

# Professor Andrew Reeves

## SPEAKERS

Dr Mish, Professor Andrew Reeves

I'm Dr. Mish and you're listening to the Craft of Supervision. Onto the next episode. Let's go!

Hello, hello, here we are again. This time, I am absolutely delighted to share with you the conversation I had with the wonderful Professor Andrew Reeves, who, in my opinion is the person to go to when you are thinking about risk in your work. He has researched therapy with suicidal clients and people who self-injure and self-harm for over 25 years. He's written loads around it. He's authored his own stuff as well as co-authored, and he's done lots of papers, and he's kind of the person to go to. And Andrew's been working in a professional helping role for around 35 years now. So he's done a lot of work and contributed a lot to the profession. He is a professor in counselling professions and mental health, a BACP senior accredited counsellor and psychotherapist, as well as a fellow of BACP and a senior fellow offered advanced higher education as well. I think you can agree with me, in the terms of he is very, very well established as the person to go to regarding thinking around risk. And I'm so grateful for his time. I know he's really, really busy. He's very committed to a lot of projects. And he's been so pivotal in my professional development and my career development. And I'm really, really grateful that he was so generous with his time. So thanks once again, Andrew, for that... I owe you one! And I hope you enjoy this conversation. I found it so interesting, and I no doubt it will, it will bring up a lot for you about dealing with risk, what that means to you across your role, but also particularly in supervision as well. So, hope it's useful for you. And I'll see you on the other side.

So hello, Andrew.

Hi, Mish.

Hi, how are you doing?

I'm good. I'm good. It's very nice to see you. Always is.

Yeah, I'm so pleased that we've got this space. You certainly one of those people that I had on my wish list to be honest thinking, 'Who can I get... that would give some real weight to look in at risk in supervision?' because I think it's a really tricky area. So, you were it, I'm afraid, no pressure!

Well, whether it's weight, we'll be the judge of that. But I've always got something to say, that's true.

Don't sell yourself short. So, obviously you and I have known each other for some years now, you very kindly helped me develop my doctorate head and get through that. But really what I knew you for was, really looking at risk and really wrestling with how we deal with risk in therapeutic situations. And also

thinking about it in supervision as well, how we, how we help our supervisees present risk, how we help them wrestle with it, and particularly if there's been anything that's happened that is very distressing for the supervisee to deal with. And a lot of people can feel quite overwhelmed with, 'How do we present it? What do we do? How do we deal with it?' And also as supervisors, how do we deal with it as well, and what it brings up for our own stuff. So, really over to you about why this area is important. And just an introduction really into working with risk. What, what would you like to start with?

Okay, yeah, a few things really just set the context, I suppose, for why I think this is important, why I think it's really important for supervisors. So, done as a practitioner, first of all, I never saw myself as an academic... my heart has always been and probably will always be in practice. And I'm not a natural academic, having experienced the suicide of two clients very early in my career, one as a social worker and one as a therapist, when I was a trainee therapist. That had one particularly- so I'm not saying one was more important, but there were different circumstances. One was very devastating, and I think very quite traumatising. And that started me on a journey unexpectedly to start kind of researching this area as part of my healing process. I think from the trauma you know, in addition to therapy, I had an amazing support from the team I was working with, but it was, I mean, the client left my room and killed herself...

Right. Wow.

...really soon after leaving my room and I didn't see it coming. I had a fantastic supervisor. We talked about this client a lot in supervision. Anyway, I did, I did lots of research and I first of all talked to counsellors about what it was like to work with clients at risk of suicide and the same story came out very strongly and it's been repeated and researched time and time and time again which is the fear, the fear of getting it wrong, the fear of blame, the everything that I had experienced. I did a survey as part of my own doctorate, first stage, I, there was three stages of my doctorate but the first stage I did a survey on BACP accredited courses, and I asked the course leaders at the time, the data is a bit dated now, but I don't think things have changed particularly, that's my speculation, and was asking, you know, the profile of risk training, and where did risk training take place. And almost without exception, almost without exception, these course leaders were saying the most important place for students to learn about working with risk is in supervision. And there was, at that point, at least a distinct absence of training about working with risk in the actual course. So it kind of felt to me as if it had been handed over to the supervisors. I don't think that's changed, particularly, frankly...

Yeah.

...not from what I hear from people. And then that begs the question and, and as the years ticked by, it begs the question, 'Well, okay, so where does supervisors get their training from?' If we're saying the practitioners turned to supervision, as they do, as I do, for support around risk, where did the supervisors get it from? Well, I've been a supervisor for about 25 years now. And I became a supervisor initially, because I was an experienced therapist. So I had a lot of experience to draw on. But as a therapist, I've never been given any meaningful training about working with risk. So I was kind of supervising risk based on my own experience. So I then did, of course, my own supervisor training, really good training. And guess what, there was nothing on risk in my supervision training!

That's so... yeah.

So, we have this situation, I think, I'm not, I'm not generalising and saying this is true for everybody. But we have this generalised situation where we have supervisors who are offering a really skillful, critically important place for therapists to talk about their work. Most therapists, I believe, regardless of context, will encounter or are regularly encountering risk, whether that be in schools, or colleges, or universities, or private practice, or in health, or social care, or wherever. We have supervisors who are very skilled, experienced practitioners, for the most part, but that supervision training doesn't attend to issues of risk. So, we have this danger of, well, we have the potential for really good practice to be replayed, but we have the danger for the anxiety and the fear, to be replayed in supervision, are being paralleled in supervision. So if we're all turning to our supervisors, because we all need supervision, and our supervisors, perhaps for themselves, are also holding their fear and anxiety around risk. What are the consequences?

Yeah.

That's why I think this is really important Mish.

That is the question, isn't it? It's, 'What happens? What are the consequences if you've got a supervisor that doesn't feel able to think and talk about risk and encourage that gaze of risk on the client work?' And then you've got a therapist who comes in, again, equally unsure about what to do about risk, 'And I think I've done this, and I think I've done...' and it just creates a real awkward, restrictive conversation, I think, on actually the practical, getting stuck in there, elements of risk. And like you, I come from a background that... so my background's probation, so risk was everything. So it felt quite easy for me to bring that skill into my therapeutic work. But I noticed on my trainings, yeah, there was like, virtually nothing about risk! But *really* dealing with risk.

You say that, and I'm not talking about your experience. But, when I hear you talk about transferring your skill, from probation into therapy around risk, I think to myself, 'Well, when I look at my, my social work training back in the 80's', which was a superb training and, and was very therapeutically orientated, 'We didn't do anything about risk.' My risk training, the best risk training I've ever had in my entire professional career of 36, 37, 38 years was the six evenings I did with Samaritans when I trained at 18...

Wow.

...as a Samaritans' volunteer. And I think as a social worker, of course, I tended to risk all the time, but my relationship to risk is very different to that of a therapist. So, and I think what's happened in therapy- this just my personal point of view...

Yeah, no that's good.

I think what's happened in therapy is that we had imported attitudes and approaches to working with risk from kind of social work or medicine, particularly where we see risk as something to assess,

mitigate and deal with. Whereas I think as therapists, our job is different. Of course, we have safeguarding issues. I'm not, I'm not minimising those, but I think the risk is actually part of client process. And I think our job as therapist is about exploring that therapeutically, not mitigating it.

Definitely.

So as a social worker, I wasn't, I wasn't equipped to do that. As a therapist, I hadn't been equipped to do that. The Samaritans has equipped me to do that, not therapeutically to explore, but to at least open the door and ask the question and ...

Yeah.

And I think that again, this is, this is not generalising to all therapists all the time. But I think that there is a real tendency for us to not talk, but to rely on the tools, and the questionnaires, and the tick boxes and to think we done a good job when we haven't. And then that gets paralleled in the supervisory process.

Yeah. So what do you see is happening in supervision? What do you think is missing in that? Either in your experience and what you've heard, or read about or researched? Yeah. What's the kind of the challenges for supervisors to get under the skin of the risks? Because I really like that idea of, it's not just that kind of edge if you see work, where you're like, 'Have I done all the processes and blah, blah, blah, blah, all the ticks?' It's the exploratory stuff. So what do you think is yeah, what's happening in your mind, in supervision.

I've got quite a few things, actually. I think to start with, however, what the research tells us in terms of the therapist's position is that our attitude to risk, our personal responses to risk, our personal responses to self-injury, our personal responses to suicide, what we think about it, what we feel about it, how we might have experienced it for ourselves. You know, we may have experienced our own suicidal thoughts or feelings at times, or our own self-harm or self-injury, or that in our family, or our cultural contexts. You know, how we're positioned in society, injustice, social injustice, films we watch, books we read, music we listen to, almost endless, will all shape our relationship to it. And of course, as supervisors, that's equally true. So, you know, as supervisors, we're having our own practice, the supervisors are almost always therapists in practice too, not always but most of the time. So what's happening for them, and then what happens between the supervisee and the supervisor. So, almost always what doesn't happen is a conversation about attitudes, and feelings and thoughts about risk before it even enters into the therapy space.

Yes, that is it!

But when you're in your, with your supervisor, how many of us, and I include myself in this, how many of us have actually sat down and said, 'Well, you know, what I want to talk about initially today isn't about this client, or this client, I want to talk about what I feel about risk as it presents in the work I do, and what you feel about it, and what your attitudes are, and what do you expect from me? How might that get played out?'

That's it. That's exactly it. That's exactly my thoughts around how we deal with risk in supervision. Because I don't feel that there- it's those sorts of conversations about exploring that for the individuals in supervision. I feel like that is something that we miss on a number of different subjects. But risk- yeah, absolutely.

Because I don't, I'm not saying I don't think we're doing a good job. Because I think therapists do a very good job. And I think supervision and supervisors do a very good job. But do we, but how do we know we are? And, so I've heard countless times people saying, 'Oh, my supervisor's, fantastic. But when I went to my supervisor, because of this particular situation, or this situation, it was a very different dynamic.' And I think that no matter how experienced we are, this is not an inexperienced versus experienced phenomenon. This is a relational phenomenon to something that we can find personally and professionally, quite threatening. And I think that what can happen is, that, that can get played out. So, you might be my supervisor, and we might have a really great relationship, and I can talk about things, but something may be going on for your, you or it's happened to you, or you have my particular feelings. And I say, 'Look, I'm working with this client, I'm really concerned' and suddenly, your anxiety kicks in unconsciously. And it's like, 'Well, have you done this? Have you done this?' And suddenly I experienced she was being quite directive and quiet, perhaps because I'm feeling vulnerable, quite punitive or quite criticising? Because when we're working with risk, remember, we can be very attuned to that fear of getting it wrong.

Yep.

And so, I can, I can hear that, because we probably haven't had the discussion before that client walked in the room, which is- what do we expect of each other, Mish? Because in my work with young people, or with older people, or with people who, with trauma or with... risk will be present. You know, risk is presented to us as a binary concept, it's there, or it's not there.

Yeah.

And if it's there, we mitigate and manage, and my assertion is, it's not binary. Risk is there for all of us in all sorts of different ways. You know, when, the moment you walk out the door of your house, there's risk, we manage risk, we, we work with risk, we engage with risk, risk brings all sorts of opportunities. So why shouldn't it do that in supervision, as well? And why shouldn't I as a supervisor, say, if we just turn the tables for a second, and I say, 'Well, I'm your supervisor. Well, sometimes I find risk really scary Mish, and sometimes I find it really important to explore, and what I would want for you is to support you with the confidence to ask the direct questions, and to go there.' Because the thing that will cause you the anxiety as a therapist will be not asking the questions, not asking the questions, once you, whatever the answers are, you know what you're dealing with. It's the speculation and the fear. So, I want to be able to support you doing that because then when you come supervision, and I can say, 'But what did this client say when you explored this?' You won't say, 'Oh, I'm not sure, I didn't feel able to ask' you'll say, 'They said this'. And we, we all kind of know what we're dealing with.

Yeah. Yeah. And I think that exploratory bit, that question for me, is absolutely key. Almost before you get anywhere near, I'd say, even seeing clients but, you know, I realise when you get to supervision,

you might be very close to, but having that conversation. And I think that is a conversation with courage, because what you're asking is for the supervisor, and the supervisee, to sit with their position about how they feel about risk anyway, in general. And I think that's a really difficult, really difficult conversation! And thinking back, I'm not, I'm not sure that I've had those conversations to that degree of, 'What does risk mean for you? What does it bring up for you? And what might that mean, therefore, in your work? And to you as well, you know, thinking of your wellbeing, thinking of the work you do with the client, the work between you and I as supervisor and supervisee?' What might that, what might we collude with, what might we avoid, what might be the easier aspects of risks to talk about, and the bits that we kind of don't like to because they're a bit tricky. That's the sort of conversation that I, I'd love to see more in supervision, actually, I'd love to see more of the kind of the process and the exploratory bit, before we even talk about it, or even when it comes into the room to take a pause, and then go, let's come back to that. But I just want to have a look at what comes up for you.

And I can, I can understand why we don't, you know...

What do you think it is? What do you think is the reason?

Well, I think we're very busy, I think, you know, lots of people often working in, in contexts, where they're, they're seeing a lot of people, back to back sessions.

Yeah.

Lots of issues to manage, lots of things to make sense of, supervision then becomes incredibly precious time. So, you know, we want to talk about this client, or this client or this client, which of course, is really important, but we don't always give ourselves permission to stand back. And, and rather than looking at each individual client, to say, 'Well, actually, will these three clients, or these five clients, or these 20 clients, are all presenting with risks. So, maybe I can talk about all 20 by talking about the theme...

Yes.

...rather than, 'Oh, how am I going to talk about them, them, them, them, them, them.' So, I think in part, it's because we're very busy. I think in part because sometimes supervision is either taught to us as, or is facilitated as, almost like a version of caseload management, where we are managing our caseload as opposed to looking at the therapeutic dynamic. Partly because of anxiety, perhaps, known or unknown anxiety about, 'What if?' Partly, because we might struggle with kind of, if we're working in an organisation, what the organisation expects us to do. And so, you know, if we don't name it, we don't go there, which is another thing to throw into the mix about what, you know, what, what's missing? Or what does the supervisor need to do? If I'm supervising you, it's really important that I know the context you're working in. And if that context has any particular expectations for you...

Yeah.

...in what you should do to respond to situations of risk. Now, and indeed, if you were working in independent practice, you know, what your position is that you communicate with your clients, because then my job as supervisor is to help you work within that.

Yep.

And or challenge it, if you believe it to be unethical. So, bit of research I did, I asked therapists, 'If you're working in the context, and the organisation had a policy on risk that you didn't quite like, how would you deal with that?' Well, it will come probably as no surprise to you where the majority said, 'I would ignore it. And I would ignore the policy.' And it's like, no, no, no, no, no, no, no, you can't ignore the policy, challenge the policy, but work within it while you're challenging it. Because if you find yourself in the situation like me, where a client should end their life, and you have to give an account for the work that you did, the first place they will look was, 'Did you do what was expected of you?'

Definitely!

You know, whether you're whether you're paid employed, or whether you're volunteer, you kind of have a contract with that organisation. Now, if the level of moral injury is such, you know, if you're expected to work in a way that is so inconsistent with your own values and beliefs around risk, then ultimately, I suppose you have to make a decision, and you can't change it. You have to make a decision about whether you can continue to work there. And I don't say that lightly, because I know jobs are really hard to find. But, my role as supervisor therefore is understanding your context, understanding your attitudes and beliefs, and understanding your context, and what is expected of you. Because the danger is, if our personal beliefs, and our feelings, our values, our morals, our positions are kind of sitting out of our awareness, as a supervisor, or as a clin- or as a supervisee, if as a supervisor, the expectations of you, as a practitioner, are out of my knowledge and my awareness, then what danger is that my personal responses unconsciously or out of my awareness start to then come into play. So, the less I hold in the room, around my knowledge of this, the more likely I'm unconsciously going to act out my personal position.

Yeah.

And you know that old nonsense that we, we were told, I don't know if they still say it now. But you know, you leave yourself as, at the door, when you go in the room. What a load of nonsense.

Hah! What a load of rubbish!

You take all of you in, don't you...

Of course.

...you take all of you in, you don't always name all of you, you hold it, you bracket it, you're aware of it, but you take all of that into supervision. And so, I think that that's one, one of the other things that's missing, that's really imperative. I've got to understand where you work and what your context is, even



if I think your policy that you're having to work under is really rubbish, I might have a role in supporting you to formulate an argument to challenge it, or indeed support you to work within it. And to think about your, your options, but ignoring it, or disregarding the policy simply because you don't like it, puts you at risk as a supervisee, and potentially puts me at risk as a supervisor.

Yeah.

Because I do have a responsibility, not for your direct work. But for the supervision I'm offering you in your practice.

Absolutely. Yeah, absolutely. And for supervisors, what would you encourage them, for them to start thinking about, or doing or, or start discussing with their supervisees to try and bring this more, more present in the work? So it's not out of that frame of awareness, that it's coming into the room? What would you, what would you encourage them to do?

Well, first of all, deal with those two things. Firstly, invite a conversation and say, 'Oh, I've just watched this amazing podcast with Mish and she was so good! And she got me thinking, and I was thinking, oh, we've never had a conversation about risk. Let's do that. Let's spend 15, 20 minutes today, chatting about what do we expect from each other? And opening that dialogue? I think, I think supervisors have a really important modelling role to play and permission giving role, which is around well, 'I'll name it.'

Definitely.

'And that'll help you name it. And I'll be honest about where I am. And hopefully, that will enable you to be honest, and we will create a collaborative position.' So I think, I think leading on the way in saying, 'Hey, let's talk about this, let's talk about what this feels like. Let's not try and make some clever intellectual sense of it for starting, let's just talk about what's it feel like when we think a client might be thinking of ending their life? And if you're not sure, as a supervisor, you know, if I'm supervising you say, for example, and you're working in context A, and context B, and context C, because we can often have different jobs in different contexts. Do I really understand what each of those is asking of you?

Yes.

And do you understand what those contexts are asking of you? And how do you manage that, in your context, keeping your client at the centre, so you don't become kind of like back covering, you don't become kind of dotting the I's and crossing the t's. You remain client focused, and you remain focused on your work as a therapist. And thirdly, question I always ask myself, as a supervisor, when somebody brings an issue, actually not just about risk, about anything, but I think about risk, particularly this can be helpful is, you know, if I go back to some of the stuff around supervision, 'What's my best opening point here? Is it a normative, formative, or restorative position?' That you're telling me about this, it's actually something so pressing that my starting point, I mean, all of them will be important, but my starting point is a normative position. There's something you need to do. 'I think this person is going to kill themselves. Have you asked them? No? Okay. So.'



Yeah.

Or is it a restorative position is the impact on you around the risks such that, we need to, the first door we open needs to be one about support and care, and that restorative position, or is it about a formative? Because sometimes, if I had a pound for every time somebody had said to me, 'But I don't want to ask about suicide' for example, 'because it might pull the thought in someone's mind' I will be wealthy beyond my wildest dreams. And it's *the* most common myth, that there's a formative function in saying no, actually, it's always, always alright to ask that question, ask it in a calm, accessible way. Don't dress it up with fancy language, ask it in a way that maps onto your, how your client will understand it. So, you know, there might be skill's development, or there might be support, or there might be, 'There's a bottom line here.' All of those will have a part to play. But the first question to me is, 'Well, Mish is talking about this client, or this context or this situation, what's my hunch? What's my feeling about? Where's a good place to start?'

And do you cover then all of those different aspects? So would you then go, 'Well, if I'm coming at it from you need to do something...' And then do you move as a supervisor into the other, the other elements about how- the effect of it or what it might mean for the context where someone's working? Or what, do you, I suppose, do you cover everything? Or do you stay in that one position? And just do that bit?

No, I would, I would say the question I'm raising is, 'What's my starting point?'

Yeah.

But I would, I would cover all of those, how I would cover them would be dependent upon the situation, if I felt something was immediate, and immediate was, excuse me, the risk was immediate. And the normative position that, you know, 'What is what needs to be done here? When and how are you going to do it?' But I'm also very mindful that working with risk is strongly associated with vicarious trauma.

Yeah.

And you know, the weight we carry as therapists in, as wonderful as our work is, and I've been doing it thirty-five, thirty-six years, and I, I have loved every minute of it. But that doesn't mean to say that it doesn't impact, that it's not heavy, that we don't worry, I too have had sleepless nights. I've had therapists say to me, in the height of their anxiety, they've wronged a client between the week...

Yeah.

...just to hear them answer the phone. I've had some say to me that they've driven past a client's house to see if there was evidence of them around. Not good practice...

No.

Not good practise, but it's speaking of the vicarious trauma.

Yeah

So for me, the restorative bit is a non-negotiable.

Absolutely.

I must always pay attention to my supervisee's wellbeing in this...

Yeah, me too.

In the formative, you know, I've been doing this for thirty-five years, I've written stacks about it, you know, my work is continuous, I work in independent practice now continues to be centred around risk. Does that mean say, I've got nothing to learn? The day I think I've got nothing to learn on this is the day I need to pack my chair away, go on my computer and go and watch Netflix!

Hah! Absolutely!

Can't imagine you ever positioning yourself as, 'I, I know it. That's it, I'm done. *And I'm done.*'

We learn something all the time!

All the time.

I went to a workshop the other day about working with risk, and it's like, 'Ah, that's some really good ideas there.' And I've delivered training to people I'm working with, I probably trained nearly 20,000 people over many years face to face, I'm working with risk, and I learned something every time. So, I think that, that formative function, if also delivered in a collaborative frame, not in, 'Well, Mish, today, I'm going to teach you how to talk to clients about suicide' which is really patronizing. But collaboratively, let's make sense of how we might both kind of articulate this, and manage this, and play around with ideas and make it equal. So, to answer your question specifically, yes, all of those need to be covered, how and when will obviously be dependent upon the context. But, there's always a normative thing there.

Yeah, yeah.

Because we, we contract with our clients, even in private practice, we typically contract where confidentiality will be limited by a number of things, including the immediate risk, we haven't- we all impose a normative element, there is no statutory requirements in the UK, at least to disclose concerns about suicide risk, no law that says we have to do that. But we contract with our clients that we will...

Yeah.

...from a Values Ethics position. And so, we build in the normative the moment we contract, and so we have to pay attention to, I'll be working to our contracts, you know, somebody and that's, that's the

danger if we're not thinking about our personal responses. If say, for example, that I have a very strong personal belief that people should have the right to end their own life, if they feel that's the right thing to do. That might be right for me, it might be wrong for me, you might agree with me, you might disagree with me, as a supervisor, you might agree with me, you might disagree with me, doesn't actually matter, doesn't actually matter. What matters is, 'But what have you agreed with your client?'

Yes.

And if you've agreed with your client, that if the clients in immediate risk, you will take steps to increase the level of support for them, then my personal views are a bit irrelevant. If I want to work in private practice, and I have been on a clinical advisory group for large charity in London, who offer a, an entirely confidential space around suicide, they will never break someone's confidentiality. Well, whether you think that's a good thing or a bad thing will come from your personal position on...

Yeah.

...in terms of your relationship to risk but as long as the client knows that, that's the deal, that that's what's being offered then the ethical position is to honour that. So that's the role of the supervisor to really dig in, in a collaborative non-judging, non-patronising, non-scary kind of, kind of dialogue...

It is the dialogue.

...which takes the sharpness out of it.

Yeah, yeah. And it's the pre-dialogue to that dialogue. That is to me, the really, really key bit about, 'Let's explore what risk means to you and what it brings up.' So that it makes those conversations when someone does come with a live risk issue, it makes those conversations much more whole, I think, because then you are able to talk about the impact on the therapist, and it just creates a, I suppose it's just that safety net underneath it, because you've already done the work around what does it bring up for you. And so you can refer back to that. So, 'When we talked about what this might bring up for you, how is that with you now? What is? Has that been, has that gone to that 'ouch' point where it brings this up for you?' So I think it's, yeah, and I think, I think for me, I see the role as supervisors to, it's not just about facilitating the conversation, but it's being part of that conversation. So you're not an, an observer, where you're almost separate, and you're casting a supervisory gaze that is all-knowing, or somehow more sophisticated, or it's that... I really like that collaborative thing, which kind of speaks to me as a, as a practitioner that I am anyway, and the supervision I offer. But I think that collaborative conversation, at the start of the work, and maybe periodically through the work is, 'How has risks changed for you now you've, where you are in your professional practice? What does it mean to you now? And what does it bring up for you personally and professionally?' And I think we should keep these conversations around the process, around that collaboration, in supervision, they, for me are the key, if we're not having those conversations, it's not enough just to talk about the context. And the, 'Have you done? Have you done this? Have you done that?' I feel like it, I feel like they're not as, as in depth and as wholesome, as whole for want of a better word.

No, I agree. I agree with anything you're saying. What ... as we were talking as well. And I don't this might be a controversial thing? Well...

Go on, say it.

...I kind of think that, you know, conversation we've been having kind of assumes a collaborative sense of equality in the supervision process. And I know from my experience, sometimes your supervisor can feel very scary...

Yes.

And not as approachable, as we are suggesting they are, so there's two reflective questions to be raised here, one for the supervisor, which is, and this is, this is for the supervisors to think about being really honest with themselves, 'Do I create a space where my supervisees might feel safe enough to come in and talk about this?' Or, 'How might I create a space where my supervisors feel safe enough to come in and talk about it? And if I have any uncertainty about that, then it's something I need to attend to.'

Definitely.

Because if they can't talk in general terms, they'll be really anxious to talk to you in specific terms...

Definitely.

...when they need to. And the second reflective question is for supervisees, which is the same sort of question, 'Do I feel safe enough to go and see my supervisor and have this general conversation? Because if I don't feel safe enough to do that, how safe will I feel when I'm kind of feeling like my backs against the wall, and I've got a situation that I'm really anxious about.' Here's the controversial bit.

Haha!

The controversial bit is, and I'm not suggesting that all supervisory relationships start like that, you know, they have to be worked out I call relationships, we have to feel our way in. If you're at a point where you cannot imagine feeling comfortable enough to have that conversation with your supervisor, and cannot envisage how you would even get to a point, then maybe they're not the right supervisor for you.

Absolutely.

And you need to pick and choose your supervisor carefully. And I have stepped out of supervision relationships with myself as a practitioner in the past when it's not worked for me.

Yep.

And it's a really tough thing to do.

Yeah.

But it's the best thing you will do. Feel that immediate discomfort in having to do it, but your supervision generally, but your supervision around risk specifically will be critical for you and your well-being as a practitioner. So, if those doors and those conversations feel too risky, you do have to reflect yourself, 'What can I do as a supervisee to make them safer? Or have I tried, and it's not worked, and I still feel anxious? In which case, is this a relationship that's ultimately going to work for me professionally?'

These are such gems and, alas, not only have we come to the end of our time...

I've got another ten hours to get through now, Mish!

Honestly! This is what I'm finding, you know, I'm finding this so often that I get so drawn into the conversation that I almost don't want it to end. But, end it must. But I think that's such a good point to leave everyone thinking about, that they are crucial questions. And yeah, I'm so, so delighted that you were so gracious with your time. I know you, you're busy. And I really appreciate your time and your support in wanting to think about all of these issues, Andrew, I can't, yeah, it's, it's been...

No, it's been a pleasure, Mish. I was really pleased that we talked about doing this, then, you know, I think the work you're doing around supporting the development of supervision and self-care is, is so critically important.

Mhm.

So I've really enjoyed it time has flown by.

So that was the wonderful Andrew! What an amazing resource of knowledge. And he's so generous with that knowledge and his expertise. And I think anyone who's ever been on any office, training, or listened to him speak in any way can only get pulled into his enthusiasm and just the sheer amount of knowledge he has talking about risk. Thank you so much, Andrew, for being my guest. And as always, I'm always on the lookout for any other guests that want to come on and talk about clinical supervision. I'm sure there's plenty of you out there who have something that you'd want to share. So I'm very grateful for anyone who wants to reach out and be a guest. You're very, very welcome. You know where to find me.

But that's it for now. So, go carefully, and I'll see you next time.