



I A P S WISDOM

NEWSLETTER OF INDIAN ACADEMY OF PROFESSIONAL SUPERVISORS

June 2019 – Volume 1 – Issue 1

Editor's Note



Editor
Dr. Sandhya Rani Ramadass



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Hello Readers,

Welcome to the first edition of our e-newsletter from Indian Academy of Professional Supervisors (IAPS). This is an important milestone for IAPS. We are hoping that this acts as an effective medium to spread awareness about Professional Supervision in practice and for practice in India.

I am Dr Sandhya Rani Ramadass, PhD, Organizational and Counselling Psychologist, Chennai. Supervision has been a cause close to my heart as I feel it is pivotal in recognizing the field of psychology and counselling as an independent professional field as in all other licenced professions such as Medicine, Law, Rehabilitation, Chartered Accountancy and so on. The best way to take this message to all is by spreading the message and making sure it reaches everyone through a mass media platform. Thus we hope that this e-newsletter would help us to attain that purpose.

First of all hearty congratulations to this association, its visionary founder Dr Vasuki Mathivanan and founding members who have initiated this herculean task and are taking mighty steps to take this forward.

My gratitude to the team who believed in me and have offered me this role to edit this newsletter for the first year. I would also like to thank our Associate Editor Mrs Rajani Nandakumar who is instrumental in making this happen so efficiently.

This issue has been carefully curated with an article by Dr Philip Armstrong, Australia whose **RISEUP** model of supervision is the back bone of this organization. We also aim to introduce two supervisors in every issue who have been certified as supervisors by IAPS. Our founder has extended her wishes for the successful journey of this news-letter. Watch out for our past events and upcoming programs in the last section.

Last but not the least e-mail us your feedback and queries which would surely help to shape the growth of IAPS vertically and horizontally.

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Yours

Dr Sandhya Rani Ramadass, Ph.D., Chennai

Founder's Note – Dr. Vasuki Mathivanan

Carl Jung, an eminent psychologist, used the term “Wounded Healer” to address mental health professionals, which implies the significance and noble nature of our profession as Healers. We, mental health professionals, definitely would have encountered several occasions where we were reminded of our own psychological hurts while we tried to guide or heal our clients with their own problems. When such occasions are overwhelming or beyond our control, there are chances for a counsellor to lose his/her balance and morale as a professional. A Supervisor, a senior professional with higher clinical wisdom, identifies and addresses the issue with the junior professional, a supervisee, and helps to fix the same.

In India, the acceptance of therapeutic counselling by the public as a legitimate intervention to alleviate suffering has borne fruits over the years. The stigma that used to be attached to seeking help from such mental health professionals is slowly fading away and has come to be accepted as a normal way of treating mental health related issues. While this is a welcome trend, it has also thrown up its own challenges as with any emerging field. A counsellor cannot be an efficient healer unless and otherwise he/she takes care of his/her own wellbeing. Besides individual wellbeing, the efficacy of the counsellor is also not being reviewed by another qualified and experienced counsellor exacerbating the situation further. Since there is no regulatory body in India and practitioners are not aware of the need for professional supervision, the need to have a structured body became mandatory. This led to the formation of

Indian Academy of Professional Supervisors (IAPS)

IAPS is an association of accomplished mental health professionals who have established this organisation with the laudable objective of evolving standards and enhancing competencies in professional supervision. IAPS is not only aiming at establishing standards leading to proficient services to the public, but is also making it mandatory for a budding or junior professional to do supervised practice under a certified Supervisor from a well recognised body.

IAPS adopted a model called “**RISEUP**” designed by Dr Philip Armstrong, President of the **Australian Counselling Association (ACA)**. The same model is adopted by counselling associations of the Asia Pacific Rim countries like Australia, Singapore, Hong Kong, Philippines, etc. Since professional supervision is in its embryonic stages in India, IAPS would help ease the potential shortcomings enumerated above. We believe this will definitely be achieved with the support of likeminded professionals and professional bodies as well.





I A P S WISDOM

NEWSLETTER OF INDIAN ACADEMY OF PROFESSIONAL SUPERVISORS

June 2019 – Volume 1 – Issue 1



Dr. P. Armstrong, Ph.D.,
FACA, Australia

Dr Philip Armstrong is a world renowned presenter, educator and leader in the mental health community. His expertise in Supervision has been recognized throughout the Asia Pacific Rim theatre where many peak bodies have adopted his RISE UP model as their preferred program. He is also well known for his work as the Chief Executive Officer of the Australian Counselling Association and as the Secretary-General of Asia Pacific Rim Confederation of Counsellors. Dr Armstrong is the founder and editor of Australia's best-selling counselling journal "Counselling Australia". He extends his wishes to the IAPS community.

We are fortunate and are grateful to get his permission to publish his work in this news letter. He has shared two articles for the news letter. The first one titled 'Clinical Supervision for Mental Health professionals in Australia', which is a research article, is presented in abstract form. The complete article is available to read from our website. The second article 'Why Supervisors and Supervisees need therapy', makes us realize that healers need to heal thyself not only once, but regularly to maintain overall health and wellbeing. Please read and benefit.

Know your Supervisor

This column will introduce two supervisors of IAPS



Dr Vasuki Mathivanan – President

Membership No. PM 001

On completion of my Ph.D., from the University of Madras, I started my career as a freelance Psychologist in Chennai when the field of mental health was in its nascent stage. When the importance of the field of mental health started getting recognition, I moved on to working with Corporate Clients and am presently a visiting Consultant to many Corporates in Chennai.

To channelize and consolidate my vast experience and to render a noble service to the society. I established "Explore Counselling" (<http://Explorecounselling.com>), an organization with the committed motto of "Hopeless to Hopeful". Scores of people have benefitted working with this organisation in managing their behavioural and mental health challenges.

A practitioner in the field of mental health for more than two decades, I next wanted to know more about supervision and get trained as a supervisor by a recognised body. As I used to travel to Australia frequently due to personal reasons, I got an opportunity to undergo Supervisor Training using "RISEUP" model, which has been accredited by the [Australian Counselling Association \(ACA\)](#). It is my privilege to be the first ACA certified supervisor and assessor for India.



Dr Sumathi Narayanan – Secretary

Membership No. PM 002

I am a Ph. D in Human development interested in helping people evolve and find their better selves. I am a trainer, counselor and a professionally certified supervisor for counselors. I use an eclectic approach to counsel clients using several approaches like Transactional Analysis, Neuro-Linguistic Programming, Gestalt, Cognitive Behavior Therapy, Rational Emotive Therapy, Healing Inner Conflicts, Metaphors of Movement, Core transformation and so on to enable clients to overcome their personal issues.

Combining my training and counselling experiences I naturally gravitated to become a Professional Supervisor using the "RISEUP" model which has been accredited by the [Australian Counselling Association \(ACA\)](#). The RISEUP model has enhanced and enriched my practice as a counselor and supervisor - right from documentation, awareness of ethical practices of counselling, nuances of choice of counselling method, becoming professionally updated & upgraded and becoming open to feedback.

Clinical Supervision for Mental Health Professionals in Australia

Dr. P. Armstrong, PhD, FACA and Ms Nichola Cooper

Abstract

Mental health practitioners engage in clinical supervision for a variety of reasons, whether voluntarily or mandated by professional bodies. However, despite widespread endorsement of clinical supervision and the development of a number of theoretical models of supervision, empirical evidence underpinning the practice of supervision is limited. Supervision is effective at achieving a variety of professional outcomes for supervisees but there is limited evidence regarding the effective components of good supervision (Scheel, Berman, Friedlander et al, 2011; Mallinckrodt, 2011; Schofield and Grant, 2013).

What is demonstrably effective is the supervisory alliance in supervisee outcomes. White and Winstanley (2010) and Hill and Knox (2013, as cited in Falender & Shafranske, 2012) offer evidence that supervision may directly enhance client outcomes, however, the mechanisms of action do not appear to be related to the supervisory approach but the therapeutic process. Concluding a literature review, it was found while there is evidence that supervision approaches may be effective, there is much to be done to define approach-specific outcomes and learning processes.

All health professionals have some recommendation by their industry body to enter into supervision. Compliance thereto is heavily influenced by organisational culture and resources to make attendance at supervision within work hours practicable. (Department of Health, 2018; Australian College of Mental Health Nurses, 2013). While complaints information has been provided herein, the absence of public data regarding supervision means it is not possible to draw a correlation between supervision and public complaints across the professions. What is clear, however, is the vast discrepancy in complaints between medical practitioners and unregistered practitioners. There are mitigations to this observation, such as the probable proportionate difference in client load and slight variations in data management across the states. It is, therefore, vital that empirical research is publicly supported regarding the benefits and efficacy of counselling supervision (Kilminster & Jolly, 2000).



URL : <https://iapsupervisors.com/research-paper/>



I A P S

WISDOM

NEWSLETTER OF INDIAN ACADEMY OF PROFESSIONAL SUPERVISORS

June 2019 – Volume 1 – Issue 1

Why Supervisors and Supervisees Need Therapy

Dr. P. Armstrong, Ph.D., FACA, Australia

I have written extensively on professional supervision and how it needs to be applied and how important self-care is. One area I haven't touched on is therapy for the therapist. This can be a hot potato topic as many therapists fail to see the benefits. As a supervisor and trainer myself I always encourage my supervisees to undergo therapy for several weeks a year. Why do I think both supervisors and supervisees should undergo therapy? Well, the following article that I have received permission to re-print gives a very good argument as to why:

Have you ever sat in session, listening to your client explain why they were angsty over some issue, only to find that you experienced a rising panic and sense of helplessness—because you, too, were dealing with the same issue?

Have you ever finished a session with a deeply depressed client, only to find that you then felt very down, even though you were ok before the session? Both of these examples constitute sound reasons to engage a consummately helpful yet infrequently discussed aspect of professional self-care: that of therapy for the therapist. Carl Jung suggested that “a good half of every treatment that probes at all deeply consists in the doctor's examining himself, for only what he can put right in himself can he hope to put right in the patient” (Plata, 2018).



Being the “wounded healer” is controversial

This question of acknowledging the “wounded healer” in ourselves is important, and does not come without controversy. There is first the question of whether therapists can even practise ethically if they do not do their own therapy, which is said to be “far more informative than any graduate class or textbook” (Latham, 2011). As therapists, of course we wish to be ethical, but there is the accompanying question of what it will cost us. Some writers have commented on the reality in our associated helping professions that, while there is an acknowledgement that we are

human, it is also true that there is still a stigma associated with having psychological distress—especially as a mental health professional and having “vulnerability” is not necessarily seen as a strength.

Many counsellors fear professional repercussions if they acknowledge present or former psychological struggles (Plata, 2018). Certainly it is the case for some professionals that they must answer on their annual registration forms sent to the regulatory agency as to whether they have had any mental health issues. Some Australian doctors, for example, have expressed serious concern that they would be on the radar of AHPRA (the Australian Health Practitioner Regulation Agency) by making such an admission, and choose to leave it out (personal communication to author, 2019).

Other health writers note that, while some clients are comforted to know that their therapist has had therapy, others are disconcerted by it (Latham, 2011). Yet, therapy is important. Let us examine why you are strongly recommended to engage in your own therapy as part of your helping work.



I A P S

WISDOM

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To prevent burnout

Burnout and compassion fatigue are rife in the helping professions. A study of mental health professionals in Panama found that 36 percent of its community had suffered from burnout at one point or another in their careers (Plata, 2018). Personal support as found in counselling helps prevent the problem.

For greater empathy and understanding

We can be more empathetic with clients if we've had experience in "the other chair", as we can anticipate unstated feelings more readily than therapists without that firsthand knowledge. For example, can you recall a time when you told a client that you were going on holiday and they protested that they didn't know how they would make it without you for three whole weeks, (or whatever length your holiday was)? If you have done therapy yourself, you personally know the sense of loss and disruption when your regular therapist is away.

Concepts such as transference are more easily understood experientially than from textbooks. Even for those therapists who are non-psychodynamic, being able to recognise transference and other "real-time" emotional reactions (because they've had them themselves) gives therapists who have had therapy an advantage in terms of rapport, compliance, and other aspects (Reidbord, 2011).

To process clients' thoughts and feelings

Hearing about heavy-going issues such as abuse, addiction, trauma, and other mental health challenges can weigh on a therapist. We can preserve our own mental health better by processing through therapy our reactions to what we hear (Forte, 2018). In terms of the transference, we note that those practising psychodynamic therapies use transference and countertransference as essential treatment tools; it takes self-knowledge-acquired by dint of hard work in our own sessions—to use these tools therapeutically, because without self-knowledge we cannot sort the client's issues from our own (Reidbord, 2011).

To deal with our own issues

A recent Antioch University of Seattle study found that 81 percent of psychologists studied had a diagnosable psychiatric disorder (although a large percent of these were mild), including substance abuse, mood disorder, depression, anxiety, eating disorders, and other personality dysfunctions (Plata, 2018). In doing therapy, we are forced to look at our own base instincts, neuroses, and "blind spots": not always easy. The same study found that 43 percent of psychologists struggled to see the mental illness and psychological distress within themselves (Latham, 2011). In therapy, we get to confront our issues, learn to accept feedback, and strengthen our professional identity, thus reducing the risk that we will act out in ways that harm our clients (Reidbord, 2011).

To de-stigmatise therapy

When clients know that we, too, have had therapy, it normalises it. Apart from reducing the errors based on unexamined transference, our stint of therapy—acknowledged judiciously to clients—encourages humility and decreases hubris. It may very well strengthen the therapeutic alliance for the client to see that you, too, have human needs, challenges, and issues.

In the final analysis, ours is a profession which uses our own perceptions and reactions as sensitive instruments of therapeutic helping; thus it makes sense to take care of the equipment, by taking therapeutic care of ourselves. Besides, we are always there for others, listening with great attention and concentration to their woes. Isn't it a nice thought that there can be a professional listener out there for us as well?

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I A P S

WISDOM

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First three batches of Supervisors



Batch 1



Batch 2



Batch 3

Next workshop in Chennai – 13th, 14th and 15th September 2019



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June 2019 – Volume 1 – Issue 1

Inauguration of IAPS



Office bearers of IAPS

