Intermediary Supervision

Is supervision necessary for intermediaries?

Being on the front line in the role of an Intermediary can be very challenging and at times distressing. Although many of us are experienced clinicians, the effect of vicarious/secondary trauma cannot be underestimated.

"The expectation that we can be immersed in suffering and loss on a daily basis and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet." (Green 2013)

Secondary trauma/vicarious trauma is the effect on us of seeing and hearing traumatising material as a result of doing our job. We are frequently presented with traumatic accounts of abuse, loss, harm, blame and shame. No matter how carefully we set our boundaries, these demanding emotions can transfer and permeate our psyche.

Dr O'Neill found:

- 58.9% of intermediaries reported experiencing secondary trauma/vicarious trauma.
- Only 41.1% of intermediaries reported accessing regular supervision
- 96.4% felt intermediaries should be able to access regular supervision (Dr O'Neill, 2024).

The Allied Health Professionals, which include speech and language therapists, occupational therapists, physiotherapists and some psychotherapists, are required to have regular clinical supervision. RCSLT recommends that certified speech and language therapists receive at least one hour of professional supervision every four to six weeks.

HCPC standards of proficiency say that registrants need to be able to 'look after their health and wellbeing, seeking appropriate support where necessary (3).'

It is a requirement for psychotherapists to have undertaken their own therapy during their training and to be in some type of supervision arrangement.

What is supervision?

Although there is no one all-encompassing definition of supervision, the Kings Fund Centre 1994 states:

"Clinical supervision is a formal arrangement that enables . . . to discuss their work regularly with another experienced professional. Clinical supervision involves reflecting upon practice in order to learn from experience and improve competence."

'Supervision is the formal arrangement that enables you to discuss your work regularly with someone who is experienced and qualified. Supervision is an essential component of a good quality speech and language therapy service that is able to identify and manage risk. This is the case for all SLTs, including those practising independently or employed in other contexts.' Supervision-summary-for-speech-and- language-therapists.pdf

Intermediary supervision would also allow work with vulnerable people to be discussed with an appropriate supervisor, with the benefit of providing a quality intermediary service which identifies problematic issues and seeks to address them.

HCPC (2021) suggest that the characteristics of effective supervision are:

Click here to view the above image full size.

It is accepted that supervision is a way to promote good, safe practice as well as providing time to address individual needs for support.

Supervision is carried out in a safe, confidential environment which can be restorative and enhances resilience.

During supervision the supervisor uses active listening, open questions and may offer practical solutions. A safe environment will offer the possibility to be authentic and self-reflective without the intrusion of forces such as competition and envy. It offers an opportunity to reflect on how events went, what could have been done differently and the effect they have had on us.

There are various supervision models such as:

- Proctor's Functional Model (1986/1992).
- Heron's six category intervention analysis.
- Padeskey's cognitive therapy model
- Driscoll's solution focused model.
- Stoltenberg & Delworth (Integrated Developmental Model-IDM) (1987/2006)
- Hawkins & Shohet (Double Matrix Model) (1989/2006)
- Waskett 4S Solution Focused Model (2009)
- Milne's CBT Model (2000/2017)

Essentially all models focus on enabling practitioners to understand and manage emotional stress in a restorative and supportive environment. Likewise, they help skill development and enable self-monitoring of effectiveness.

How does this translate into the Intermediary world?
There is no current formalised requirement for intermediaries to engage in supervision.

Some intermediaries have chosen to engage their own personal supervisors who they may meet on a regular basis or have phone/Skype/Zoom individual supervision when required. Alternatively, others may wish to have a supervisor who facilitates/leads a supervision group.

IfJ will host a list of potential intermediary supervisors on the members' section of our website.

Individual intermediary supervision may have an **emotional focus** (exploring the emotional impact of working with vulnerable people within an often hostile adversarial criminal justice system, and how this may link to the supervisee's personal history and current life circumstances/belief systems/thoughts/feelings). Ideally, this type of intermediary supervision would be provided by a mental health professional (e.g. Psychotherapist, Counsellor) who may or may not be an intermediary.

In contrast other supervisors can offer individual intermediary supervision that involves **reflective practice** of intermediary working practices (e.g. how to assess different aspects of communication, useful visual resources/articles/documents, problem solving recent case issues). This would be best provided by a supervisor who works as an intermediary. Some intermediary supervisors may offer both emotional supervision and reflective practice intermediary supervision, others just 1 type of supervision.

It is important to consider how you get both types of supervision.

If you have 2 supervisors, you may wish to inform them that they are each supervising you.

Some intermediaries have formed peer supervision groups. These are closed groups where a fixed number of people meet at regular intervals. The groups are run without a formal agenda. Each member can bring to the group, experiences and emotions that may have arisen during a case or sometimes frustration regarding the system.
Coming from caring professions it can be shocking at times to be caught in the adversarial system.

Group supervision sessions are times when fears, frustrations and triumphs can be aired. Confidentiality is guaranteed and emotions can be allowed to flow in the safety of this 'contained' environment. Sessions can be both settling, energising, completing and enhancing for our work. The links created can assist in clarification of both situations and emotions.

A useful definition of a supervision group is provided by Bond and Holland (1998):

"Three or more people form a fixed membership group and have planned regular meetings in which each person gets the chance for in-depth reflection on their own practice and on the part they as individuals play in the complexities and quality of that practice, facilitated by reflection from the other group members."

Another powerful form of supervision is art psychotherapy where the intermediary creates images, sculptures and other forms of creative outlets. This allows for the externalisation of inner thoughts and memories following hearing and seeing distressing accounts. It has come to be known as 'Turbo charged' supervision as it can access feelings very deeply and rapidly. The supervisee may not have been previously aware of what they were carrying around with them. One intermediary reported that making images helped her cope with the after-effects of the horror of having seen child abuse images which had been part of a case.

No matter what style of supervision is chosen, the effect is far-reaching in helping to cope with the occupational hazards of intermediary work. This in turn can benefit the vulnerable people we are working with. Intermediary work is varied and involves a steep learning curve. To seek out the help afforded by supervision and to share experiences during such sessions will facilitate best practice and also, importantly, safeguard us from burn-out!

Currently the MOJ offers a limited amount of hours of mentoring for newly qualified intermediaries or those returning to intermediary practice. Mentoring is not supervision. Some MASPs, in the Court Appointed Intermediary Scheme, offer supervision for their employees or members.

What is professional support?

Professional support is **not** supervision as it is focused on everyday work practices and pastoral support, and provided on a more ad hoc and less formal basis. For example, through peer support groups, mentoring, and shadowing. What is supervision? | (hcpc-uk.org)

'*Professional support: ranges from being more immediate, ad hoc and short-term, offering a space to 'off load', seek validation or advice to providing an opportunity to develop skills, knowledge and practice in a more general way*.' Information-on-supervision.pdf

Intermediaries for Justice offers professional support through its monthly drop-in sessions, CPD SIG sessions and What's App groups.

Finding the right supervisor for you

If you are seeking intermediary supervision it may be helpful to have a discussion/meeting with the potential supervisor, to determine if this is the right supervisor for you. Consideration should be made regarding:

- whether the potential supervisor is an intermediary or not
- whether they work with or have worked with similar vulnerable people to you
- when and what training in supervision and trauma informed practice they have completed
- whether they offer individual/group/in person or online supervision or other forms of therapeutic support
- whether they have the skills, qualifications and experience to focus on emotional aspects and/or intermediary working practices

'*As with any element of a registrant's practice, a registrant should only offer supervision if it is within their scope of practice. The standards of conduct, performance and ethics state: You must keep within your scope of practice by only practising in the areas that you have appropriate knowledge, skills and experience for (3.1). .This means that we would expect supervisors to be suitably trained to perform a supervisory role and have the required knowledge, skills and experience in the area of practice they are supervising*.' What our standards say | (hcpc-uk.org)

'*Supervisors can be in a different profession to the supervisee provided that they have the appropriate skills, knowledge and experience to conduct the supervision being requested, and have received appropriate training*.' Guidance for supervisees | (hcpc-uk.org)

Advice from professional bodies responsible for the 1st profession of some intermediaries is also helpful when considering intermediary supervision e.g.

'Professional supervision offered across professional boundaries can readily address wider practice concerns, such as team dynamics, personal and professional development and broader service issues. However, ***if the professional supervisor does not have a speech and language therapy background, then s/he will need to pay attention to their scope of practice and delegate accordingly*** *(e.g. for a specific clinical dilemma, a therapist would need to access a supervisor from their own profession). The same applies for an SLT with a professional supervisory role in relation to a non-SLT health professional*.' (Infomation-on-supervision.pdf)

IfJ's expectations of Intermediary Supervisors

In order to be included on IfJ's Intermediary Supervisor List within the members' section of the IfJ website, potential supervisors must have:

- a 1st profession
- worked for at least 5 years in a professional role
- attended a course on trauma
- completed a supervision course for supervisors.

In addition, IfJ requires supervisors to attend:

- An IfJ 1hr zoom meeting to gain an overview of working as an intermediary if the supervisor is not an intermediary
- 2 x IfJ zoom supervisors' meetings a year with other supervisors working with IfJ members, to explore and compare supervision issues arising. This counts as a supervision session for supervisors.

Please note that IfJ cannot endorse or verify the credentials of any professionals applying to be clinical supervisors for IfJ members. It is the responsibility of the intermediary seeking supervision to ensure that they are satisfied with their supervisor.

Supervision Cost

The costs of supervision will vary depending on the skills and experience of the supervisor, their geographic location, the supervisor's professional background and any additional professional trainings they have completed. Each supervisor sets their own rate.

IfJ members will need to contact possible supervisors to request current information about supervisor rates.

As a guide individual clinical supervision for counsellors or psychotherapists may currently (Feb 2025) cost £55-90 (or more) per 50-60 minutes. Individual Speech and Language Therapy clinical supervision may currently cost £70-£120 per hour.

Supervision Contract and Records

Use of a supervision agreement is helpful, before commencing supervision, to make expectations and responsibilities clear. Guidance for supervisors | (hcpc-uk.org)

You may also wish to discuss what session notes will be made and the process for recording and agreeing these.

'*Supervision is a great way to demonstrate your CPD, and the notes that you take during your sessions can be submitted as evidence if you are selected for CPD audit.* ***You should therefore keep an accurate record of your supervision activities, including what was discussed at your sessions, feedback received or provided, reflection notes and how you have applied this to your practice.***' What our standards say | (hcpc-uk.org)

References

Bond, M and Holland, S (1998): Skills of clinical supervision for Nurses. Open University press.

Driscoll, J (2000): Practising Clinical Supervision – a reflective approach for health care professionals. Edinburg, Balliere Tindall Elsevier.

Faugier, J and Butterworth, A (1994): Clinical Supervision – a position paper. University of Manchester.

Glover, D (2000): Models of Supervision. Nursing times, 96, 6, p45-47. Green, M

(2013): BAAT Conference – Secondary Trauma and Resilience.

Health and care Professionals Council (2021): Key characteristics of effective supervision. London Key characteristics of effective supervision |

Heron, J (1989): Six Category Intervention analysis. Human Potential resources Group, University of Surrey

O'Neill, C. (2024): People not just books. An Investigation into the Knowledge and Experience of Trauma Informed Practice in the Justice System. Christchurch Canterbury University

Padeskey, C (1996): Developing cognitive therapist competency: teaching and supervision models. Guildford Press

Proctor, B (1987): Supervision – a cooperative exercise in accountability. Enabling and Ensuring. Supervision in Practice. National Youth Bureau and Council for Education and Training in Youth Community Work.

RCSLT Information on Supervision infomation-on-supervision.pdf

RCSLT Nov 2017): Supervision Information for Speech and Language Therapists supervision-summary-for-speech-and-language-therapists.pdf

Intermediary Supervision information written by:

Catherine O'Neill, Chair of IfJ, Registered Intermediary, Consultant Speech, Language and Communication Therapist, Arts psychological therapist, Design and Consultancy for Educational Equipment

Susan Stewart, Registered Intermediary, IfJ Trustee Lead for CPD and Speech and Language Therapist

Date: 25th Feb 2025