in the process of continuous learning. Reflective practice enables a recognition of the paradigms – assumptions, frameworks and patterns of thought and behaviour – that shape our thinking and action. It also allows for the exploration of broader questions, such as:

- What are the paradigms (or models) that shape not just our actions but our development as a whole?
- How does our position relate to the assumptions we make? Are these constructive or destructive to our goals?
- How do our paradigms limit our goals themselves?

By trying out methods of reflection and personal inquiry, we can nurture greater self-awareness, imagination and creativity, as well as systemic, non-linear modes of thinking and analysis.

A key to quality service is the counsellor's self-reflection on their values and beliefs regarding the cultural expectations of women and their roles. Reflective practice helps counsellors to understand their own intentions, values and visions and supports them in the GBV field, where ethics and morals may be tested and where power relations are unequal.

Diagram 3A

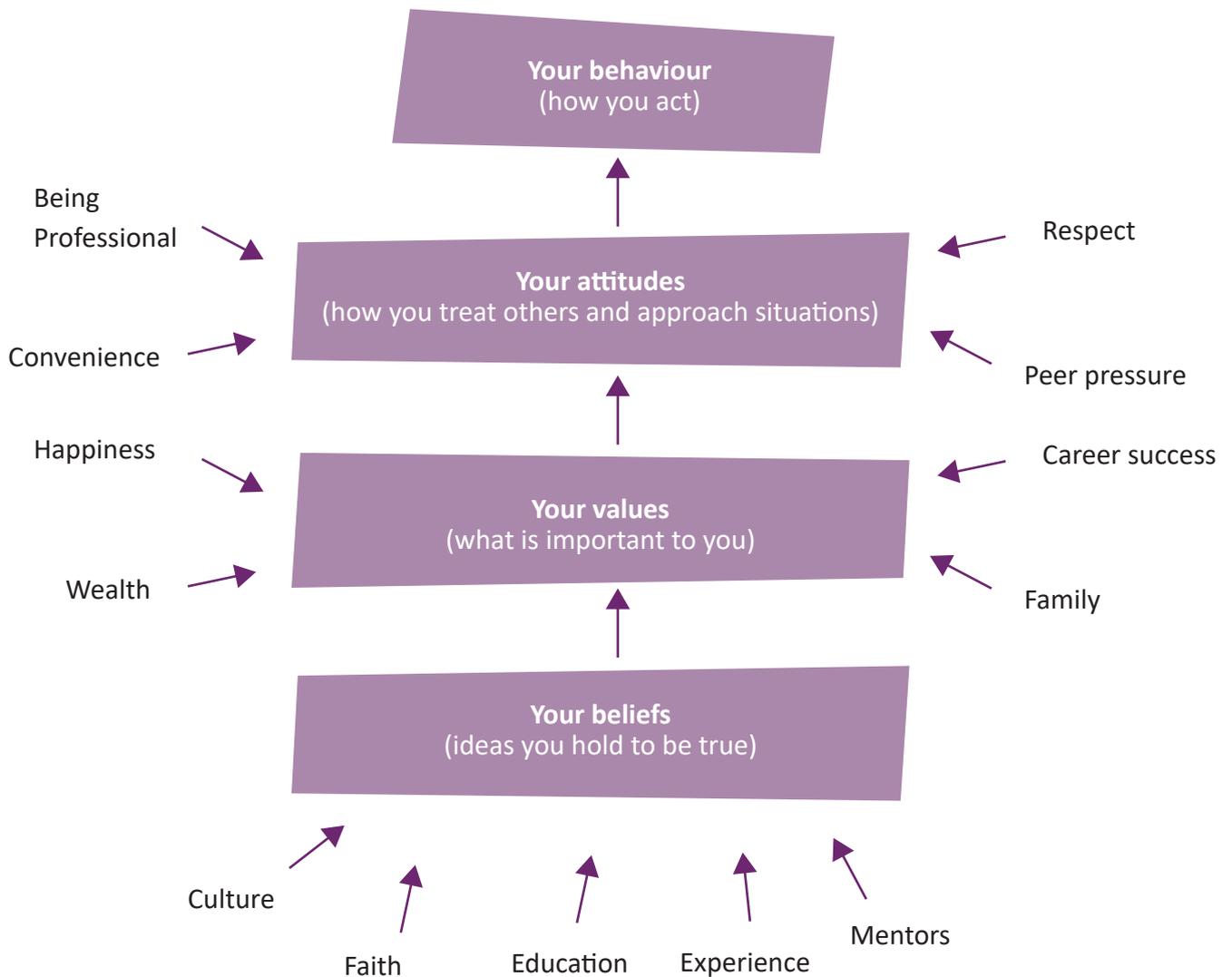
Beliefs are the ideas held by individual counsellors – these are shaped by culture, faith, education, experience and mentors.

Beliefs then shape **values**, which reflect what is important to an individual counsellor. These values are then further influenced by happiness, wealth, career success and family.

Beliefs and values inform counsellors’ **attitudes** to others, as well as how they approach certain situations – such attitudes are enforced by peer pressure, respect, being professional and convenience.

Overall, counsellors behave or act and respond to clients based on their attitudes, which are shaped by their values and beliefs.

Diagram 3A demonstrates the influences that shape counsellors’ practice:



Reflective practice is also a powerful tool for the FSC's learning and monitoring and evaluation processes.

The FSC already has a debriefing mechanism in its daily practice. To increase reflection on and development of effectiveness and ethical practice, the FSC has three modes of reflective supervision in its trauma-informed practice. While developing standards for best practice in Solomon Islands, the supervision system also has a monitoring function for counsellors' work to ensure that an ethical and safe service is provided to the women and children survivors of GBV.

There are three modes of supervision in the FSC:

- one-to-one supervision;
- peer supervision; and
- group supervision.

To increase the quality of practice, the FSC has two additional mechanism in its reflective practice:

- counsellors' meetings; and
- debriefing.

Supervision systems are in place for reflection, education, mentoring and emotional support.

3.1 One-to-One Supervision (Individual Supervision)

Individual supervision, where a supervisor works with the counsellor/supervisee in a one-to-one relationship, is considered the cornerstone of professional skills development. Individual supervision is the most labour-intensive and time-consuming method for supervision. As a result, the supervision should be responsive and flexible. Although structured, planned one-to-one supervision sessions are essential, there are times when an issue needs discussing more urgently.

There are three different forms of one-to-one supervision

a. Formal planned one-to-one sessions

The counsellor/supervisee makes a formal appointment with the supervisor. This form of planning provides consistency, predictability and regularity and is likely to facilitate the development of a positive relationship. It allows for the ongoing review of practice issues linked to supervision records (managerial function), as well as for maintaining a focus on the developmental needs of the counsellor/supervisee.

b. Formal meeting set-up between planned sessions, often to discuss a specific issue

These are responsive to immediate need and are likely to be important in debriefing incidents or when making urgent decisions. They are an essential aspect of management accountability and support.

c. Planned informal sessions, for e.g. arranging a discussion at the worker's desk or speaking on the telephone after a visit.

This may provide support in circumstances where a more formal discussion is not possible.

Diagram 3B



3.1.1 Guiding Principles for One-to-One Supervision

There are **five guiding principles** that should be followed in supervisions with GBV counsellors. This list is not exhaustive but it includes some of the necessary guiding principles to support positive supervision experiences. Supervisions should be:

- 1. Regular and consistent** – supervisions should occur once a week and at a set time so that the counsellor and supervisor can prepare for the session. Ad hoc support may also be necessary and should be provided but **should not** take the place of a regular supervision.
- 2. Collaborative** – supervisors should encourage their counsellors to come to supervision meetings with an agenda identifying the cases they want to discuss, specific questions they have, or relevant areas of technical support.

3. An opportunity for learning and professional growth – supervisors should use sessions to support counsellors’ learning and professional development.

4. Safe – supervisors should ensure that supervision meetings feel like a safe space for counsellors where they can make mistakes without fear, and where they can receive constructive feedback, not criticism.

5. An opportunity to ‘model’ good practice with clients – supervisors have the opportunity to model good counselling practices when communicating with counsellors during supervisions.

Supervisors should follow similar communication practices to those promoted in their work with survivors. Supervisors should:

- Listen before asking questions.
- Pay attention to their and the counsellor’s verbal and non-verbal communication.
- Not begin a question with “why” — instead of saying “why did you do that?” try to understand the rationale of the counsellor’s decision or action by saying something like, “Tell me more about your strategy or decision when you did X.”
- Summarise their understanding of what the counsellor has told them so that miscommunication is limited. For instance, they could say: “What I hear you saying is X” or “Let me make sure I get this right, you were saying that X.”
- Demonstrate empathy for the counsellor’s challenges, concerns, and worries about a case.
- Work from a strengths-based perspective, being sure to highlight what they think a counsellor did well and asking her what she thinks she could do differently before sharing their feedback.
- Seek to empower counsellors by asking them to problem-solve instead of immediately providing them with solutions.



3.2 Peer Supervision

Peer supervision differs from more traditional forms of supervision in that it does not require the presence of a more qualified, identified expert in the process (i.e. a supervisor). Peer supervision usually refers to shared arrangements in which peers work together for mutual benefit where developmental feedback is emphasised, and self-directed learning and evaluation are encouraged.

In this form of supervision, colleagues observe each other while conducting a counselling session with a client. A counsellor is observed by either a supervisor or a colleague during their counselling sessions.

This form of supervision requires a coordinated response between the counsellor/supervisee, the supervisor and their colleague. It requires pre-session planning and post-session debriefing. The supervisor or the colleague must be sensitive to the counsellor's/supervisee's anxiety and vulnerability when using this form of supervision.

A major challenge to facilitating peer supervision is agreement from the client. Informed consent is crucial to progress with this form of mentoring. Allowing another person to be present in the session could increase the time between sessions as it could be up to a few months before the counsellors get an opportunity to set up a session for observation.

The setup must be explained to the client to enable her to consent to the counsellor sitting in on the session.

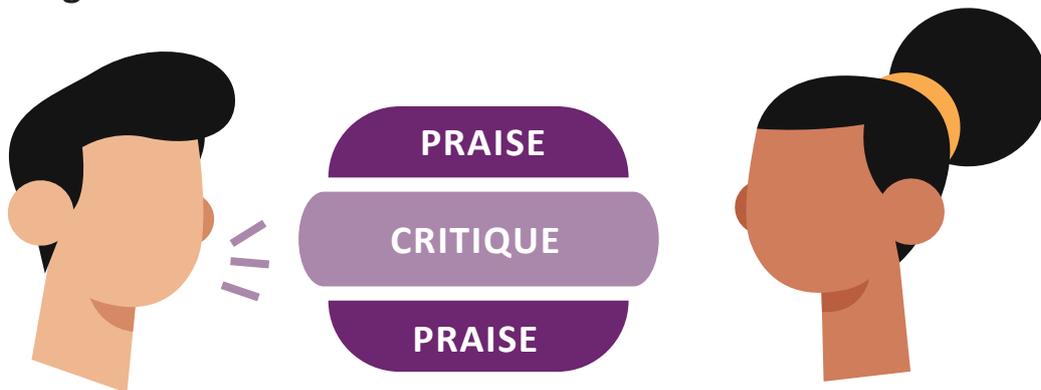
There are eight steps that must be followed to practise safe and ethical peer supervision:

1. Informed consent must be given by the client – ensure that the client is made aware of what peer supervision is and ask for consent. Once consent is given, inform the client of the name of the counsellor who will be joining the session.
2. The observer (counsellor/supervisor) sits behind the client. She must ensure that she is invisible to the client. The observer introduces themselves at the beginning and remains quiet for the whole session. At the end of the session, they should thank the client for allowing them to sit in on the session.
3. While making notes for feedback, the observer must not make any noise or disturb the session.
4. Regardless of the situation in the room, the observer should not speak or interject in the session.



5. At the end of the session the counsellor should escort the client out while the observer remains in the room. The counsellor should again thank the client for accommodating an observer in their session.
6. Once the client has left, there should be a 10- to 15-minute break before the observer gives feedback to the counsellor.
7. Feedback is given in a sandwich format (Diagram 2C). The sandwich feedback method consists of praise, followed by corrective feedback, followed by more praise. For e.g. the counsellor is told what she did well in her session; this is followed by feedback on the skills that could be improved on or that were missed out, and a final positive comment.
8. The peer supervision session should be finished by asking the counsellor how she feels about the feedback.

Diagram 3C



The peer supervision methodology, when managed correctly, provides a more profound learning experience for the counsellors/supervisees in a more protective environment for the clients.

Steps for observers to use while giving feedback to counsellors:

- Do not use “you” while giving feedback, for example, “you did not use open questions”. Instead, use “I” statements for feedback. For e.g. “I feel more open questions could have been used in the session to explore the client’s situation”.
- Feed the other person a ‘learning sandwich’ – start with a positive, sandwich the critical element and end with another positive.
- Be specific.
- Describe rather than evaluate.
- Offer alternatives.

Some general rules for receiving feedback:

- Ask for the feedback that you want (i.e. on any specific areas).
- Wait until the observer has finished commenting before responding. Do not argue back.
- Use paraphrasing and summarising to check that feedback is understood correctly and to move from the vague to the specific.
- Use open questions and probes to help discuss fundamental issues and themes.

It is vital that general statements be avoided; instead, specific detailed feedback should be used as evidence of meeting criteria, for e.g. “I thought you explained the boundaries of the session well. You said your name and the services the organisation provided. I didn’t hear you mention your ethical framework (limitation to your confidentiality) and I wonder how you might have included that. As well as covering confidentiality, you explained the agency policy on record-keeping and your supervision arrangements.” This is much more useful than: “You set the boundaries of the session well.”

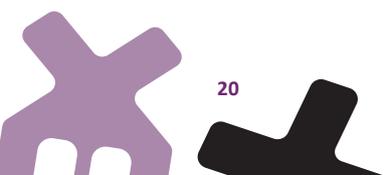
3.3 Group Supervision

Group supervision involves the use of a group setting to enable members to reflect on their work. By pooling skills, experience and knowledge, these sessions aim to improve the skills and capability of both individuals and the group. The goal of the session may be to solve problems, plan work and set priorities, learn from others or make decisions.

Group supervision presents an opportunity both to address the concerns and issues of individuals and to develop teams.

Sharing in a group setting:

- gives counsellors/supervisees an increased sense of support by realising that others have similar concerns;
- allows counsellors/supervisees to find new and better ways of dealing with situations by listening to others;
- allows counsellors/supervisees to explore different ideas about how to solve problems by obtaining a range of feedback from others about issues or concerns;



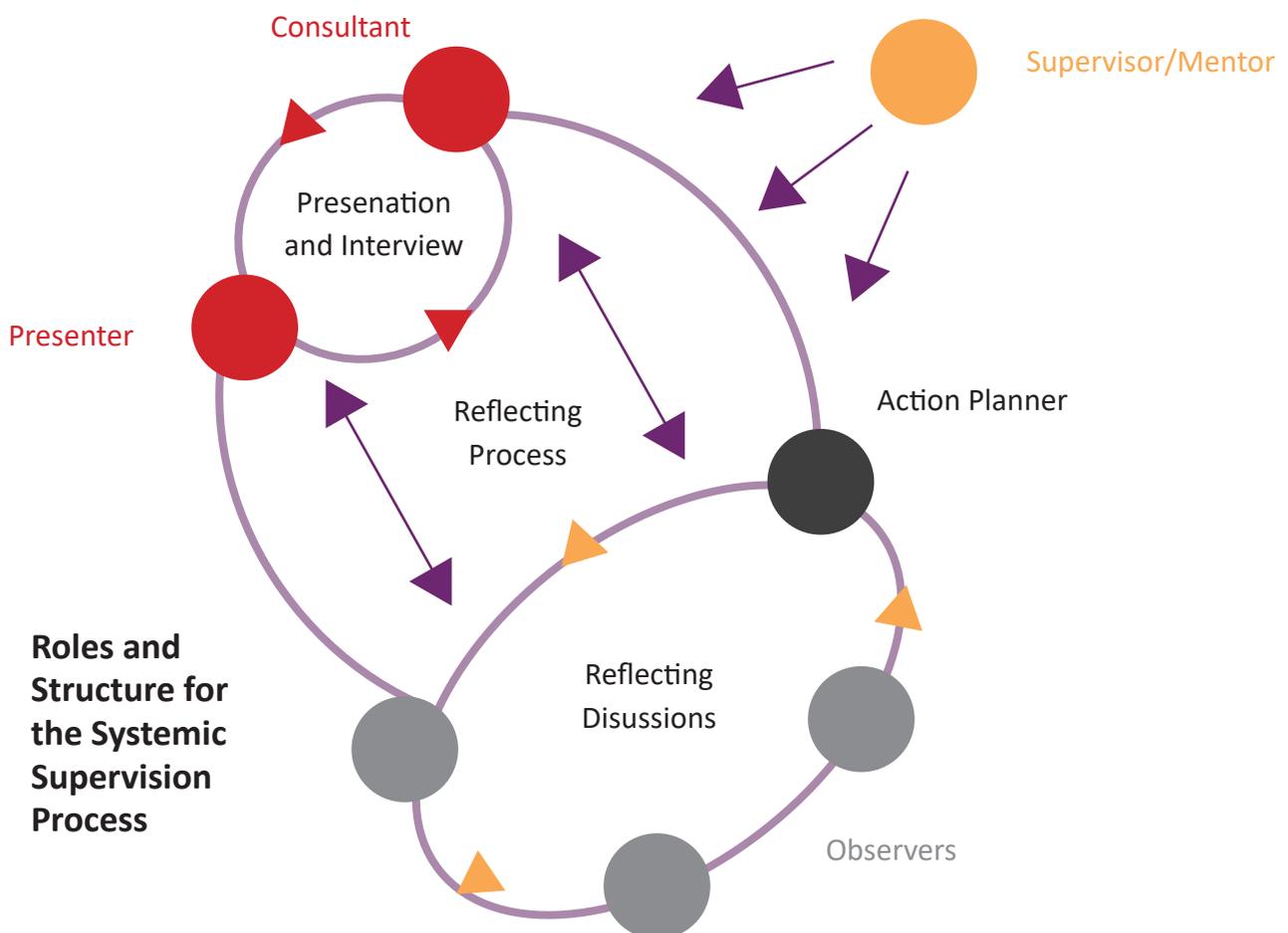
- › provides a safe environment where counsellors/supervisees can discuss their limitations and problems without criticism – some counsellors/supervisees may find that they are more confident about opening in a group situation than in a one-to-one situation.

The FSC adopted Kerry Proctor’s ‘the bells that ring’ model of group supervision (Proctor, 1997). Group supervision aims to empower the counsellor presenting her case and to creatively involve other counsellors in the process. This model allows a structured approach to group supervision.

3.3.1 The Process of Supervision in the the Bells That Ring Model

1. **Supervisor/mentor** – assigns the roles.
2. **Presenter** – presents the case.
3. **Consultant** – questions using curiosity.
4. **Observers** – hold a reflecting conversation.
5. **Consultant** – asks for feedback from the presenter.
6. **Action Planner** – feeds back.
7. The whole group reflects on the process.

Diagram 3C



The roles of each participant in this model can be outlined as follows.

1. Supervisor/Mentor

Their role is to assign the roles of the presenter, consultant, and observers to the group. In addition, they keep the time boundaries and adhere to the systemic supervision process for the duration of the session. The supervisor allocates counsellors to be observers. The role of the supervisor is to prompt the consultant to ask systemic questions of the presenter and to facilitate the observer's reflections by adding any relevant observations.

2. Consultant

Their role is to interview the presenter about the case they are presenting while exploring what would be helpful for the presenter. During the interview, the consultant helps to deconstruct and clarify the presenting issues. The questions asked are to be from the stance of appreciation and curiosity.

3. Presenter/Counsellor

The presenter's role is to prepare the case that she wants to present to the group. Write up an aim for presenting the case; for instance, why does she want to form the group and why is she presenting now? How can the group help? In addition, they should prepare a genogram of the family members that the consultants need to know about. Outline the work on the case so far, including a description of what has worked for you with this case, i.e. include practising wisdom, strategies, techniques, approaches that they feel have been useful.

4. Observers

The observers note down comments while listening to the conversation between the presenter and consultant. They should note down the themes and issues that have arisen from the presentation and processing of the case. What bells ring for the observers, from either a personal or a professional perspective, that should be shared with the presenter and the group?

5. Action Planner

The action planner notes down comments and conversations between the presenter and consultant. What does the client want? How does this link with what has arisen out of the presentation and processing of the case? What are the professional views on the clients best interest: WHAT DOES THE CLIENT WANT: What would you the client like to see more or less of in the future? Who and what is important to them? • BELLS THAT RING: What bells ring for you, that you would like to see go into the action plan?

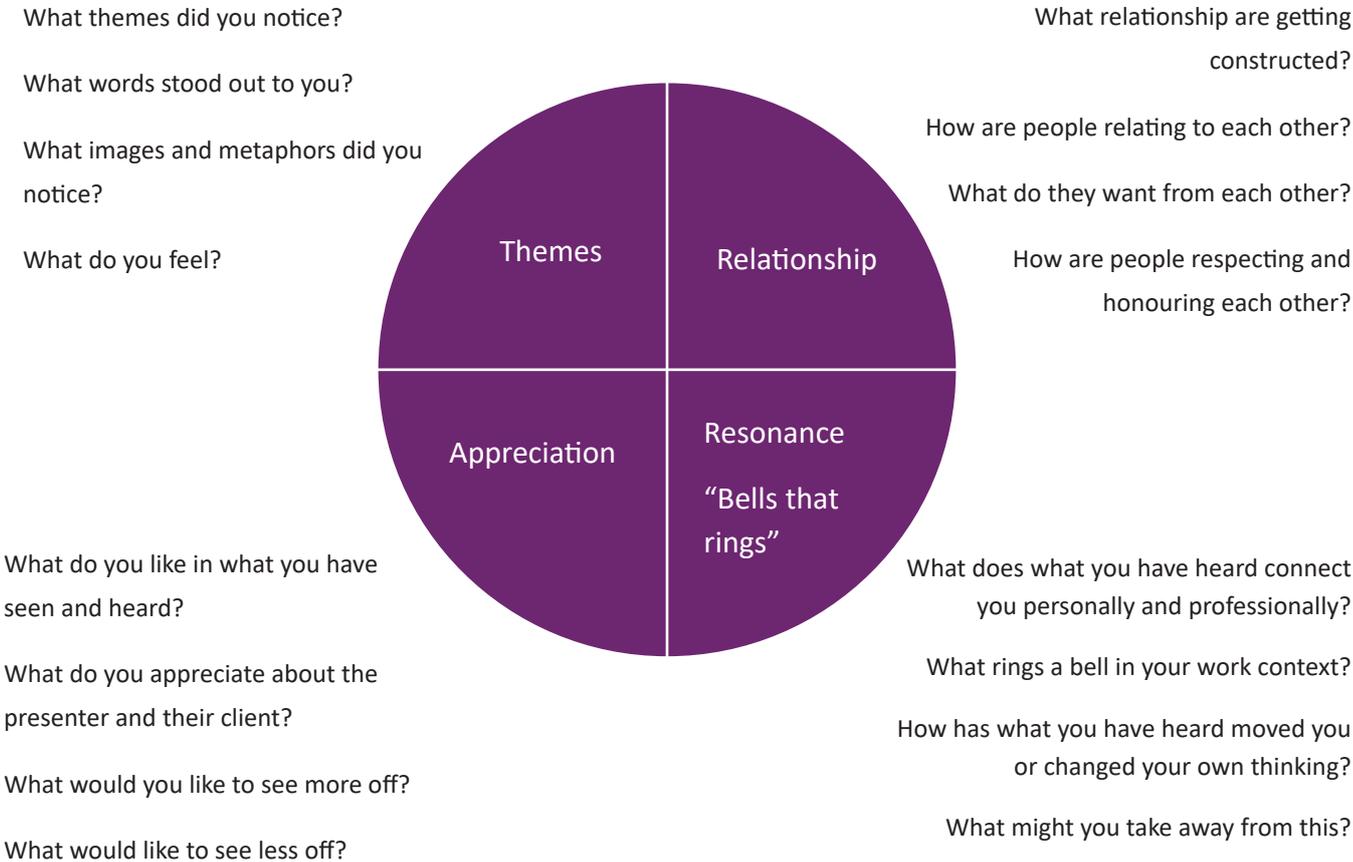
6. Reflecting Discussion

What themes did you notice? What words stood out? What images or metaphors did you notice? What do you feel? What relationships are getting constructed? How are people relating to each other? What do they want from each other? How are people honouring and respecting each other? How does what you have heard connect to you, personally or professionally? What rings a bell in your work context? How has what you have heard moved you or changed your own thinking? What might you take away from this? What did you like in what you have seen and heard? What do you appreciate about the presenter and their clients? What would you like to see more of? What would you like to see less of?

Most of the discussion in this model of group supervision relates to the discussion and reflection among the observers. The presenter can draw out the most applicable skills in their case.

A genogram (Annex 2) is used to outline a case history. This provides a visual cue for the observers while discussing the possible strategies to adopt in dealing with a survivor’s case.

Diagram 3E The reflecting discussion



3.4 Other Reflective Practice Mechanisms

3.4.1 Counsellors' meetings

Counsellors' meetings are central to the effectiveness of the team model and involve team members in a group discussion about all the cases held by the team. The meeting is central to the effectiveness of the team model whereby all counsellors and the legal team discuss caseloads, trends or issues with clients in a group setting.

Meetings are usually chaired by the supervisor, who facilitates the casework discussion and ensures that critical analyses and reflections on cases are undertaken, clear plans are identified, tasks are allocated appropriately, performance standards are complied with and the well-being of the team is considered in light of the work in question. In the absence of the supervisor, the meeting can be chaired by a senior counsellor.

3.4.2 Debriefing

Debriefing enables immediate reflection on a case to avoid repression of any traumatic content that counsellors have been exposed to and to avoid stress.

3.5 Record Keeping of Supervision Forms

The recording of supervision sessions is the responsibility of both the supervisor and the supervisee. The supervision records are to be signed by both supervisor and supervisee and kept securely. There will be two copies of all supervision records: one for the supervisor's record and one for the supervisee.

Each counsellor has a personal file where they keep a record of the supervisions they have attended each year. It is each counsellor's/supervisee's responsibility to maintain their own records.

The supervisor must keep supervision forms in the supervisees file, as these are used during appraisals. This information is to be accessed only by the supervisor and the Coordinator or Deputy Coordinator and should be kept in a safe and secure place.

All supervision sessions must review any matters arising from the previous session.

The recording of supervisions takes place in two ways. 'Casework supervision' relates to casework issues about individual survivors and children. 'Personal supervision' covers the support and personal development aspects of supervision.

3.5.1 One-to-one supervision

The supervision record needs to be completed during the session; where this is not possible, the supervisee/counsellor should receive a copy of the record within five working days.

All handwritten records must be legible — personal supervision relating to the support and development of staff should be recorded on the supervision recording form (Annex 3). Supervision recording forms must also note those cases that have been discussed during supervision, but case numbers should not be included.

The supervision record must be signed and dated by both parties. Both parties should retain a copy, and the document should be scanned and added to the supervision file. If there is any unresolved disagreement about the contents, it should be discussed with the supervisor. If the counsellor/supervisee is not satisfied, they can arrange a meeting with the Coordinator or Deputy Coordinator to discuss further.

3.5.2 Peer supervision

Each counsellor must be involved in three sessions every six months. Each counsellor must be an observer in a counselling session of one of the colleagues and be observed as a counsellor by the supervisor and their colleague. The order of observation is decided based on the availability of the colleague and supervisor. It is entirely the counsellor's responsibility to ensure that they have completed three activities under the peer supervision quota.

Peer supervision feedback is given verbally to the counsellor immediately after the session but the assessment form (Annex 4) should be completed by the end of the day and three copies be made. One copy is handed to the supervisor, another copy is given to the counsellor who was observed, and the third copy is retained by the observer.

If the supervisor was the observer then only two copies of the completed assessment forms are made. One is kept by the supervisor and the other is retained by the counsellor who was observed.

3.5.3 Group supervision

The action planner records the group supervision using the form (Annex 5). The notes with action points are filed by the supervisor. The notes from the supervision are available to counsellors on request.



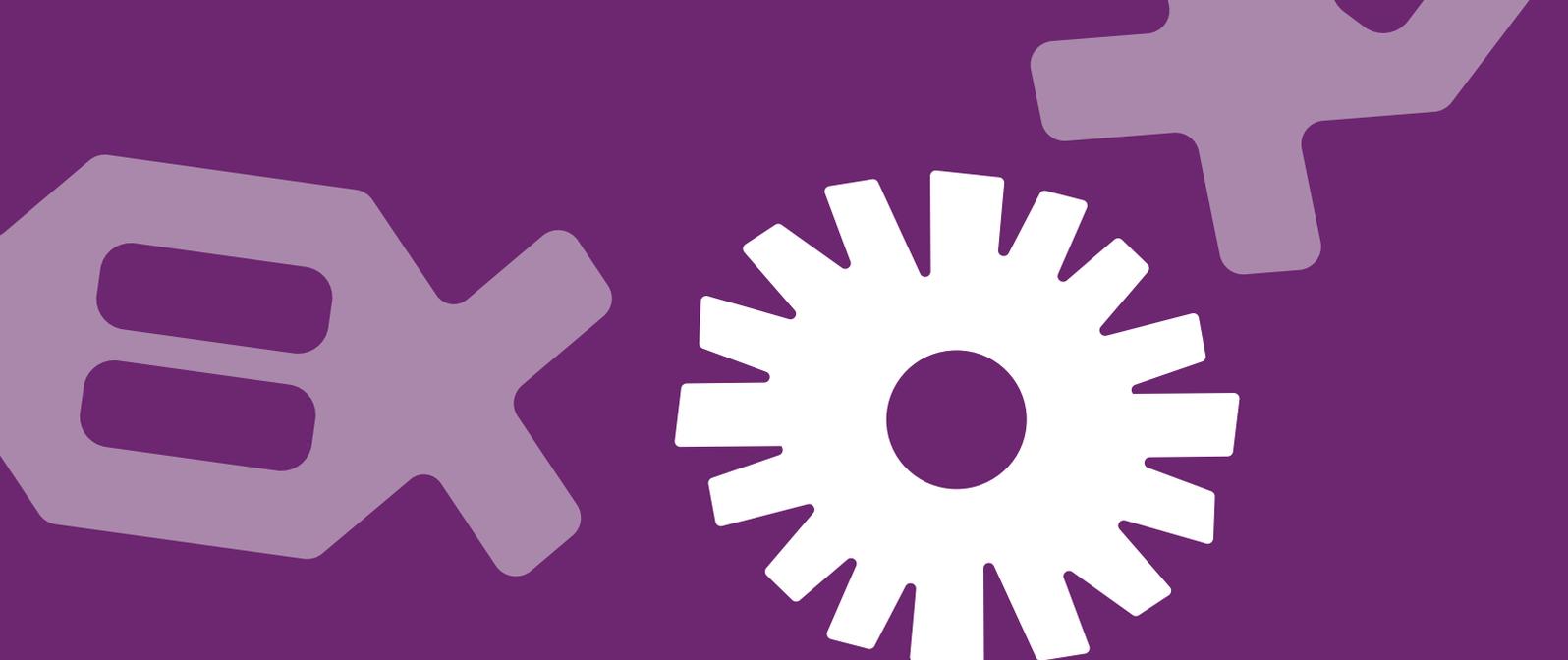
3.5.4 Counsellors' meetings

Team meeting minutes must be signed off by the supervisor or, in their absence, the Coordinator or Deputy Coordinator and co-signed by a senior counsellor (Annex 6). Meeting minutes should be accessible by counsellors within two days so that there is a shared understanding of, and responsibility for, the team caseload. During the meeting counsellors can take turns to write-up the minutes of the meeting.

3.5.5 Debriefing

The supervisor records the debriefing session on a form (Annex 7). The counsellor signs the form after the debriefing session and the supervisor records the duration of the session. Any debriefing session longer than 20 minutes is to be recorded as one-to-one supervision using the appropriate form (Annex 3).

A copy of all records of supervision and meetings is to be kept by the supervisor in a safe and secure place.



4. Addressing Burnout and Compassion Fatigue

Professionals who work with trauma survivors in an open, engaged and empathic way and who feel responsible or committed to helping them are likely to experience indirect trauma. That means that the work transforms them. The way counsellors understand and experience the world, and themselves, is changed as they enter the world of the survivor. While trauma work can be significant and rewarding, it can also be challenging and painful.

Vicarious trauma (VT) or compassion fatigue (CF) is an inevitable by-product of working with trauma survivors. It is not the 'fault' of survivors, any more than of counsellors. VT is the cumulative response to working with many trauma survivors over time.

The signs and symptoms of VT resemble those of direct trauma. Counsellors may experience intrusive imagery and thoughts, avoidance, or anxiety. They may also experience disruptions in their personal or professional relationships, in managing boundaries and in regulating their emotions. For instance, they may lose patience with family or children, or be easily frustrated and irritated. Some counsellors are unable to manage frustration and may have outbursts with family or colleagues. They may withdraw from others, become hopeless, have nightmares or difficulties sleeping, overeat and overuse alcohol. Working with clients who have had specific traumatic experiences may affect counsellors in specific ways.

4.1 Ways to Cope with Compassion Fatigue

At the individual level, practising self-care is important. Self-care is a skilful attitude that needs practice throughout the day.

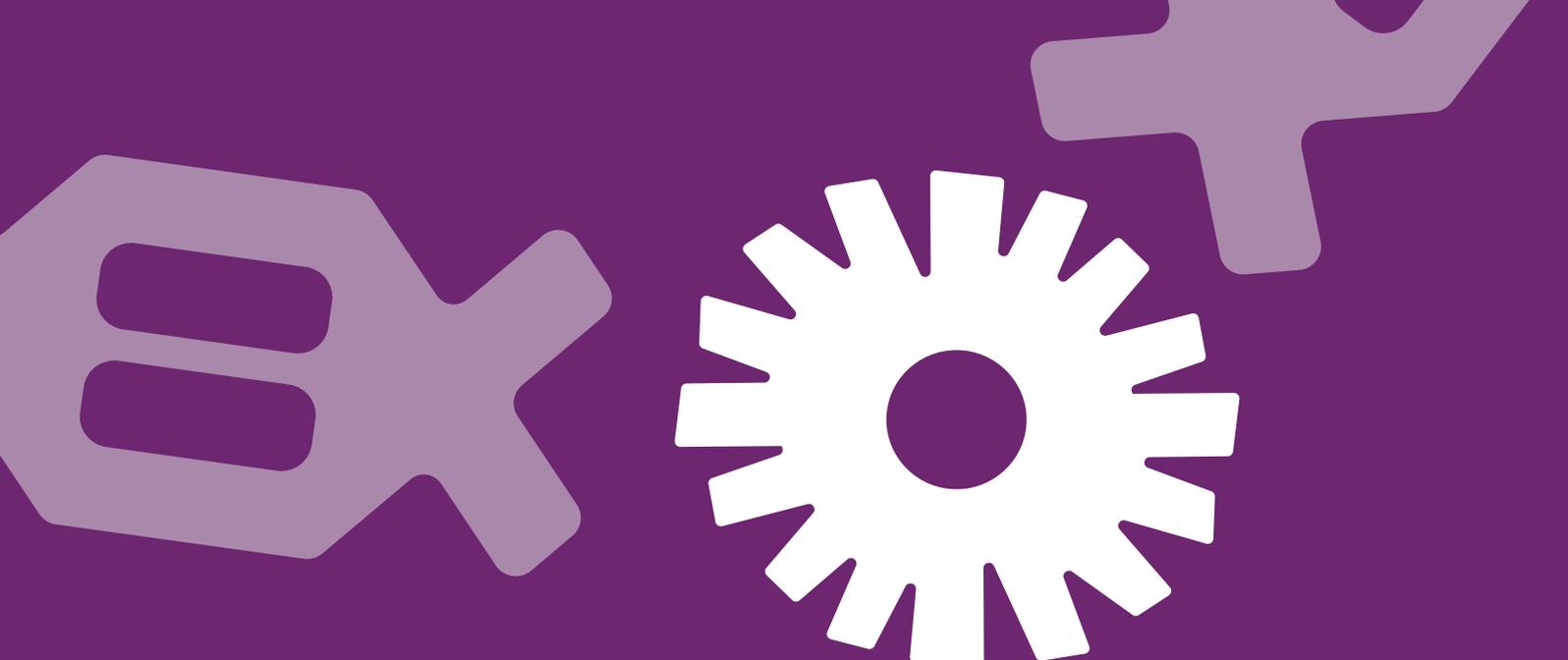
The most effective way to cope with VT/CF is to recognise its incipient (or early) signs and the impact of job stress/burnout by increasing self-observations:

- chart warning signs – take your ‘emotional temperature’;
- conduct a self-analysis; and
- engage in self-care behaviours.

There are a few things that counsellors can do to practise self-care behaviours:

1. Use relaxation exercises between clients.
2. Engage in soothing activities such as going for a massage.
3. Leave work at work. Develop a ritual for the transition for leaving work at the office. Even though counsellors are likely to carry clients’ struggles with them after work, they should learn to formalise a transition from professional to personal life (a walk, a prayer or a brief period of meditation).
4. Ensure physical and mental well-being (nutrition, sleep, relaxation, creative expression, use of humour). Replenish by having a getaway weekend or holiday. Counsellors should permit themselves to take a break when necessary. Cherish friendships and intimacy with family.
5. Have an emotional outlet outside the clinical role, such as exercise, writing, building, gardening, family, social action. Engage in activities that are positive and that have concrete outcomes or products that foster a sense of accomplishment. Nurture a vocational avenue of creative and relaxing self-expression to regenerate energies.
6. Engage in healing activities that renew the meaning of life both in therapy and out of therapy settings. For e.g. some counsellors report bringing into their offices “signs of life and beauty” such as plants that remind them of beauty and rebirth. Engage in life-generating activities such as gardening, painting or enjoying nature.





5. References

Kenneth S. Pope and Melba J. T. Vasquez, *Ethics in Psychotherapy and Counselling: A Practice Guide*. 5th Edition. Hoboken, New Jersey: John Wiley and Sons, 2017.

Kerry Proctor, “The Bells that Ring: A process for group supervision; or What to do When a client slips from your Grasp and becomes Owned by Everyone Else in the Room!”, *The Australian and New Zealand Journal of Family Therapy*, vol. 18, No. 4 (December 1997), pp. 217–220. Available at: <https://doi.org/10.1002/j.1467-8438.1997.tb00299.x>

Annexes

Annex 1: Summary Table for Family Support Centre Supervision Requirements

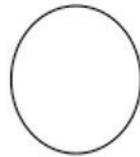
Frequency of supervision					
System	Regularity	Format	Preparation	Length	Follow-up
Individual supervision	Five supervisions per year, and as needed by counsellors Schedule time	Requires appointment	Counsellors	1 hour 30 minutes	Weekly
Peer supervision	Two peer supervisions per month	Each cycle is a 5-month period. Need to take client consent before engaging another counsellor/supervisor	Observer	Counselling session	In the next cycle
Group supervision	Monthly (last Friday of the month) starting 2020	Counsellors reminded of the supervision day and using the “the bells that ring” system to facilitate the group supervision	Counsellor and the facilitator	Minimum of 2 and maximum of 3 hours	Every month
Counsellors’ meeting	Fortnightly (i.e. two counsellors’ meetings per month)	One meeting with counsellors only (counsellors can take turns to facilitate the session). Second meeting: counsellors and legal team – facilitated by supervisor	Counsellors’ meeting: all counsellors to prepare. Counsellor and legal team meeting: everyone to prepare	Minimum of 1 hour	Every meeting
Debriefing	Every day	Ad hoc: when needed. Informal structure	Counsellor who needs to debrief the case	Maximum of 30 minutes	Within 1 day of the debrief, especially for case management debriefs

Annex 2: Genogram Symbols

In a genogram, a square represents a male on the left and a circle represents a female on the right.



Male



Female



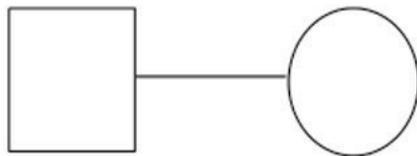
Unknown



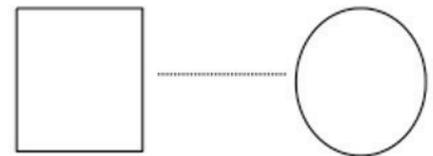
Death



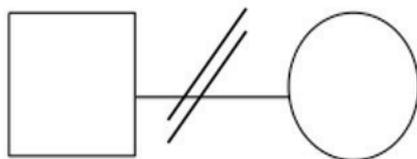
Abortion or miscarriage



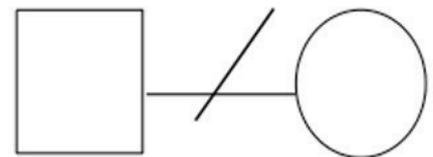
Long- term relationship
Married or living together



Short- term relationship (line
does not touch)

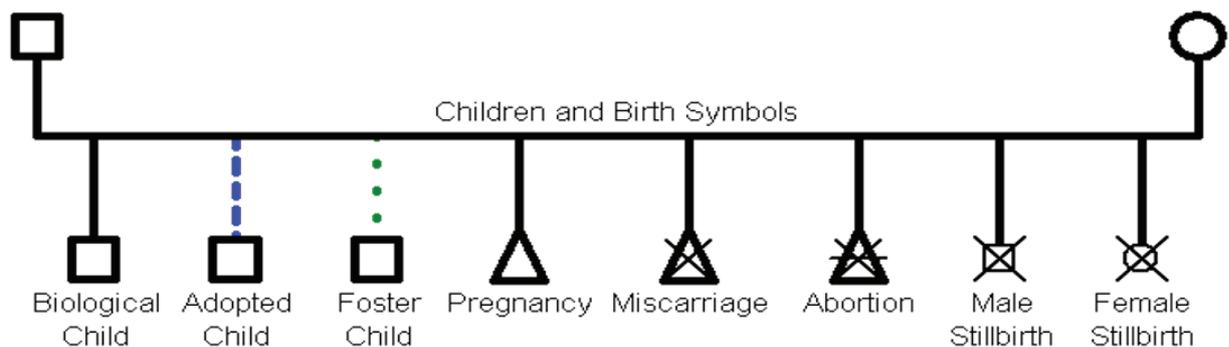


Divorce



Separation

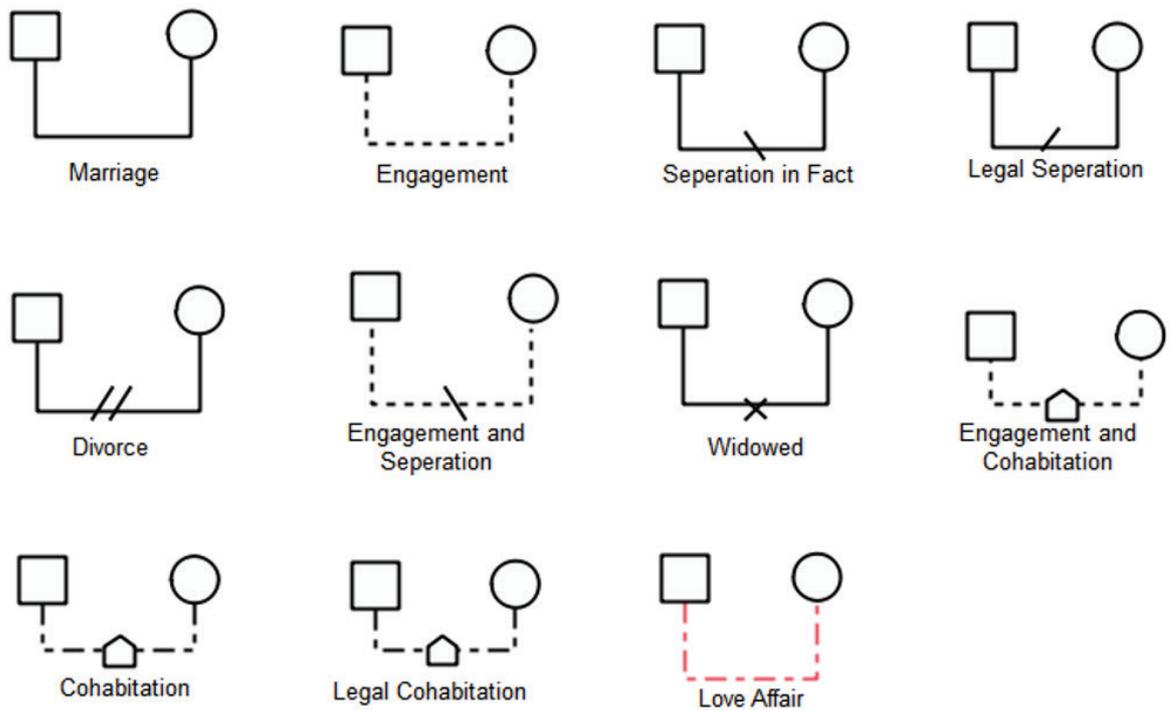
In a standard genogram, there are three different types of children: biological/natural child, adopted child and foster child. A triangle is used to represent a pregnancy, miscarriage or abortion. In the case of a miscarriage, a diagonal cross on top of the triangle is used to indicate the death of the fetus. An abortion is displayed similarly, with an additional horizontal line. A stillbirth is displayed using a gender symbol that is twice as small as usual with a diagonal cross of the usual size.



Family Relationships

The next genogram component describes the type of family relationship between two individuals. A counsellor may replace family relationship with marriage as long as it is understood that marriage is a particular form of family relationship. Other relationships are divorce, separation, cohabitation and engagement.

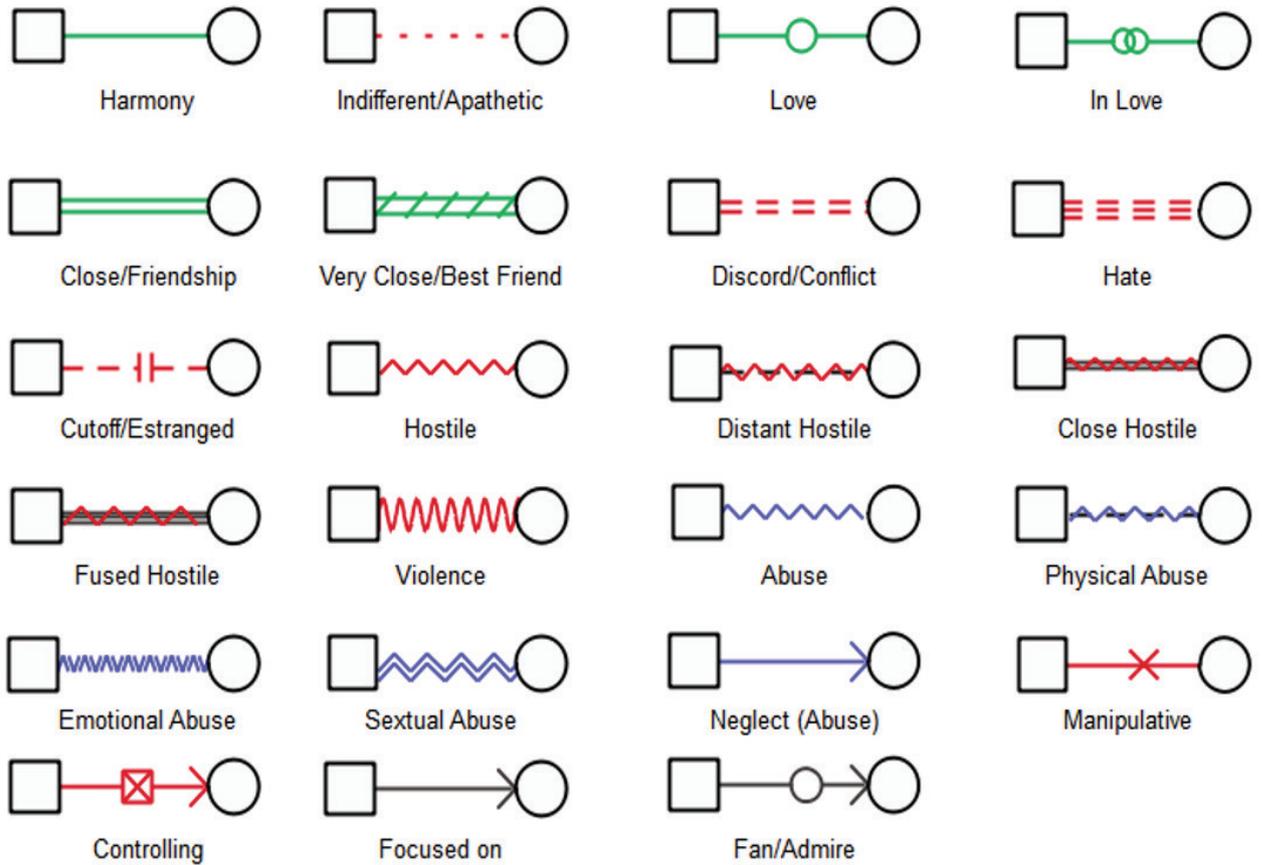
Family Relationship Symbols



Emotional Relationships

Although the family relationship symbols, to some extent, describe the emotional bond between two parents, the **emotional relationship** component can be used to describe the emotional bond between any two individuals in the genealogy tree.

Emotional Genogram Symbols



Annex 3: One-to-One Supervision Form

Family Support Centre

One-to-One Supervision Form

Supervisor: _____

Supervisee/Counsellor: _____

Date of the supervision: _____

Time supervision started: _____

Length of the supervision: _____

Supervision Notes

Case notes (if any cases were discussed)

Supervisor's Signature: _____

Supervisee's/Counsellor's Signature: _____

Date Notes received: _____

Date Notes filed: _____

Annex 4: Peer Supervision Form

Family Support Centre

Peer Supervision

Role-play will assess:

- › knowledge of gender and GBV
- › interviewing skills and counselling sessions
- › empowerment counselling
- › intake assessment
- › risk assessment
- › safety planning
- › action planning

Observers are assessing the **attitudes** of the counsellors through what they say, how they say it and the language they use in each of the above skill areas.

Room and Seating Arrangements

Observers **MUST** sit behind the client during the Observation Assessment.

Arrange the room so that chairs are in a 90-degree angle with Observers facing the counsellor but sitting behind the client.

Instructions

Observers use this checklist to assess counsellors in each role-play. Observers review counsellors' practice by scoring the counsellor against specific categories during the role-plays. The checklist provides the basis on which to evaluate the counsellor's direct practice considering attitudes, skills and knowledge.

Observers observe using the checklist below.

Counsellor's Name	
Observer's Name	
Date of observation	
Length of the session	

#	Skill Area	YES POINT	NO POINT	COMMENTS
Introduction				
1	Did the counsellor appropriately greet the client at reception? Things to keep in mind: 1. No touching 2. Introduced herself 3. Asked client to join her in the counselling room to talk (ensures client has privacy)			
2	Did the counsellor explain client confidentiality and its limitations?			
3	Did the counsellor explain to the client the process of storing their information (client file) while ensuring the security and confidentiality of the information provided?			
4	Did the counsellor explain the reason for taking details and information?			
5	Did the counsellor ask if the client had any questions?			
6	Did the counsellor appropriately request the client's name?			
Sub-total				
Communications, Building Rapport and Interview Skills				
Building Rapport				
7	Did the counsellor ask an open question to begin the session?			
8	Did the counsellor allow enough time for the client to tell her story without interrupting?			
9	Did the counsellor ask open questions to explore the client's story?			
10	Was the counsellor able to distinguish the client's history and current situation?			
11	Did the counsellor tell the client it is not their fault and that they are not to blame for what happened?			
12	Did the counsellor tell the client it is not their faulty and that they are not to blame for what happened?			
13	Did the counsellor use the client's name during the session?			
14	Did the counsellor respect the client's views and opinions on her situation?			
15	Did the counsellor make any false promises or create any false expectations?			
16	Did the counsellor give any advice to the client?			
17	Did the counsellor tell the client what she 'should' do?			
18	Did the counsellor validate the client's feelings (anger, hatred, and sadness)?			
19	Was the counsellor able to empower the client through reflection of her ability to manage the situation so far (link the history of the client's story to her resilience)?			
Sub-total				
Interviewing skills				
15	How well was the counsellor able to use open questions appropriately?			Note the questions down:
16	How well was the counsellor able to use her active listening			List if the counsellor asked the client to repeat herself more than once:
17	How appropriately was the session summarised			
18	Was the counsellor able to appropriately and comfortably reflect the client's feeling (avoidance)?			
19	Has the client's tone changed from the time she started talking?			
20	Has the client's body language changed (slouched/stiff shoulders to relaxed shoulders)?			
21	Was the client complimented on her strength for managing on her own?			
22	Was the client complimented for seeking assistance (positively)			

#	Skill Area	YES POINT	NO POINT	COMMENTS
Knowledge of Gender and GBV				
23	Did the counsellor explain domestic violence, rape and child sexual abuse using simple language or include an explanation of the dynamics of power and control?			
24	did the counsellor explain the psychological, physical and emotional effects of violence to the survivor?			
25	Did the counsellor explain medical and legal rights to the survivor			
Sub-total				
Section D: Risk Assessment and Safety Planning				
26	Did the counsellor make sure it was safe for the client to be speaking with them at that moment by asking mandatory risk questions?			
27	Did the counsellor develop a safety plan with the client before they left the office?			
28	Did the counsellor recognise the impact of disclosure on the safety of her and her children?			
29	Did the client recognise the impact of disclosure on the safety of her and her children?			
30	Did the counsellor explain the cycle of violence to help a client understand risk? Did the counsellor express their concern for the safety of a client wishing to return to a violent partner?			
31	Did the counsellor have a knowledge of basic safety planning questions?			
Sub-total				
Section E: Action Planning				
32	Did the counsellor develop an action plan based on the assessment of needs?			
33	Did the counsellor know how to access emergency care and other services for clients?			
34	Did the counsellor ensure that the client knows the range of options available (safe accommodation, medical services, police, etc.)?			
35	Did the counsellor give information to help the client make their own choice?			
36	Did the counsellor respect the wishes of the client?			
Sub-total				
Section F: Follow-up				
37	Did the counsellor make a follow-up appointment>			
Total				

Comments:

Signatures should be taken after the verbal and written feedback has been handed to the counsellor. Three copies are to be made if the observer is a colleague (counsellor); the original copy is to be given to the counsellor and a copy each kept by the supervisor and observer. If the observer was the supervisor, then one copy is made. The original is given to the counsellor to copy and store with the supervisor.

Signature of observer:

Signature of counsellor:



Annex 5: Group Supervision Record Form

Family Support Centre

Group Supervision Record Form

Date:

Case Number:

Facilitator:

Duration of supervision:

Presenter/Counsellor:

Consultants:

Observers:

Action planner documents the brief information and the genogram of the case while the presenter/counsellor is presenting.

Action planner documents consultant's suggestion and observers' feedback on new strategies, techniques or approaches that could be useful for the presenter/counsellor.

Action Taken:

The counsellor fills in this section before the next supervision date. The counsellor needs to sign and write the date she completes this section. The supervisor should co-sign.

Supervisor:

Consultant:

Signature:

Signature:

Presenter/Counsellor:

Action Planner:

Signature:

Signature:



Annex 6: Counsellors' Fortnightly Meeting Minutes

Family Support Centre

Counsellors' Fortnightly Meeting Minutes

Date:

Attendees:

Absentees:

Agenda items (things the supervisor and counsellors would like to discuss. The agenda is prepared before the meeting, and the agenda items should be decided through a consultative process among counsellors).

Summary discussions:

- Highlights of the meeting (members sharing any positive experiences or successful cases).
- Concerns (members express any concerns they have and would like to be addressed).
- Action points (list the points to be completed before the next meeting and who is responsible for completion of the action).

Annex 7: Debriefing Record Form

Family Support Centre

Debriefing Record Form

This form collects monthly debriefing sessions facilitated by the supervisor. The monthly form is divided into weeks per month.

Week 1 (Date – Monday to Friday)				
No	Date	Name of the counsellor	Time spent on debrief	Signature of counsellor



Family Support
Centre



EUROPEAN UNION



NEW ZEALAND

