



EUROPEAN BOARD OF MEDICAL GENETICS

Counselling supervision for genetic counsellors

Guidelines from the European Board of Medical Genetics Genetic Nurse and Genetic Counsellor Branch Board

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Introduction

This document on counselling supervision has been produced for genetic counsellors. In the document, we define counselling supervision, describe why it is essential for safe practice and suggest ways in which counselling supervision can be organised. As stated in the Code of Practice [https://www.eshg.org/fileadmin/GCGN_Downloads/EBMGCodeofprofessionalpracticeforgeniccounsellorsinEurope.pdf], the EBMG regards counselling supervision as essential for safe practice and it should contribute to the ongoing development and support of every genetic counsellor.

What is counselling supervision?

Genetic counsellors in clinical practice should utilise both clinical and counselling supervision. Clinical supervision involves discussion and review of cases or working practices within the multi-disciplinary team of health professionals: this is essential for good practice. However, counselling supervision is also essential for safe practice. The role of the genetic counsellor specifically involves exploration of the emotional impact and psychosocial aspects of the genetic condition in the family. This requires the counsellor to work empathically and to be genuine and congruent with patients. Transference and counter-transference are also an integral part of the counselling relationship.

Counselling supervision is necessary to:

- Obtain psychological support when working in challenging circumstances
- Enable us to recognise when our own personal issues are influencing our work with patients
- Explore our responses to patients, for example involving transference
- Manage the emotional load associated with empathic work
- In a safe environment, explore how we can improve our work,
- Reduce the chance of experiencing burnout or compassion fatigue.

How should you use supervision?

Supervision should provide a safe environment to reflect on your own practice and learn for the future. Your supervisor's role is to enable you to do this freely without fear of judgement. It is therefore essential that you and your supervisor have a trusting relationship, but one in which your supervisor can challenge you to explore your reactions, your responses and your underlying motives for your actions.

In practice, the supervision relationship is similar to the counselling relationship. But the focus of the work is on the work you do with your patients. At any supervision session, you may choose to discuss one or more particular cases, for example where you are concerned that a specific patient has not considered all the possible outcomes of a test. You may discuss a more general issue related to your practice,

such as difficulty in giving test results. The supervisor is there to listen, to help you to explore the issue from your personal perspective and to challenge you when appropriate.

Supervision can be provided for an individual counsellor on a one-to-one basis or may be provided for a small group of counsellors.

Who can be a supervisor for genetic counsellors?

A counselling supervisor should be a person who is a trained and experienced counsellor. The supervisor should also have training in supervision skills.

Ideally the supervisor is someone who works outside the genetic counsellor team, with no management responsibilities towards the supervisee.

It is not essential that the supervisor has a background in genetics, because they are focussed on the counselling aspects of your role, not the genetic information. Many successful supervisors come from outside the field and your supervisor could have a background as a counsellor, a mental health professional, a psychologist or a social worker.

How much supervision do you need?

It is recommended that each genetic counsellor working full time should have the equivalent of at least one hour of counselling supervision per month. This means that one counsellor working with one supervisor would have one hour of supervision, but if the supervisor sees a group of counsellors together, the time should be increased [<http://www.bacp.co.uk/supervision/>].

Who should pay for supervision?

If you are employed, your employer should provide supervision as this is essential to ensure safe practice. If you are self-employed then it is your professional responsibility to obtain supervision.

What do I do if I have no supervision?

It is your professional responsibility to ensure you have supervision. You should approach your employer with a request for supervision. All registered genetic nurses and genetic counsellors must adhere to the EBMG Code of Practice, which states that practitioners must utilise both clinical and counselling supervision.

If it is not possible at present to have an external supervisor, then it is possible to use co-supervision in the interim.

Possible models for co-supervision

One-to-one co-supervision

Using this model, two colleagues arrange regular, formal meetings. The guidelines for supervision are agreed.

In each meeting, one colleague is the supervisor and the other the supervisee. The role of supervisee should alternate so both colleagues have equal amounts of supervision time.

Meetings should be arranged once every two weeks, for an hour. This will equate to one hour of supervision for each counsellor per month.

Group supervision

Using this model, several colleagues arrange regular, formal meetings. The guidelines for supervision are agreed.

Before each meeting, time is allocated to two or more colleagues to present a case. The time should be shared equitably (e.g. each person has 20 minutes for a case). One person should be the 'organiser' to keep time. All members of the group discuss each case.

Group supervision using a 'family systems' technique

This model is based on the counselling techniques used by family systems therapists. It is suitable for a group of at least four counsellors.

The counsellors arrange formal, regular meetings and agree to the guidelines for supervision.

One counsellor is the supervisee, one a supervisor. The case is discussed between these two counsellors. The other counsellors observe the discussion but do not contribute at all. After discussion between the supervisee and supervisor, the 'audience' discuss the case between themselves. The supervisor and supervisee listen to the conversation, but do not comment. At the end, the supervisor summarises what the audience has said and the supervisee can make a final comment.

Other documents that may be useful to you.

1. Clarke A, Middleton A, Cowley L, Guilbert P, Macleod R, Clarke A, Tran V; AGNC Supervision Working Group. Report from the UK and Eire Association of Genetic Nurses and Counsellors (AGNC) supervision working group on genetic counselling supervision. Journal of Genetic Counseling. 2007 Apr;16(2):127-42. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/17308871>
2. Kennedy A. Supervision for Practicing Genetic Counselors: An Overview of Models. Journal of Genetic Counseling. October 2000, Volume 9, Issue 5, pp 379–390.