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Professional Issues

Reflections on the Experience of Counseling Supervision by a Team of Genetic Counselors from the UK

Anna Middleton,[1,4] Vicki Wiles,[2] Ann Kershaw,[2] Sarah Everest,[2] Sarah Downing,[2] Helen Burton,[2] Sue Robathan,[2] and Annette Landy[3]

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Despite it being generally acknowledged that counseling supervision is a vital part of the work for experienced genetic counselors and not just students, not all practising genetic counselors in the United Kingdom and Eire have access to this yet. This case study documents the supervision experience of our team of genetic counselors from Cambridge in the U.K. We document our retrospective thoughts on working practice before supervision was available in our department. We also give an overview of the individual and collective views of having one-to-one supervision only and then one year later, the impact of adding group supervision. Our 'supervision journey' is recorded using a practitioner-centred approach with a mixed method of data collection. Two focus group discussions and two written questionnaires were used, at different time points to gather attitudes. This paper captures experiences as our practice of supervision has evolved. This work is relevant to practising genetic counselors around the world who either do not yet have access to supervision, are planning its implementation or else are adding different types of supervision to their practice.

KEY WORDS: genetic counseling; group work; one-to-one; supervision; practitioner-centred.

INTRODUCTION

This paper documents the journey of how we, as a team of genetic counselors from the United Kingdom (UK), evaluated our transitional experiences of counseling supervision. We used a 'practitioner-centred research' approach which allowed us to act as both researcher and participant in this case-study. This approach allowed us to discuss and evaluate our attitudes towards supervision. The findings from this work do not claim to be overtly generalizable; we merely attempt to accurately reflect how we implemented and evaluated our supervision experiences in Cambridge.

The genetic counseling profession is being developed around the world. Genetic counselors can now be found in France, Spain, Netherlands, Finland, Israel, Taiwan, Japan, United States of America, Canada, South Africa, Australia, New Zealand, Saudi Arabia as well as many other countries. There are over 70 different MSc Genetic Counseling programmes worldwide. The practice and process of genetic counseling varies too within and between countries. As it is such a new profession in many countries the infrastructure to support practice may not be developed yet. Genetic Counseling Supervision (as defined in the AGNC Supervision Working Group Report, 2007) is recommended for maintenance of professional standards in order to practice and register (certify) as a genetic counselor in the UK and Eire; as well as for maintenance of

[1] Institute of Medical Genetics, Heath Park, Cardiff, CF14 4XN, UK.
[2] Clinical Genetics Department, Addenbrookes Hospital, Cambridge, UK.
[3] Psychological Support Services, Arthur Rank Hospice, Cambridge, UK.
[4] Correspondence should be directed to Anna Middleton PhD, MSc, Consultant Research Genetic Counselor Institute of Medical Genetics, University Hospital of Wales, Heath Park, Cardiff, CF14 4XN, UK; e-mail: middletona1@cardiff.ac.uk.

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registration. This is also the case for genetic counselors in Australia. This means that this specific type of supervision is not just available to students or trainees in genetic counseling but also to experienced practitioners as part of their continuing professional development. However, in many places around the world, there is not yet the focus nor interest in supervision and as such it is not yet so fully integrated into practice. This paper offers information for those genetic counselors who do not yet have the supportive supervision infrastructure around them yet. It also shows how a Clinical Genetics Department in the UK has evolved with its participation in supervision.

Why is Genetic Counseling Supervision Important?

Genetic counselors routinely see clients affected by and at risk from inherited genetic conditions. Their workload can vary from supporting a terminally ill client as they make a decision to have genetic testing to helping a couple come to terms with having a termination of pregnancy for foetal abnormality. 'The information that patients learn in the genetic counseling process has the potential to be psychologically overwhelming and to result in an emotional response' (Djurdjinovic, 1998, p. 142). A genetic counselor's role is to help clients process and deal with such emotional responses. This can be done via the use of listening and reflective skills guided by counseling theory.

Attention to such processes is given within psychological or counseling supervision (Evans, 2006; Hawkins and Shohet, 2000). Here there is the opportunity to focus on the emotional or psychosocial issues raised by an interaction with a client. Such issues can include ethical dilemmas relating to a client's situation and how to handle difficult emotions from the client. It also considers how to improve communication with clients and how to ensure effective and sensitive management of distressed or emotional clients.

An important role of supervision is to provide support to the genetic counselor. The cumulative effect of dealing with numerous distressed clients inevitably can impact personally on the genetic counselor. In order to avoid 'burn out' and also to help maintain safe and ethical practice, it is generally recognised that benefit is achieved from the opportunity to discuss the genetic counselor's own reaction to particularly distressing client situations (McCarthy Veach *et al.*, 2003). Such a discussion provides the 'safety net' to ensure the psychological well-being of the genetic counselor is maintained. This is important to ensure that they are not unduly burdened by the cumulative feelings of loss that they deal with day to day from their clients. In turn, it is hoped that a better clinical service is subsequently offered to clients.

A report commissioned by the Health Authority Executive in 1997 in the UK indicated that 19% of National Health Service (NHS) employees who have been absent from work in the previous 6 months can attribute this absence to the effects of their working conditions. The majority believed their health at work could be improved if there was better communication and sensitivity to staff's needs (Health Education Authority, 1997). The Department of Health document on 'The Provision of Counseling Services for Staff in the NHS' (2000) acknowledges that stress levels in NHS staff are substantially higher than in staff working elsewhere, and that nursing and medicine have some of the highest rates of suicide amongst professional staff groups (Williams *et al.*, 1998 in Department of Health report, 2000). The Department of Health report recommends that staff working in the NHS should have access to counseling that offers support in 'defusing' and 'debriefing' a situation that has been traumatic for the member of staff.

As genetic counselors routinely have consultations with clients who are facing traumatic events a structured support service that allows the genetic counselor to defuse and debrief difficult emotional encounters is necessary. Such debriefing may, in turn, save both human and financial costs to the Health Service (DOH, 2000). Genetic counseling supervision is not a form of personal therapy, but it can help with debriefing difficult client encounters. Having access to this sort of supervision amongst community mental health nurses in the UK has been shown to lead to lower reported levels of emotional exhaustion and depersonalization of clients (Edwards *et al.*, 2006).

Practicalities Relating to Supervision

The approach used in counseling supervision is different from 'clinical' supervision, which (within genetic counseling circles in some centres in the UK and Eire) may sometimes pay closer attention to the clinical aspects of client care, including correct genetic risk assessment or clinical management. Psychological or counseling supervision may (in some centers in the UK at least) cover only emotional or

psychosocial issues. What could be termed 'clinical supervision' may occur separately and within a different session with a clinical colleague.

To confuse matters, the terms 'clinical,' 'counseling' and 'psychological' supervision are often used interchangeably. In order to define this more carefully, the Association of Genetic Nurses and Counselors (AGNC) Supervision Working Group (AGNC is the professional body in the UK and Eire representing genetic counselors) has adopted the term 'genetic counseling supervision' to refer to the counseling aspects of supervision only (AGNC, 2007) and 'clinical supervision' to refer to clinical aspects of care which may or may not include some psychosocial discussion within the clinical discussion. For ease of reading the terms 'supervision,' 'counseling supervision' and 'genetic counseling supervision' will be used for the remainder of this text and for our purposes do not cover any significant discussion of clinical care and focus only on psychosocial issues.

At their first meeting in 2004 to discuss the impact of supervision on the genetic counseling profession in the UK and Eire, the AGNC Working Group on Supervision, agreed that genetic counseling supervision should be available with a psychological therapist trained in supervision, on a one-to-one and group basis (AGNC, 2007). It is also usual for supervision to be offered by a psychological therapist, external to the department (AGNC, 2003). This approach may be slightly different to that advocated in some places in the US (see Kennedy, 2000a) where supervision may be available with a senior genetic counseling colleague or with peers within the team. This sort of supervision is available too in the UK.

The AGNC Supervision Working Group Report (2007) recommends that the detachment of working with a supervisor from outside the department hierarchy contributes to the issues brought and the scope of the discussions. It is also felt that an environment of honesty and safety can really only be fostered if the supervision sessions are supported by someone who does not have a direct impact on appraisal performance nor employment issues (Scanlon and Weir, 1997). This latter approach is advocated by Kennedy and others too; the authors of this present case study direct the reader to an extensive series of articles in the Journal of Genetic Counseling (2000), vol 9(5) that beautifully describe the different approaches to supervision as well as the personal experience of using supervision in practice in the US.

The word 'supervision' implies a level of overseeing or managing of the supervisee, however this is rather misleading. It is not an opportunity to have a general chat with a manager, nor is it a forum for being criticised. It is a process that will often be confidential and separate from everyday work. Furthermore, its content may only be shared with line-managers (after discussion with the supervisee) if there is serious cause for concern about competence. Thus, the supervisee is free to fully explore his/her reactions and behaviours without fear of reprisal.

What Happens in Supervision?

Supervision involves many different types of communication process. One common theme to be included is a discussion about countertransference interactions (Evans, 2006; Weil, 2000b). Countertransference can be considered as 'the result of the patient's influence on [the counselor/doctor's] unconscious feelings' (Freud, 1910, p. 144). Put another way, it can be the counselor's emotional response to the client (although this may not be the only explanation for an emotional response from the counselor). Evans describes this concept in her book on 'Genetic Counseling: A Psychological Approach': 'Over time, the understanding has changed and the definition [of countertransference] has widened. Based on Heimann's (1950) description, it is now regarded as one of the most important tools for understanding the patient's unconscious. The term encompasses all those feelings aroused or evoked by the patient, whether arising from the counselor's personal life, the patient's emotional condition, the way the patient handles upset or the dynamics set up in the professional relationship.' (Evans, 2006, p. 158).

Weil summarises the importance of the consideration of countertransference within supervision: 'Attention to countertransference is essential to avoiding counterproductive behaviors that result from understandable and often appropriate emotions .... Clarification of the genetic counselor's emotional responses may increase her understanding of and sensitivity to the counselee's fears, anxieties, fantasies, and strengths' (Weil, 2000a, p. 376). Therefore supervision also considers the genetic counselors' unconscious reactions to the client and also asks whether there are still issues being carried by the counselor, left over from the consultation. The process also looks at the supervisor's countertransference—what feelings, thoughts, images are stirred in the supervisor? (Hawkins and Shohet, 2000). Finally, it also 'assures a continuing education experience as well as an ongoing dialogue

about the counselor's self awareness regarding vulnerabilities, tensions, and frustrations that may impact counselees' (Djurdjinovic, 1998, p. 155). The session can be used as a focus on the 'here-and-now' as a mirror of the 'there-and-then' process—i.e. use what is happening within supervision on an unconscious level to guide what may have happened within the consultation (Hawkins and Shohet, 2000).

Practitioner-Centred Research as a Tool in Genetic Counseling Research

We decided to use a practitioner-centred approach to document our experiences of one-to-one and group supervision. Such an approach is used within nursing, business and social science research. This involves the practitioner as the researcher and also the participant in the research. Reed and Proctor summarise this in their book 'Practitioner Research in Health Care, The Inside Story': 'Practitioner research is a social process undertaken with colleagues to explore and try to build shared meanings and understandings together . . . The strongest versions [of learning from research] involve all participants in making decisions about what evidence to collect, how to collect it, how to interpret it and what actions to take in light of those interpretations (Reed and Proctor, 1995, p. 196).

As 'there is a general acceptance that the researcher's self is inevitably an integral part of the [data] analysis' (Denscombe, 2005, p. 268), we believed that taking more than one role offered us an opportunity to explore our experiences in a practical way, without the need for employing an outside interviewer or researcher to complete the research for us. Therefore, our triple role as both researcher (developing the structure and themes for reflection), practitioner (having the supervision) and participant (reflecting on practice through the questionnaires and focus groups) is unusual in genetic counseling research, however, it brings important advantages. We were already integrated into the data analysis and thus in a unique position in that we had access to the 'thinking' process that we went through as the participant—we unravelled what our answers were through personal experience.

Practitioner-centred research was therefore deliberately chosen. We also particularly wanted the experience to be inclusive so we could all take part in the design, contribution and completion of the case-study. We also needed the approach to be easy to fit in to our hectic work schedule as well as not too time-consuming, as well as for ease of interpretation of the results. We all perceived that the experience of group reflection for this study was similar to group supervision and hoped to be able learn from each other and be able to integrate greater awareness of our team through the process.

One could argue that the lack of distance between these roles means that objectivity is impossible. Alternatively, being close to the subject matter and without objectivity might actually be an advantage of this sort of research (Reed and Proctor, 1995). In exploring the role of practitioner-centred research further, one could postulate that any other way of gathering this data would be restricted if 'outside,' more detached, researchers were involved. This could be because their detachment takes them away from the source of the data and experience of the data. All they can do is reflect on it as an outsider without ever really knowing or understanding what it feels like to be in it. Coghlan, a researcher from the School of Business Studies at the University of Dublin states that 'Insider research is valuable because it draws on the experience of practitioners as complete members of their organizations and so makes a distinctive contribution to the development of insider knowledge about organizations' (Coghlan, 2003, p. 451).

METHODS USED TO DOCUMENT OUR EXPERIENCES OF SUPERVISION

Context and Participants

At the time of completing this work we were all practicing genetic counselors from the Clinical Genetics Department at Addenbrookes Hospital, Cambridge, UK, with a minimum of 3 years clinical practice as a genetic counselor (maximum 20 years). There were 7 of us who have documented our experiences within this case study using a practitioner-centred approach (authors, AM, VW, SD, SE, AK, SR and HB), we all elected to have supervision and also participate in this case-study. We were all female, with either a post-graduate (MSc Genetic Counseling) or nursing qualification, then aged between 33–50 years.

One-to-one supervision in the context of this study referred to an individual consultation, lasting an hour, between a genetic counselor and a supervisor. Group supervision referred to a two hour meeting between the whole team of genetic counselors,

together with the same supervisor. Therefore, the same supervisor offered both one-to-one and group supervision to our team. All supervision sessions were conducted off-site (5 min drive away), away from the Clinical Genetics department and part of another NHS centre. Within each type of supervision, an agenda was established at the beginning to include the issues for discussion. These tended to include client cases as well as discussions about professional development or departmental dynamics. For the group sessions it was also usual to have a break for 10 min half way through.

The supervisor for the Cambridge team (author AL) worked externally to the department and outside of the Clinical Genetics management structure. She was a senior, qualified psychological therapist, working in a specialist palliative care setting as a therapist to clients but also a lead supervisor to palliative care staff. She was chosen specifically because of her extensive supervision experience as well as clinical experience working with distressed and bereaved clients. Within her work, she considered the unconscious processes of people and organisations/systems. Transference and counter transference were central to the process of analysis of material brought to all sessions, as was a holistic approach which encompassed existential and philosophical ideas.

When discussions were first initiated into this case-study the team had been receiving one-to-one supervision for 2 years, for an hour each on a monthly basis, with the psychological therapist. Group supervision had not been implemented yet but would be so imminently. Our group wanted to document attitudes and experience of supervision at four different stages (see 1(a–c), 2, below), identified within two different time points. Specifically, the work involved the evaluation of experiences of one-to-one work versus group work. It also included a consideration of our attitudes prior to starting group work versus 1 year after it had been implemented.

The research was registered as an audit project with Addenbrookes NHS Trust, as such it was reviewed by the Trust Ethics Committee and no objections were given for its completion.

Instrumentation

Two questionnaires were developed following a focus group style discussion between us as a team of genetic counselors, led by the first author. The focus group lasted 2 h and all who participated are authors on this paper, thus we acted as both participant in completing the research as well as in creating its structure and eventual dissemination. The focus group forum was used to identify themes that we wanted to capture in the written questionnaire; the lead author took hand written notes that would be used to base the questionnaire (i.e. the session was not taped, recorded nor a written transcript created). Such themes included:

First time point, Questionnaire 1: (25 items)

(1a) A retrospective recollection—looking back on what was remembered about how psychological issues were processed before supervision was implemented in the Clinical Genetics Department in Cambridge; perceived effectiveness of mechanisms we employed to manage psychological issues, prior to supervision being in place.

(1b) Thoughts on the experience of having one-to-one supervision on its own; preference for location of supervision; perceived stress levels since having supervision; feelings about supervision; issues brought to one-to-one supervision; perceived effect of supervision on practice.

(1c) What the anticipation was of group supervision before it was implemented, concerns and perceived benefit of group supervision.

Second time point (1 year after group supervision had been in place), Questionnaire 2 (10 items):

(2) Thoughts on the experience of having group supervision; issues brought to group supervision; perceived effect of supervision; comparison of one-to-one versus group work; thoughts on reality of group supervision compared to anticipated experience prior to it being in place.

The first author captured the above themes within a questionnaire format and this was done independently of the group, so that the others did not know the exact questions until they filled the questionnaire in. The questionnaires used open-ended as well as closed questions to enable us to give unstructured as well as structured responses.

We specifically chose to use a written questionnaire format as we are busy practitioners and this enabled us to participate in the project in our own time, it also enabled us to reflect on our own without interaction with anyone else while completing the

questionnaire. This method also offered an easy and structured way of putting together our thoughts.

The two questionnaires were piloted separately with 3 genetic counselor peers working elsewhere in the UK and Eire, to check for understanding, relevance and to support 'face validity' (i.e. do the questions seem reasonable? Do they adequately capture issues relevant to supervision? Are they attempting to measure suitable indicators relevant to supervision?) Feedback from this process resulted in some minor amendments to the question format and content.

Questionnaire 1 was then completed by the team of genetic counselors before group supervision was implemented (but one-to-one supervision had been available for 2 years), and Questionnaire 2 was completed after 1 year of group supervision being in place. The questionnaires were used as a framework within which we could document our reflections.

We all agreed that we would complete each questionnaire as honestly and frankly as possible and there was no time limit on the completion on this. Once all had been completed, the data was collated by one member of the team. Once collated, the findings were discussed within the group. The purpose of this discussion was to explore the results further and clarify our thoughts in relation to each theme we had identified in our original discussions. We conducted this process using the collated findings as a basis for the discussion, there were few disagreements, but when encountered we simply discussed these until agreement was found. This stage of the project could be considered a form of collective data-analysis where findings were discussed, processed, explored and defined. The quotes were taken from the questionnaires, chosen by the lead author and agreed by the whole team as illustrative of particular points. The Results section displays raw data plus written text, the data was insufficient to undergo any in-depth analytical work. The 'Associated Discussion' (below) expands on the raw data and includes our additional reflections and interpretations of the findings, as developed in the second Focus Group forum.

The full team of 7 genetic counselors completed the first questionnaire. The second questionnaire, due to staff changes, was completed by 6 of the original team. Due to the small numbers involved it was inappropriate to perform any statistical analysis on the structured data.

General feedback was also sought by the lead author from the counseling supervisor and her comments are given in the Results.

RESULTS OF THE PRACTITIONER-CENTRED RESEARCH ON EXPERIENCES OF SUPERVISION, INCLUDING ASSOCIATED DISCUSSION

Within the following section, structured, quantitative questionnaire data is given as fractions. Quotes are given from the unstructured, qualitative questionnaire sections. An integrated discussion then follows each section to explore the questionnaire data further; this includes analysis of this data as reflected upon in Focus Group 2 (Fig. 1).

Retrospective Thoughts on Experience Before any Supervision was Available

Within Questionnaire 1 we first wanted to reflect on how we remembered feeling about certain issues, at a time when there was no supervision available in the department. We wanted to know if psychological issues relating to seeing clients were raised and relevant for us. All of our group answered that contact with clients did illicit psychological issues (stating that this was the case for up to 75% of consultations). When thinking specifically how psychological issues manifested themselves, most of us answered that we would think about particular clients or would consider difficult issues that clients were dealing with, both at work and at home. When asked whether, prior to having supervision in place, the team took psychological issues home with them left from a consultation, we all indicated we 'often' (3/7) or 'sometimes' (4/7) did this. When documenting how we managed such issues when there was no access to supervision, the majority of our group (6/7) agreed we used to talk in an unstructured way to colleagues as a way of managing the psychological issues that were raised for us.

Prior to having supervision in place, we reported we were thinking about work while at home and were also finding it difficult to switch off from work. Continuing to work like this, long term, could understandably lead to work-related stress and possible 'burnout'. It could be postulated that the reason we were taking psychological issues raised from consultations home with us was because there was not an effective method for managing these at work. In an attempt to manage such issues we just talked to each other as much as possible. This often happened in an unstructured way, for example, after

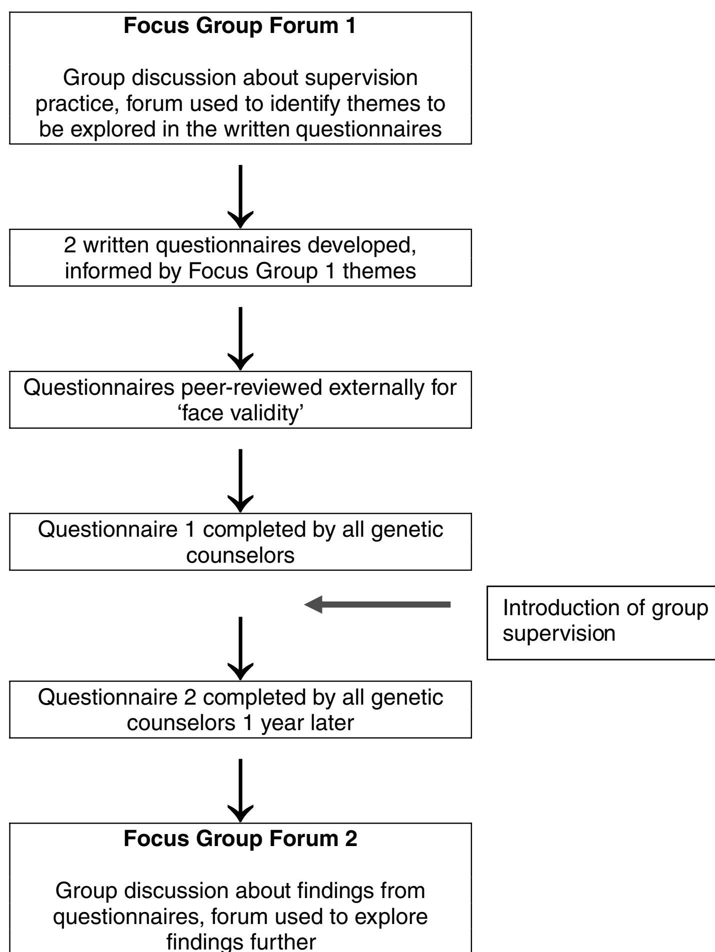

Fig. 1. Flow diagram to show the methodologies employed.

returning to the office from a particularly challenging consultation, we might talk immediately to a colleague we shared an office with or interrupted anyone who was available and willing to listen. We perceived that this approach was sometimes very necessary and also helpful, but we also acknowledged that it could be rather disruptive for colleagues due to the potential unboundaried nature of it. While this sort of informal, 'impromptu peer supervision' has a place in every genetics department, anecdotal experience from our group was that this approach *sometimes* resulted in the genetic counselor recounting the consultation and 'reliving' the emotions repeatedly, without shifting these and moving on in a constructive way. When the experience was less positive in this way, we reflected that there could be dissatisfaction from the genetic counselor who needed to discuss a case and also from her colleagues who had to continually listen to the experience.

Only two of our group said that we would use the weekly departmental, clinical meeting to discuss difficult client issues (an arena involving both genetic counseling and clinical geneticist staff). When we thought about how useful this department forum was for handling psychological issues, most of us said that we found this helpful and unhelpful in different contexts. For example, the larger clinical meeting did offer support when a discussion was needed about clinical issues, e.g. risk assessment or practicalities relating to where to send blood for a particular genetic test. However, when more personal issues that resulted in us feeling vulnerable or insecure, we did not want to share these within a larger, more public environment. This implied that alternative

methods were required to handle more sensitive interactions.

Some comments include:

> 'Talking at [Departmental] Meetings has its limitations'

> 'I find that I discuss/explore issues in less detail [when talking to colleagues] than I would in supervision'

There was a general discomfort about sharing difficult emotions within the weekly team meeting. We perceived that an intricate discussion and exploration of subconscious countertransference reactions was neither feasible nor possible with colleagues who did not have experience of supervision and for whom discussion about countertransference was unfamiliar.

Experience of Supervision After 2 Years of Having This on a One-to-One Basis Only

We documented our experiences of the current one-to-one supervision that we had been receiving up to this point in time. For all members of the team this had been available for 2 years. When thinking about the benefits of supervision to practice as a genetic counselor, 6/7of the group answered that this was 'extremely beneficial' and 1/7 said it was 'beneficial' (none of us answered this question in a negative way). However, when asked to indicate which words from a list of positive, neutral and negative words to describe our feelings after having one-to-one supervision, a whole mixture of words were given, including: 'stimulated,' 'refreshed,' 'contemplative,' 'mixed,' 'non-descript,' 'thoughtful,' 'exhausted,' 'angry' and 'irritated.' Most of us (5/7) perceived that our stress levels had been reduced since having 2 years of one-to-one supervision.

We embraced the opportunity to use supervision for discussion about difficult emotional encounters and gained immense support from this. In trying to look objectively at the whole experience of one-to-one supervision we believed that, on the whole, there were benefits to our practice from such supervision. We reported this even though sometimes our feelings immediately after having it were not always positive. It is part of the normal process of supervision to face challenge and possible confrontation of difficult experiences or emotions; this can leave one feeling frustrated or angry. However, we perceived the overall learning experience that resulted from this was often positive.

In thinking about the range of issues raised within one-to-one supervision, we reported the most frequent issues explored the creation and protection of professional-personal boundaries. We also indicated that we used supervision to explore the behaviour of clients, discuss countertransference issues, departmental dynamics, the role of the genetic counselor, tackle professional stress and relate counseling theory to practice.

When we thought about whether we had a preference for the location of our supervision sessions 5/7 of us said we preferred to be seen off-site away from the department and the other 2 did not mind the location of the sessions. We perceived that having a physical detachment from the work place may offer something extra to the sessions. This could be because travelling off site assigns a credibility and importance to the process—it showed that the genetic counselor is valued enough to be allowed time away from everyday tasks. There may also be a greater engagement in the process if there is a limited chance of being interrupted and the genetic counselor is allowed the privilege of focused time on their needs. The actual building where the supervision took place was within another NHS site, which may have also helped to define the supervision practice as 'work related' as opposed to personal therapy.

When asked if the team planned ahead of time what issues to bring to supervision, the majority said that they 'always' (3/7) or 'often' (3/7) did plan what to bring. This finding shows that thoughtful and respectful consideration had been given to the sessions and that there was always enough work to be covered within supervision.

Feelings About Starting Group Supervision

Before group supervision started in the department, we all indicated there were some concerns about starting group work. Comments on this included:

> '[I am concerned about the process of] developing the trust for members to feel safe to expose their vulnerabilities'

> 'I am concerned about being able to discuss issues freely and worry that I might be judged'

> '[I am concerned that] I might feel uncomfortable and not able to contribute'

The sorts of issues that we were concerned about included worries of: having conflicting agendas with

other group members, being able to discuss departmental dynamics, worries about our own issues being confidential and being able to express our issues in a manner that was safe. We also had concerns about having professional scrutiny by peers, being able to spare the time and worried about being able to choose interesting cases for discussion that the whole group would find useful. Such issues have been identified in other work looking at group supervision (e.g. Kennedy, 2000b and Hiller and Rosenfield, 2000). There were also differences between the expectations of group work versus the reality of having it. For example, being able to spare the time, having conflicting agendas and being open to professional scrutiny by peers were less of an issue than predicted. The fact that our team felt differently about these issues after having group supervision for a year gives credit to the supervisor involved in these sessions for helping the work to be less daunting than anticipated; it also gives credit to the genetic counselors for being open-minded enough to embrace this; all were nervous about initiating the work and had some reservations of the benefit prior to starting.

Experience of One-to-One Supervision Alone Versus One-to-One Supervision and Group Supervision Together

After having one-to-one supervision on its own for 2 years we all reported that we 'sometimes' (3/7) or 'rarely' (4/7) took psychological issues home with us left over from consultation. However, when asked to comment on the same question a year later in Questionnaire 2 after we had been having group supervision as well as one-to-one supervision, we reported we 'very rarely' (4/6) or 'never' (2/6) took psychological issues home with us left over from a consultation (note that one less took part in Questionnaire 2). It is possible that this shift in perception could indicate that the more involvement in supervision we have could lead to fewer psychological issues being taken home with us, although we cannot conclude this with certainty from the data we have here.

When asked to say whether we perceived group supervision was beneficial to practice most of us thought it was 'extremely beneficial' (3/6) or 'beneficial' (2/6), only one person had neutral feelings on this (for this specific counselor, although she found group work interesting, she personally gained more from one-to-one work).

Comparing One-to-One Supervision with Group Supervision

When thinking about the different issues that were explored within one-to-one and group work we believed that there were differences between the uses of the sessions. Within one-to-one work the following issues were explored more frequently and intensely than they were in group work: creating and protecting professional and personal boundaries, countertransference issues, complex cases, professional stress. Whereas in group work the following were more likely to be explored: departmental dynamics, role of the genetic counselor and relating counseling theory to practice.

Prior to having group supervision, there was concern that it would not offer a safe environment to tackle difficult issues with honesty. However, results from Questionnaire 2 indicated that the group reported that after 1 year of group work we 'strongly agreed' (3/6) or 'agreed' (3/6) with the statement: 'I feel group supervision offers a safe environment [to tackle difficult issues with honesty].' When asked whether the team would prefer to have one-to-one or group supervision only or to carry on with access to both, we all (6/6) said we would prefer to have both types of supervision.

We reflected on a comparison of the experiences of one-to-one and group work and indicated that there are some differences in the ways these sessions are perceived and used. Overall, we found group work more challenging and perceived this was more likely to produce a range of negative emotions. It is possible that we as a team said we had concerns about group work prior to having it because we felt vulnerable about exposing ourselves emotionally. In turn, such a fear of exposure could have meant that when difficult issues were addressed within group work, this was more likely to lead to a more challenging experience. Also, group work may also not always offer the opportunity to address every group member's issues, as there is less time to focus on individuals than would be afforded within a one-to-one session. A group session may also have multiple agendas that are played out concurrently. Differing agendas may lead to confusion, irritability and feelings of negativity towards the session. We perceived that even when these feelings were present at times, still the overall learning experience was beneficial.

The team were more likely to use group work rather than one-to-one work for discussion about

departmental dynamics and the role of the genetic counselor. This approach indicated that the group were able to learn from each other about their place within the team and the role played within the larger department. It fits that such issues would be more usefully defined when in a group than it would be within a one-to-one session, as a group offers easy access to role models and team working (Clarke, 2001). The one-to-one sessions were used more for discussion of complex cases and personal countertransference reactions as well as professional stress in relation to other work areas.

We reflected that the emergence and subsequent discussion of transference and countertransference within supervision could be surprising and that sometimes issues arose for us that we were neither expecting nor able to process immediately. We found that it could sometimes take weeks for some issues to 'settle down' (i.e. be processed, contemplated and rawness of feelings dissipated) after being raised within supervision.

Feedback from Counseling Supervisor on Specific Challenges

The supervisor involved in the work undertaken here was not directly involved in the evaluation process. However, when asked to give some verbal feedback on her experiences of one-to-one and group work she highlighted that being the same supervisor for both types of work had its own challenges. For example, there were sometimes themes emerging from the group work, that the supervisor knew had already been raised within one-to-one work. Due to confidentiality of the one-to-one sessions she could not identify these themes unless the individual counselors raised these issues themselves. This situation was a little frustrating at times, as the supervisor reported she was not able to draw out parallels or challenge certain group issues. One solution to this would be to have a separate supervisor for one-to-one and group sessions, so that the supervisor would not have the distraction of prior knowledge from another setting. However, the supervisor perceived in our case, she had experienced more benefits in being party to the genetic counselor's practice from both a one-to-one level and also group level. When counselors were happy to share within a group and be open about issues they had already explored within one-to-one work, the supervisor felt that the group learning process appeared to be accelerated. By this she meant that the 'open' attitude to sharing filtered in to other areas of work—offering an ability to embrace personal issues, an ability to share these and thus find ways of working through them.

GENERAL DISCUSSION

The process of genetic counseling involves daily interaction with clients who are experiencing emotional difficulty. Genetic counselors use their knowledge of counseling theory to offer a supportive environment, listening closely and helping to unravel the burdens that clients are experiencing. This sharing of emotional issues will inevitably impact on the genetic counselor (Abrams and Kessler, 2002); who in turn will offer them support? As found in other areas of counseling, such as psychotherapy, supervision is a routine part of practice. However, although it is generally recognised as an important part of the work for genetic counselors, not all centres in the UK and Eire have access to this.

The AGNC Working Group on Supervision recommends that by 2008 every genetics department in the UK and Eire should provide access to genetic counseling supervision for its staff. They also suggest this should be available on a one-to-one and group basis (AGNC, 2007). There is no published literature which documents the experiences of genetic counselors specifically with regards to one-to-one and group work in the UK; this paper has shed light on this area. This work may be particularly relevant to genetic counselors that are in the process of revising the supervision they receive, for example, in response to the AGNC recommendations. Such a revision may include the introduction of group work, when previously only one-to-one work was available.

In looking at the overall impact of having one-to-one supervision, versus one-to-one and group supervision, compared to no supervision at all, we believed that having both one-to-one and group work together offered us the most support and that having one type of supervision was not as productive as having both approaches. Since this was not an experimental study it is not possible to determine whether one type of supervision was superior to the other. However, we perceived that having a choice of approaches offered more opportunity to discuss different issues. Group sessions were more likely to be used for departmental issues and one-to-one sessions were more likely to be used for personal issues. We also believed that the more scope there was to discuss a variety of issues meant that we were more satisfied

with the process, i.e. there could have been a 'dose effect' of having access to more supervision, made us more accepting and favourable of supervision as a whole.

We valued working with a designated supervisor who did not work within our line-management structure nor within our professional group and found that the broad experience brought to sessions from using an 'outsider' have been of great benefit. We also found it particularly helpful to participate in supervision away from our everyday work environment.

This study has provided some reflective work on the experiences of a team of genetic counselors towards the supervision they receive; however, there are obvious limitations to the study. Individual interviews with an outside facilitator may have offered a more in-depth and detached opportunity to analyse attitudes and would be the obvious choice for further work and would offer a useful comparison of findings.

It is distinctly possible that by choosing a practitioner-lead research methodology, that we created an environment where none of the individuals could disagree outwardly with the group. Indeed some level of social desirability bias (Bowling, 1997) is inevitable, i.e. it is possible that we contributed to the evaluation with a subconscious intention to give 'desirable' answers or to answer in a way that we feel our colleagues may have answered. We acknowledge that doing this would severely limit the findings. However, we are experienced practitioners and have all had supervision for at least two years. Many of us had been having supervision for a lot longer, e.g. when working at other centres, or else in other circumstances before our present one-to-one sessions were organised. The nature of supervision is that it creates, fosters and encourages an open manner in engagement where there are attempts to ensure that views are neither judged nor stereotyped. We believed that this approach will have influenced our ability to feel comfortable with the engagement required for the case study. We therefore hope that there was an environment where we as individuals could express our own opinions and even if these differed from the rest of the group, all opinions were valued and were respected.

The authors acknowledge that using a structured questionnaire format had both pros and cons and that due to the small numbers involved, may have limited the data interpretation and analysis options. The data in this study was collected within a structured questionnaire format, being easy and quick to complete and also offering an element of detachment that hopefully enabled honest reporting.

It is acknowledged that the first part of the study—where we reported our retrospective views on our experiences before supervision was implemented, may be too subjective. It is difficult to know how closely these views represent the actual views, had they been assessed in a real situation before any supervision was implemented. It is also likely that having supervision in place for 2 years (and this being a positive experience) may bias the '*respective*' views more to the negative. However, as no study had been implemented prior to one-to-one supervision being offered, it was not possible to gather data on this in any other way.

The findings from our study do indicate a very 'pro-supervision' perception from our team. We are aware that this may not necessarily be the experience of all who access supervision. Other research has shown that supervisees report a more positive experience of supervision if it is available for more than an hour, on a monthly basis, away from the everyday workplace (Edwards *et al.*, 2005) and is also offered with someone who is not a line-manager (Scanlon and Weir, 1997). This was the supervision model that we accessed in Cambridge and thus one could conclude that our experiences were positive because of the above practicalities. Edwards *et al.* (2005, 2006) have done extensive work on evaluating the impact of supervision with nurses in the UK and concur that those supervisees who have supervision regularly are more positive about continuing to have it; whereas those who have not, or have had limited, infrequent sessions are more negative about continuing with it (Edwards, personal communication). Therefore, our own recollections of supervision may be colored by the fact that we have had frequent, dedicated and focussed supervision sessions—i.e. we are more likely to be positive about it because we are having it, rather than because the content of the supervision per se is working positively in our lives and practice.

It is also difficult to make an objective evaluation of the experiential differences between one-to-one and group supervision. This is because the case study has documented attitudes towards group work within a background of already having two years of one-to-one supervision. It is also difficult to make any objective conclusions as this was a largely subjective piece of work, based around personal opinion within a team approach.

Aside from the above limitations, this case study raises interesting questions about the quality of

supervision received. It also stimulates thinking about the experience of the supervision process, experience of the supervisor and the subsequent impact of their input on the practice of the genetic counselor and in turn of the profession of genetic counseling. The supervisor is in a very privileged position—having access to and an influence on the genetic counselor's method and style of working. This will undoubtedly be affected by the supervisor's own training and experience and suggests that the genetic counseling profession needs to decide what level and training it expects of its supervisors (Kessler, 2000). There is currently no consensus of opinion on this and supervision has been acquired for different departments in the UK and Eire on an ad hoc basis, following different routes for different centres (Clarke, 2001).

It is also noted that the supervisor in our study has a different professional background to the team being supervised. Whilst we acknowledge that in our situation having a different perspective and knowledge base has been useful in broadening our experiences of supervision, it is possible that having a different professional, clinical role may lead to an absence of shared understanding or empathy for organisational issues. These features have been found in other research, more specifically a study of experiences of interdisciplinary supervision received by a group of 170 cognitive behavioural psychotherapists in the UK showed that there were positive and negative aspects of having supervision with someone from a different professional group (Townend, 2005). Further work would be needed to explore this within the genetic counseling profession.

CONCLUSIONS

Genetic counseling supervision is a vital part of continuing professional development, and is recognised by the genetic counseling profession for the UK and Eire. It is acknowledged as pivotal to supporting the psychosocial needs of staff and it is hoped this will in turn have an indirect impact on the quality of care given to clients. As a team of genetic counselors from Cambridge, UK we have reported that we have benefited personally and professionally from receiving both one-to-one and group supervision with a psychological therapist, qualified in supervision and working externally to the Clinical Genetics department. Thus the team here recommend such an approach could be valuable to other practising genetic counselors working elsewhere around the world where supervision is not yet available.

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