

# Standing up for counsellors

Is it the role of the supervisor to challenge employers who put pressure on counsellors to work with high client caseloads? *By Davy Hutton*

I am a BACP senior accredited supervisor and counsellor working in private practice and in the voluntary/community sector in Northern Ireland. I have been motivated to write this by some worrying trends that seem to be developing in relation to counsellor caseloads that I think need serious consideration.

BACP describes supervision as: '... a formal arrangement for therapists to discuss their work regularly with someone who is experienced in both therapy and supervision.'<sup>1</sup>

Beinart<sup>2</sup> proposes various models of supervision, ranging from those based on psychotherapy theories to those developed specifically for supervision: ie developmental models, social role models and systems approaches. Essentially these are all model-specific or trans-theoretical models of supervision.

McCann<sup>3</sup> describes supervision as having four dimensions: clinical, managerial, educational and formal evaluation of the work. He expands this to include the training institution and agency within which supervision occurs. This article refers to clinical supervision involving counsellors or therapists.

Dryden writes: 'The clinical supervisor has a privileged, responsible position as mentor, guide and, often, assessor; it is quite different from regulatory managerial supervision.'<sup>4</sup> Hawkins and Shohet<sup>5</sup> describe a supervision matrix consisting of three client and three process aspects or modes of supervision and a seventh element, the wider context or environment in which the supervision takes place, that has an influence on these six modes. It is this environment, or 'work context, I would like to discuss further.

## Workload trends

The current and likely future trend in counselling requires organisations to tender for work, which does not seem

to have helped counsellors. In Northern Ireland, organisations that win the tendering process tend to be those that offer the lowest tender. They then find they cannot financially sustain or deliver the service for the price quoted. Organisations can be tempted to ask counsellors to maintain unsustainable and possibly unethical client caseloads to compensate for this. The solution from a purely organisational, financial perspective is relatively simple: get the counsellors to work more client contact hours for the same remuneration.

For every standard 50-minute counselling hour delivered, some organisations are saying the counsellors 'owe' them the missing 10 minutes. This is then aggregated on a weekly/monthly basis and the counsellor is expected to work the cumulative shortfall. So, for example, for every six clients, the counsellor will accumulate an extra client hour (six 10-minute periods) to be worked. When clients do not attend (DNA), the organisation may also aggregate these hours and add them to the counsellor's workload for the next week. So, if a counsellor is required to see 20 clients per week and six of them do not attend, the next week the counsellor will have to see 26 clients.

This, however, does not recognise the dramatically increased risk of either burnout or compassion fatigue for the counsellors involved.

One of the acknowledged roles of a clinical supervisor is to ensure that counsellors are competent, ethical and professional in their work with clients (a safeguarding role). A possibly unforeseen consequence of the above trend may be that supervisors have to safeguard counsellors from the organisations for which they work.

BACP guidelines for client caseloads (information sheet G4,<sup>6</sup> to be read in

association with the BACP *Ethical Framework*) suggest 20 clients for a full-time post (ie 37 hours per week). This ratio of client contact roughly equates to 60 per cent of the weekly workload. Organisations in Northern Ireland are apparently expecting counsellors on a 12-hour contract to see 12 clients. Similarly, counsellors on a 24-hour contract are expected to see either 20 or 22 clients. The BACP information sheet says the 20-client/37-hour ratio needs also to take into account a number of variables, such as client cohort complexity, vulnerability and risk, and the amount and quality of support available, including peer support and supervision. The information sheet also states that, in less supportive circumstances, the client contact hours may need to be reduced to 15 or 16 hours per full-time post. This is because therapists are working with highly emotionally charged material.

Anyone would be hard pressed to describe client contacts in Northern Ireland as 'straightforward' or 'ideal', given our 40-year history of internecine civil conflict. Over those 40 years, terrible atrocities were committed by both sides and the intergenerational/transgenerational and vicarious trauma experienced by a large proportion of our population is severe.

I feel that some organisations are in danger of playing fast and loose with BACP's *Ethical Framework* and guidance, for purely financial reasons. They appear to be cherry picking the sections of these documents that they like and ignoring the elements they dislike. This, I think, is a mistake; the *Ethical Framework* should be adhered to in its entirety.

## How should supervisors respond?

Given this appears to be the current/future landscape of counselling in

Northern Ireland, what should be the response of clinical supervisors?

First, if supervisors try to challenge this there can be a financial penalty; organisations may remove supervisors from their 'approved' list. Also, the lack of supervisor training and accredited supervisors in Northern Ireland does not help, although recently this situation has improved. Currently, on BACP's 'Find a therapist' website, there are nine accredited supervisors listed for Northern Ireland. Some colleagues have said they don't see the need for supervision accreditation or training when they can supervise without the financial outlay that training and accreditation entails. BACP does not, I feel, proactively advocate the benefits of accreditation enough.

Supervisors can be left in an ethical conundrum as to whether to try to 'hold the line' on behalf of their supervisees or acquiesce to the considerable financial pressure exerted by employing organisations. This can include emotional blackmail/bullying: 'You're not being seen as a team player,' 'Other supervisors seem happy with our protocols and procedures,' 'Remember, there are not many counselling jobs and a lot of counsellors would be happy with this job' and so forth. In the current economic climate, this is a powerful, implicit threat, which has reportedly been used with counsellors who complain about the client caseloads.

Organisations can see the benefits of employing accredited counsellors because BACP has helped communicate these benefits and now funders are asking for this as a pre-requisite of awarding tenders. There is a financial incentive for organisations, which drives change. But the benefits of employing accredited supervisors have not been promoted in the same way. Organisations

can have supervisors who have no formal training in clinical supervision and in some organisations a counsellor does not even have to be accredited to become a supervisor.

This, I feel, is a serious mistake and counsellors are suffering today as a result. Without the experience implicit in supervisor status and formal training in models of clinical supervision, the supervisor may, through inexperience or ignorance, overlook the risk of burnout/stress and compassion fatigue in counsellors. It is to be hoped that experienced supervisors who have sufficient counselling experience themselves will have studied/worked with compassion fatigue/stress/burnout and will be aware of the real dangers and their impact. They may also be more secure in voicing their concerns about this implicit bullying by organisations who appear to think that, by bringing supervision in house, they can control any dissent/disquiet.

The counter argument is that there are not enough accredited supervisors, but this can be easily remedied. When the IAPT programme was rolled out in mainland UK, there was a shortage of trained CBT therapists. The universities/training institutions were asked to design this and, within two years, hundreds of CBT counsellors were trained to fill the shortfall. A similar programme could be organised to train more supervisors to fill the current deficit. I feel that, unless this trend of ever-increasing client caseloads is addressed, the detrimental impact on the psychological wellbeing of counsellors may be considerable.

I wonder whether this issue is unique to Northern Ireland and if it applies other parts of the UK? Could this trend possibly infringe or compromise an organisation's duty of care, or increase

rates of counsellor work-related stress? My question is, are supervisors ethical guardians or submissive observers? The answer may seem simple, but perhaps only in theory. Both have repercussions: ethical guardians may face financial penalties, implicit bullying and vilification; submissive observers may tacitly contribute to increased counsellor burn-out and compassion fatigue.

BACP could help mitigate this trend by firming up their guidance on counsellor/client caseloads and possibly including it in the BACP *Ethical Framework* in a more definitive, explicit manner. This could help educate organisations to adopt a fairer and more compassionate approach towards their biggest asset – their employees. ■

---

*David Hutton is a BACP senior accredited supervisor and EMDR Europe accredited consultant. He currently works with a community agency dealing with 'Troubles'-related trauma and is a clinical supervisor for Queen's and Ulster universities and in private practice.*

---

#### References

1. Despenser S. What is supervision? BACP information sheet S2. Luttworth: BACP, 2011.
2. Beinar H. Models of supervision and the supervisory relationship and their evidence base. In: Fleming I, Steen L (eds). *Supervision and clinical psychology theory, practice and perspectives*. Hove: Brunner Routledge, 2004 (pp36–50).
3. McCann D. Supervision. In: Bor R, Watts M (eds). *The trainee handbook: a guide for counselling and psychotherapy trainees*. London: Sage, 1999.
4. Dryden W. *Dryden's handbook of individual therapy*. London: Sage Publications, 2007.
5. Hawkins P, Shohet R. *Supervision in the helping professions: an individual, group and organizational approach*. Buckingham: Open University Press, 2000.
6. Mearns D. *Counselling and psychotherapy workloads*. BACP information sheet G4. Luttworth: BACP, 2008.