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Effectiveness and Challenges in Counselling Supervision: An Indian Experience

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Abstract

Counselling profession is still in its nascent stage in India. Even newer is the concept of counselling supervision. In the field of HIV/AIDS, the government has appointed counsellors in hospitals, healthcare centres and dispensaries. In 2008, Global Fund to fight against AIDS, tuberculosis and malaria in its round 7 (GFATM-R7) initiative in India was called 'Saksham' and aimed to strengthen the counselling component in prevention and management of HIV. Counselling supervision was experimented with the goal of enhancing capacities and skills of counsellors and making the counselling process more effective. This paper is an attempt to appraise the impact of counselling supervision; it highlights the several benefits of counselling supervision. The research shows a decrease in burnout and increase in counselling competencies among counsellors due to supervision. Counsellors have been able to deal with many difficult cases seeking the help of supervisors.

Keywords: *Counselling, Counselling Supervision, Effective counselling, Burnout*

Counselling is a vital component of HIV/AIDS prevention and control programme in several countries, including India. Counselling provides information, increases awareness and facilitates behaviour change, which help in curbing the spread of HIV. The World Health Organization (2014) estimates that 95 million people, in low and middle-income countries,

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have received HIV counselling and become better equipped to deal with the pandemic.

In the field of HIV/AIDS, counselling has many domains. National AIDS Control Organization (NACO), the apex body to prevent and manage HIV infection in India, has mandated that HIV testing should always be clubbed with counselling. Pre-test counselling broadly aims at making the client aware of the modes of HIV transmission, carry out risk assessment and prepare for absorbing HIV test results. Post-test counselling covers sharing HIV test results with the client, provide motivation to adopt safe and healthy behavioural practices and link him/her with support services, if required. For HIV-positive clients, Anti-retroviral Therapy (ART) counselling is done, which is almost lifelong and covers issues related to adherence to therapy. Once a person infected with HIV starts ART, he/she has to unfailingly take the medication, throughout life. For all the pregnant women, under Prevention of Parent to Child Transmission (PPTCT) component, HIV testing is done for screening purposes and counselling is provided before and after HIV testing. Under Targeted Intervention, high-risk groups like sex workers, injecting drug users, Men having Sex with Men (MSM), migrants, etc., are provided counselling. This apart, preventive counselling to general population, crisis counselling, grief and bereavement counselling, child counselling, counselling to informal caregivers, and similar others form the part of 'HIV counselling' in India (see: NACO, 2013).

Though counselling is crucial in dealing with crisis situations, pain, frustration and grief in human life, its genesis is not ingrained in the Indian socio-cultural milieu. The conceptual and theoretical models of this 'human service profession' are borrowed from the Western world. Traditionally, joint family system, kith and kin, would act as the support system and the social safety net. Values of interdependence and collectivism have been perpetuated over individuality and privacy in the Indian culture. As a result, an individual facing problems and needing help would naturally go to elders in his/her family or extended relations for guidance, solace and support. Family members, relatives and friends have performed the role of counsellors, without even knowing the nomenclature. In the present times too, for most of the Indians, approaching to an unknown 'professional' to solve personal problems is beyond comprehension. Thus, establishing the awareness and credibility of counselling services is one of the biggest challenges in India.

There are certain other knotty issues encountered by counsellors in the country, especially in the HIV/AIDS field. The socio-cultural milieu of

Indian society does not encourage the overt communication about sexual issues. There is a culture of silence; talking about sex is a taboo. Parents, teachers and other adults often do not provide sex education to children and adolescents. The only source of information most teens have is their peer group – who are not capable of providing scientific and accurate information. The half-cooked information is compounded with myths and misconceptions that indeed add to the vulnerability to sexually transmitted infections including HIV. Also, adolescents initiating their sex life early are more likely to have multiple and high-risk partners. They are less likely to use condoms. Further, experimentation with alcohol and drugs are associated with high-risk sexual behaviour. Media arouses sexual interest but does not provide accurate information about sexuality. Youth may not be candid about their sexual experiences out of fear of stigma and labels especially in case of same sex behaviour. **Y**oung people often lack information they need to make safe, healthy decisions, which may **lead to** serious consequences like teenage pregnancy and childbirth, unsafe abortions and STIs including HIV, to mention a few (Kaushik, 2010).

Further, forces of social change like urbanization, industrialization, modernization and globalization have brought about significant changes in the family patterns and functioning – nuclear family system is replacing joint families; alternate family patterns like single parent families, families headed by women and childless families are becoming increasingly visible in the society. Family cohesion is decreasing and family disintegration is on the rise. Family's role to provide solace, comfort, recreational opportunity, protection and catharsis to pent up emotions is increasingly being taken over by outside agencies like peers, colleagues, recreational clubs, television, cinema and the like. Monogamy and faithfulness of marriage partner cannot be ensured as, though in clandestine manner, extramarital sex is on the rise. All these factors increase the risk of HIV infection (see: Rushing, 1995). In this backdrop, HIV counselling aims to reach out to general population to protect them from the HIV virus or those who are tested positive to lead a life that can be more meaningful and protected. HIV counsellors create awareness, assess risks, facilitate behaviour change, promote condom-usage to protect individuals, and also help in ART adherence and guide individuals to live a positive life.

HIV counselling is quite demanding and not easy as it deals with issues of sexuality and sexual practices, discussion of which is culturally refrained. It is all the more a forbidden cultural norm for a female (counsellor) to talk about sexuality. Counsellors are required to talk

about highly confidential issues of the client's personal life, which in Indian cultural milieu is tough. Counsellors, in HIV setting, interact with the marginalized communities like the sex workers, MSM, transgender and such other high-risk groups who remain 'hidden' and do not easily disclose about their sexual identities and risky behaviours. Often, the counsellors are not well equipped to handle the ramifications of cultural values that enhance vulnerability to HIV. Moreover, being brought up in the same socio-cultural environment as that of their clients; many counsellors find it difficult to shed away inhibitions to talk about sexual matters and prejudices against MSM, sex workers or injecting drug users. It hampers their counselling services. They require mentoring, guidance and supervision so as to enhance their dexterity in counselling. A brief literature on the concept and significance of counselling supervision may be looked into.

Supervision is a manner of guidance practised in educational and occupational institutions. Supervision means that there is a person with expertise (the supervisor) who guides and directs another person (the supervisee) in his/her work performance. Supervision is a process where the supervisor and the supervisee come into a relationship to improve the supervisee's performance in work, and to guide the supervisee to be more effective. It is a two-way communication to work towards best ways to address the work in hand. This is a participatory method to look into knowledge, information and theories available that can be put to practice appropriately. This partnership can be provided by in-house supervisors and, in some instances, the supervisors are from other institutions. Supervisions could also be provided by peers. The persons involved in the supervision process must also be responsible to the quality outcome in the service delivery.

Counselling and psychotherapy supervision has been described as a 'formal and mutually agreed arrangement for counselors to discuss their work regularly with someone who is normally an experienced and competent counselor and familiar with the process of counseling supervision' (British Association of Counseling and Psychotherapy, 1996). It is a working relationship that is set up with the primary purpose of ensuring effective and safe practice, involving elements of consultation, facilitation, evaluation, restoration and education (Inskipp and Proctor, 1998). The two main aims are to develop the supervisee's counselling skills, knowledge and awareness, and to safeguard the well-being of the client and the quality of the therapeutic relationship. Page and Wosket

(2001) recommend that this counselling-supervision takes place within an environment of mutual respect, safety and congruence, together with regular attention to the working relationship.

Carroll (1996) notes that the history of supervision of counsellors and therapists dates back to Freud's informal small group meetings discussing and reviewing analytic work in the early days of psychoanalysis; and, in contemporary world, it is accepted as a necessary adjunct of psychotherapeutic practice.

The main aim for supervision is to ensure that the therapeutic value of the counselling process is enhanced (Page and Wosket, 2001). British Association of Counseling and Psychotherapy (2007) explains that ethically supervisors 'have a responsibility to protect clients from poor practice'.

Counselling-supervision has a significant impact on the counselling process. Research studies (Lansen and Haans, 2004; Scott and Stradling, 2000; Maxwell and Sturm, 1994) have vividly highlighted the need of supervision in the practice of counselling and psychotherapy, especially in sustaining empathy while dealing with 'difficult' clients and continuing to provide therapeutic environment for the clients. This is further corroborated by Wilson and Lindy (1994) as they note that counselling supervision enhances empathy among counsellors, particularly with 'difficult' clients. In addition, supervision in counselling increases the ability to assess clients' needs and broaden skill-base and creativity among counsellors (Van Der Veer, De Jong, and Lansen, 2004). Wheeler and Richards (2007) find that supervision has an impact on counsellors' self-awareness, skills, self-efficiency and theoretical orientation, which, in turn, has positive outcomes for clients. Supervision has been consistently recommended as a means of support and self-care for the therapist, with the aim of preventing secondary trauma, notes Figley (1995). Moreover, it prevents the counsellors engaging in counter-transference processes, which may have negative implications on treatment outcome (Wilson and Lindy, 1994). While supervising counsellors and psychotherapists working with trauma, identifying what may be of particular importance and/or good practice, thereby meeting the needs of the supervisee and increasing the efficacy of the therapy (West, 2010).

Research studies highlight that supervision has increased confidence and self-awareness among counsellors (Stoltenberg et al., 1998; Connor, 1999). On similar lines, McMahon and Patton (2000) note that supervision was perceived by counsellors as beneficial for a variety of reasons

such as prevention of burnout and stagnation, addressing professional isolation, providing support and emotional well-being and enhancing skill development. From the supervisor's angle, Rogers (1956) states that by providing the supervisee with an accepting, empathetic and genuine atmosphere, the supervisor would not only model how to create those conditions, but would also offer an atmosphere in which the supervisee might freely explore the feelings, blocks and difficulties which emerge while learning to become a therapist. Vallance (2005) finds that a high level of counsellor congruence and confidence in the supervisory relationship leads to increased congruence and confidence in counselling relationship. In 1980, Hess has outlined six models of supervision each with its own goals and relationship dynamics between supervisor and supervisee. The particular models he mentions are: lecturer, teacher, case-reviewer; collegial-peer, monitor, therapist.

However, there are challenges and debatable issues regarding supervision including the purpose, efficiency, nature of the supervisory relationship, and balancing supervisee and client needs. There are also studies examining the impact of counselling-supervision on clients. Crocket (2007) addresses the cultural context of counselling supervision and claims that culturally driven expectations govern counselling and self-image of counsellors. A good counsellor should have many clients and a counselling supervisor should always come up with adequate solutions to the problems counsellors pose – Crocket questions such cultural norms governing the professional selves of counsellors and their supervisors. In counselling-supervision, there is an unequal relationship – there is a counsellor (with little power) and supervisor (with lot of power). This power relation contours the interaction and relationship between supervisor and counsellor.

Further, there are a number of problems in proving the effectiveness of supervision. People rarely move in linear fashion, either as counsellor/ psychotherapy trainees or as clients. Rowan (1987) explains that supervision is about a total interpersonal process, which usually involves verbal and nonverbal communications, interpersonal influence, aspects of power and a myriad number of unconscious intermingling between two people (at least). There is a faulty presupposition that supervision will always mean the same thing in whatever counselling context it occurs. Kiesler (1996) maintains that supervision, like psychotherapy, runs the risk of being treated with the 'uniformity myth'. It is in reality a heterogeneous set of conditions that are distorted when treated as a unitary variable' (Lambert, 1980).

There are certain prickly issues in relation to studying impact of counselling supervision. First of all, defining 'effectiveness', in the context of supervision and counselling, is quite challenging. There is a huge variability in styles of supervision, receptivity and openness of counsellors to improvise their practices. Second, supervision is holistic and tailor-made at the same time. Addressing burnout issues to tackling administrative hurdles, handling personal grievances of counsellors to aiding in skill-up gradation – scope of supervision is vast; and depending upon the needs of the counsellors, supervision is situation-specific. This raises concerns as we research 'impact assessment' of counselling supervision. Next, if we hypothesize that supervision would make counsellors help their clients live their life more effectively. Still, developing indicators to study this 'effectiveness' is challenging. Lawton & Faltham (2000) propose that with research we might find supervision does not directly translate into client outcomes'. It is clear that client welfare is a research need for supervision (McMahon and Patton, 2000).

The British Association of Counseling is currently involved in setting up a Code of Ethics and Practice for the Supervision of Counsellors.

SUPERVISION IN HIV COUNSELLING: SAKSHAM PROJECT

Counselling profession is in its nascent stage in India. Even newer is the concept of counselling supervision. In the field of HIV/AIDS, the government has appointed counsellors in hospitals, healthcare centres and dispensaries. All over the country, 'Integrated Counseling and Testing Centers' (ICTC) are operation to provide HIV counselling to clients. In 2008, Global Fund to fight against AIDS, Tuberculosis and Malaria in its round 7 (GFATM-R7) initiative in India was called 'Saksham' (meaning Capable) to strengthen the counselling component in the prevention and management of HIV. Under the project, 550 Master trainers were trained in HIV counselling. These Master trainers were persons with experience in the field of HIV or counselling. An intensive 12-day training programme was mandatory for the Master trainers. Regular orientation and refresher training programmes were held for the counsellors where the master trainers took sessions. In 2012, Saksham (GFATM- R7 in India) introduced a pilot project of 'counselling-supervision' for the counsellors working in ICTCs aimed at providing support and enhance their counselling skills (details available at www.tissgfatmr7.com.) In Delhi, the national capital, there are 40 counselling-supervisors, supervising 130 counsellors.

So, Saksham project, on experimental basis, introduced 'supervision' in HIV/AIDS counselling in India with the aim of enhancing capacities and skills of counsellors and making the counselling process more effective. In this supervision, the supervisees are the HIV counsellors working in ICTCs, dispensaries, health centres and hospitals and the supervisors are university and college teachers, master trainers, practitioners with rich experience. The supervisors provide guidance, support and encouragement to the counsellors to help them perform better in their field. The supervision, in the Saksham project, was characterized by being empathetic, supportive and mentoring with nurturance rather than being coercive, fault finding and criticizing. The supervisors visited the counsellors at their workplace, at least once in every 3 months, observed them counselling the clients and then provided inputs to boost their capacities and skills. The counsellors, whenever encountered 'difficult cases', contacted their respective supervisors and sought help. The supervision provided an on-site training which was personalized and geared towards meeting the specific individual needs of the counsellor-supervisee. It helped the counsellors to deal with their burnouts, strengthen areas in which they feel they are not good enough and resolve personal problems and conflicts too.

With this background, the present research study is an attempt to appraise the impact of counselling supervision project. It adheres to the following objectives:

OBJECTIVES OF THE STUDY

- To understand the process of counselling supervision.
- To examine the counsellors' views on usefulness of counselling supervision and their expectations from the supervisors.
- To look into the supervisors' notion on importance of counselling supervision and their learning from it.
- To ascertain the impact of counselling supervision.

RESEARCH METHODOLOGY

Based on Descriptive Research Design, the study is a triangulation of qualitative and quantitative approaches. The sample area comprised of 40 counselling supervisors and 130 counsellors working in various hospitals, health centres and dispensaries, enrolled under the GFATM project in the National Capital Territory of Delhi.

For data collection, the quantitative data like profile of the counsellors and the scales were administered on all 130 HIV counsellors of Delhi and profiles of the 40 supervisors were analyzed. Four Focus Group Discussions with 10–15 members each were organized with the counsellors and counselling supervisors to take their views on counselling supervision.

Alongside, scores of the three scales, used to gauge burnout, job satisfaction and counselling expertise among the counsellors were analyzed to examine the impact of counselling supervision. Details of the scales used are:

Table 1

Name of the Scale	***Domain studied***	***Developed by***	***Reliability (using Cronbach's Alpha)***
Assessment of burnout in counsellors	Burnout	Saksham	0.913
Job satisfaction tool	Job satisfaction	Saksham	0.903
Assessment of counsellor's effectiveness	Counselling expertise	Saksham	0.967

The assessment period was from December 2011 to December 2012.

Since the Saksham project was on experimental basis and counselling supervision was a new experience for all the stakeholders in the project, expected outcomes and optimum standards to measure its effectiveness were ambiguous. Hence, research design also does not adhere to strict hypotheses and statistical measures regarding impact of counselling supervision.

Several case-records were developed showing effectiveness of counselling supervision. Some cases of supervisory intervention have been mentioned in this article.

Implication of the study: This study on counselling supervision in India is an insight to counselling supervision process, which is a new phenomenon in India. The present study will be helpful to counsellors, supervisors and also administrators in health sectors to understand the benefits and challenges in counselling supervision and how to manage this process for maximum benefit to the clients.

FINDINGS

Profile of the counsellors and counselling supervisors: Age of the counsellors is, more or less, an indicator of work experience. Table 2

provides the details. More than 100 counsellors are below the age of 35 years, which means that counselling as a profession is gaining popularity among youth and is a recent trend. Data on age of counselling supervisors show that most of them are in the age group of 36 to 45 years. Traditionally, in India, 'age' is a function of commanding and demanding authority and respect – elders enjoy ascribed authority. Age-gap between supervisor and supervisee may impact 'authority' in supervision, which needs further research attention.

Table 2: Age of Counsellors and Counselling Supervisors

Age group	*Counsellors (in numbers)*	*Supervisors (in numbers)*
Less than 25 years	15	00
25–35 years	88	10
36–45 years	25	24
45 years and above	02	06
Total	130	40

Further, there are more female counsellors (70.2%) than males (29.8%). Seemingly, in HIV setting, female counsellors face certain 'gender constraints'. Clients do not 'expect' the female counsellors to discuss about sexual practices/preferences and oftentimes counsellors too feel shy to ask questions pertaining to sexual behaviours. This awkwardness to discuss sexual behaviour, leading to 'cultural-hindrances' in effective communication, is from both sides. 'Good females do not talk about sex' – is another belief prevalent in Indian society that makes it difficult for female counsellors to talk about sexual behaviour to male and female clients.

Table 3: Educational Qualifications of Counsellors and Counselling Supervisors

Educational Qualifications	*Counsellors (in numbers)*	*Supervisors (in numbers)*
Ph. D.	01	19
M. Phil.	00	05
Post Graduate	73	15
Graduate	56	01
Total	130	40

Table 3 presents information on the educational qualification of the counsellors and supervisors in the Saksham project. It shows that most of the counsellors are postgraduates while majority of the counselling supervisors have done M. Phil. and Ph.D. Higher educational qualification of supervisors, apparently, helps in claiming 'respect' from their counsellor-supervisees.

Workplace milieu for counsellors: Doctors have enjoyed an unquestioned authority and unparallel respect in healthcare sector in India. Counsellors are a new entry in the paramedical staff. Not only doctors ignore their presence and role-significance, but other staff like nurses and lab technicians also do the same. This lack of authority of counsellors impacts their counselling-effectiveness as clients too, at times, are not receptive to their messages. Visiting the counsellors for a client, is merely a forced routine activity, which they unwillingly perform so as to avail hospital services.

Cultural context of supervision and authority may also be dealt with. Every culture has shared meanings of authority and power that influence the relation between supervisor and supervisee. In India, there is often an unequal relationship – with supervisor having lot of power including the ability to punish, fire the supervisee and the latter is at the receiving end. State-AIDS Control Societies that directly monitor the counsellors at ICTCs generally are task oriented, rigid and focus on documentation.

HIV counselling requires sensitivity, compassion, human-touch and an enabling environment. If the counsellors, who are the change agents, themselves face a discouraging and criticism-filled environment, where their work is not valued in the eyes of their colleagues, it is difficult for the counsellor to be compassionate, sensitive and motivated is difficult for them. This depicts the need and significance of mentoring and facilitative relationship, which was provided by the counselling supervisors in the Saksham project.

PROCESS OF COUNSELLING SUPERVISION

The project of counselling supervision was of 3-year duration (from 2012 to 2015). On an average, each supervisor had three to four counsellors to mentor. Supervisors visited the counsellors' workplace minimum four times (once in each quarter), in a year. In some cases, the supervisors met the counsellors twice in a quarter. During first visit, supervisors' tasks were initial rapport building, filling up 'Know your counsellor' form,

containing personal details, work experience, etc., and setting up ground rules of the 'mentoring relationship'. In second visit, Burnout scale, Job satisfaction scale and Assessment of counsellor's effectiveness (ACE) tool were administered to the counsellor. Third visit was based on the specific needs expressed by counsellors, for instance, knowledge update on ART, using behaviour change communication approach in counselling, and such others. In the fourth visit, the scales (burnout and job satisfaction and ACE tools) were administered again. The supervisors adopted varied methods for imparting knowledge and skills to their counsellors such as role plays, discussion of difficult cases, demonstration of skills, providing resource materials and references. Apart from visits, supervisors connected through phone calls, Whats-app, emails, skype, etc.

Data on the supervision process show that more than half of the supervisors (53.3 percent) have spent around 2–3 hours per visit per counsellor. Another 19.3 percent supervisors spent around 1–2 hours and 27.3 percent had spent more than 3 hours per visit with each of their counsellors.

Counselling supervision: usefulness and impact

Based on the focus group discussions (FGD), feedback forms, scores of counsellors on burnout and job satisfaction scales and ACE tools, following results are obtained:

Positive aspects of CS visits

Most (92.2 percent) counsellors have found counselling supervision useful and only 7.8 percent did not find it useful.

Dealing with burn out: The nature of job of HIV counsellors makes them prone to stress and burnout. Counsellors hardly get recognition for their work from their superiors, doctors, nurses and others. They deal with frustrations, grief, bereavement, despair and related emotions of their clients. There are many administrative challenges, which they face in their day-to-day working. This accentuates their burnout levels. One counsellor mentioned, 'After ventilating all my frustrations and negative emotions in front of my supervisor, I feel light and recharged. Supervisor also gives us tips to keep calm and prevent burnout'. Most counsellors, in the FGD, corroborated her statement. The comparison of scores of burnout scale also confirms that counselling supervision helps in preventing and reducing burnout levels (see Table 4).

Support: 'By now, we had interacted with supervisors (from office administration or State AIDS Control Societies) who always only found faults in us, criticized us; the counselling supervisor is different…she provides unconditional support…and this is what encourages us the most…', expressed one counsellor in the FGD. Emotional support benefits counsellors (Vallance, 2005). Counsellors reported that counselling supervisor is the person with whom they can sort out their counselling and administrative issues as well.

Rita (name camouflaged), a young counselor at an ICTC was struggling with one case. On her supervisor's visit, she informed that a client Yogesh (name changed) was tested positive 6 months ago and referred to ART after post-test counseling. During routine follow-up, she found that Yogesh is not visiting ART centre and is getting married. He has not informed anyone in his family, including his marriage partner, of his positive sero-status. Rita tried contacting and convincing him to notify his partner, but he, contrarily, threatened her to bear consequences if she does not stop interfering in his life. The supervisor discussed all the possible options and Rita decided to pay visit to his family. The supervisor, too, accompanied her. Seeing the counselor at his home, Yogesh started trembling and begged to leave immediately. In a mature and composed way, Rita talked to his parents, supervisor facilitated absorption of shock. Yogesh was also relieved and promised that he would soon inform his marriage partner and if she refuses, he will not marry. Later, Rita came to know that the girl married Yogesh. The couple came to her for counseling and Rita, in detail, discussed the precautions and practices they need to maintain for a long and healthy living.

Knowledge sharing: During their visits, supervisors provide updated knowledge on different issues ranging from clarifying window period, testing at blood bank, new guidelines for PPTCT, legal matters, to awareness on linkage and referral services like contact details of NGOs and civil society bodies, schemes and programmes initiated by the government, and so on, for the benefit of clients. Almost all the counsellors in the FGD admitted that supervisors do update their knowledge that facilitates their work.

Use of IEC materials: One counsellor, in the FGD, shared that, during her supervisor's visit she raised the query that despite repeated telling, many times, some clients do not grasp the information that we provide to them. The supervisor demonstrated use of IEC material to tackle this

problem and that proved beneficial. Another one told that her supervisor asked to play audio and visual aids on HIV awareness in the waiting area, which would be an effective strategy to handle crowd of patients in morning hours and save time, during counselling too, of providing basic information on HIV/AIDS. Other respondent-counsellors also admitted that counselling supervisors during their visits tell the importance of IEC materials and its judicious use.

Capacity building of new counsellors: During their visits, supervisors, in myriad of ways, build the capacity of counsellors. They provide updates on policies and programmes, referral services, give tips to manage time, deal with burnout, handle administrative hurdles, and so on. This apart, supervisors also orient the counsellors, especially those who are new, to the socio-cultural context of their prospective clients. For instance, in a counselling centre at a university, the supervisor guided the counsellor, who was a new recruit, to understand the types of excuses students often give, say, mentioning their risk behaviour as got tattoo made instead of admitting their pre-marital sexual activities. This made the counsellor better capacitated to deal with clients.

Counselor Maya (name changed) felt totally confused and stuck as she came across the case of an aged couple (77 years old man and 73 years old wife) coming for HIV test and turning positive. She was shocked that 'old' people can also be infected with HIV. She contacted her supervisor for guidance. The supervisor, tactfully and patiently, counseled Maya and told her that this shock is because of her assumption and culturally colored expectations that 'elderly should behave in this particular way'. They should be renouncing their sexual life and be free from all vices. The supervisor also informed the health vulnerabilities that come with old age and advised Maya to counsel the couple removing her cultural conditioning. Maya, through self-awareness, could effectively counsel her client – elderly couple, shedding away her own biases.

Sorting out administrative hurdles: The counsellors frequently shared 'administrative problems' with their supervisors – such as incongruent relations with super-ordinates or colleagues, demeaning attitudes of hospital staff against them, space constraint resulting in challenges in maintaining confidentiality, etc. Reportedly, supervisors facilitated counsellors in handling such knotty issues effectively and, during FGD, they cited many examples to validate this.

Table 4: Effect of Counselling Supervision

Variable	*Increased*		*Decreased*		*Remained same*	
	Number	*Percent*	*Number*	*Percent*	*Number*	*Percent*
Burn out	14	10.7	82	63.2	34	26.1
Job satisfaction	46	35.4	74	57.0	10	07.6
ACE	95	73.0	13	10.0	22	17.0

Improvement in counselling skills: Supervision definitely helped the counsellors in enhancing their counselling skills. It was in the mandate itself for the supervisors to observe counselling session in each visit and rank the skills using ACE tool. Table 4 depicts that there is significant improvement in the demonstration of counselling skills among counsellors within a period of 1 year. In fact, after developing amicable relations with their supervisor, counsellors themselves expressed their needs, such as, learning the approach and skills related to Behaviour Change Communication, Cognitive Behaviour Therapy, etc.

Enhanced self-awareness: The counsellors highlighted that the supervision gave them a greater understanding of clients' profile and behavioural patterns and helped to raise awareness of their own feelings and responses. This had a positive impact on their client-work, as it improved clarity, focus, congruence and/or increased confidence in their work with clients.

Administration of tools: As mentioned earlier, supervisors administered tools like ACE, ABC and job satisfaction on their counsellors to gauge levels of burnout, job satisfaction and counselling skills. Administration of these tools helped the counsellors and supervisors to monitor their progress better. Details are presented in Table 4, which also shows the impact of counselling-supervision.

On burnout scale, comparison of the two scores (first, at the beginning of counselling supervision and second, after almost 1 year) shows that out of 130 counselllors, in 82 cases burnout scores decreased, in 14 cases burnout increased and in 34 cases it remained same. This clearly brings out the positive impact of counsellling supervision.

During visits, the supervisors observed the counselllors as they were counsellling their clients. In a structured format, called ACE tool, the supervisor recoded the usage of many counsellling microskills such as appropriateness in asking questions (open ended/closed ended), seeking

information (facilitative or interrogative), providing information (less, adequate or information overload), use of silence, keeping in mind cultural context, technical points like talking about window-period, sexual preferences, etc. The ACE tool was at least used twice by all the supervisors – once in the beginning and once in the end of the year. The two scores were then compared. Results show that out of 130 cases, in 95 cases counsellling skills improved while in 13 cases skills showed a marginal decline of less than 3 points. In rest of the 22 cases, counselling skills remained same. It may be inferred that the counselling supervision initiative has helped in improving counsellling competence among the counselllors.

Likewise, on job-satisfaction scale (also administered twice), results show that out of 130 cases, in 46 cases job satisfaction increased while in 74 cases it decreased. In 10 cases, job-satisfaction scores remained same. Job satisfaction depends on many extrinsic and intrinsic factors. It has been mentioned earlier that counselllors oftentimes work in hostile environment. It is quite natural to have feelings of dissatisfaction with respect to their jobs. However, it may be noted that despite the high rate of job dissatisfaction, counsellling competencies have increased and burnout levels have reduced, which may be having benefits for the clients, in turn.

During the FGD, certain suggestions were offered to make counselling supervision more effective:

- In the Saksham pilot project, supervisors visit their counsellors once in 3 months. Counsellors want the visits to be more frequent, say, monthly or bimonthly.
- Similarly, some counsellors suggested that visits by supervisors should be as per the needs of counsellors rather than tool specific.
- The supervisors from State AIDS Control Societies (SACS) are, more often than not, concerned with documentation work and are authoritarian in approach. Many counsellors wanted that in the monthly SACS meetings, supervisors from Saksham project should participate to nullify the intimidating environment and for better understanding of the expectations their employers (SACS) are having from them.
- Best counselling cases should be shared with counsellors in meetings for shared learning.
- Exposure visits should be organized for counsellors.

Nandini (name camouflaged) was quite dexterous in her counseling-job. She has been very amicable and docile. In her regular visit, supervisor

found her depressed as she lost track of two of her cases. Almost in tears, she blamed herself for failure reinforcing that she is not at all a good counselor. The supervisor has a contradictory opinion – she assessed that problem with Nandini is not related to her counseling expertise but her high expectations from herself. She has developed a wrong notion that a good counselor is able to solve all the problems of the client. Supervisor boosted her confidence and told that success in counseling cannot be measured by how well the clients are following the advice. She needed to do her work sincerely as she is doing and then let go her attachment with results. In her next visit, the supervisor found Nandini doing her work with passion, and enthusiasm.

On similar lines, during FGD, the supervisors too expressed their opinions on counselling supervision visits and salient findings are as follows:

The supervisors who have been teaching in universities stated that such supervision aids them in relating theory to practice. It also enriches their teaching as they can share their field experiences with their students. Since, many of the university teachers are from social work discipline, and HIV/AIDS and counselling are the papers they teach, counselling-supervision directly benefits them as it reduces the gap between praxis and practice.

There was huge deliberation on the usage of the term 'supervisor', which is culturally contoured with somewhat hierarchical significance signifying 'superiority-inferiority' relationship, where supervisor is knowledgeable and counsellor is ignorant. And, when counselling is largely governed by intuitive learning, and 'context-specific', how can a supervisor 'direct' the counsellors to follow a prescribed method or offer readymade solutions? In this backdrop, the term 'mentor' was found suitable. However, in a short-term experiment of Saksham, it was difficult to change the nomenclature.

Supervision has largely been beneficial for the counsellors. Supervisors helped in enhancing counselling core competencies through varied methods like role play, demonstration of skills, information sharing, providing reading materials and power point presentations. ACE tools were administered to keep the track of usage of specific skills such as active listening, reflecting, paraphrasing, confronting, goal setting, etc., under the various components of counselling like pre-test, post-test and follow-up.

In addition, supervisors provided opportunities for catharsis as in front of supervisors counsellors freely vented out their negative pent-up emotions. They provided tips and strategies to prevent and manage burnout. They helped counsellors become more self-aware and thereby handling cultural and personal peculiarities among clients in a better way. They encouraged, motivated and boosted confidence among counsellors.

CHALLENGES FACED IN COUNSELLING SUPERVISION

However, there were certain associated challenges too. First, most supervisors had full-time engagements in their workplace (universities, colleges and NGOs) and, hence, were often hard pressed for time. Time constraint was one major challenge with supervisors. Second, there was high variability or heterogeneity among the supervisors due to their socio-cultural, educational and occupational backgrounds along with personal styles of supervision, counselling expertise and motivation and commitment for Saksham project. These factors had bearing on the content and quality of supervision offered. Next, counselling supervisors under Saksham project did not have any legal authority over the counsellors or other stakeholders in the system. Thus, except for providing support, guidance, mentoring and information, they could not intervene in other ways. Supervisors had practically no say in many challenges counsellors face, particularly the administrative ones. In many cases, they could neither convince hospital authorities to provide conducive space for counselling so as to maintain confidentiality, nor could they influence unsaid policy of hospitals of rampantly and indiscriminately sending patients for HIV testing. Salary issues, recognition and appreciation of the work of counsellors in hospitals, over-emphasis on documentation work of counsellors, were few other challenges that affected the counsellors but supervisors were unable to intervene for the lack of any administrative or legal authority.

CONCLUSIONS

Counselling supervision in India is a new concept. There are varied aspirations and challenges associated with it. Based on the GFATM Saksham experiment, the paper highlighted several benefits of counselling supervision. There is proven decrease in burnout and increase in counselling

competencies among counsellors due to supervision. Counsellors have been able to deal with many difficult cases seeking the help of supervisors.

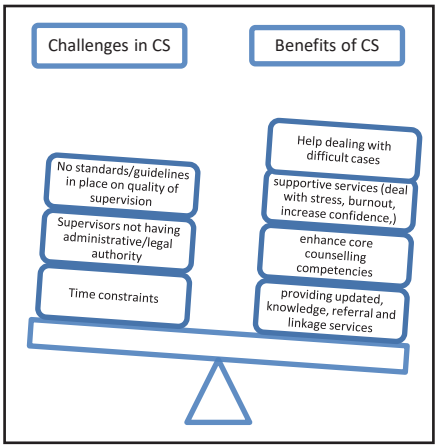

Fig. 1: Challenges and Benefits of Counselling Supervision

Figure 1 depicts the benefits and challenges of counselling supervision. The counselling supervision boosted morale and motivation among the counsellors. It also benefitted supervisors as they are able to appraise linkage between theory and practice. However, certain challenges also were delineated as supervisors lack time and legal/administrative authority, which limit their role-effectiveness. There is also a need to examine the quality and standards of counselling supervision.

Counselling is vital for prevention and management of HIV infection and counsellors are the crucial stakeholders. Providing support, mentoring and nurturance through supervision would go a long way in strengthening and capacitating counsellors working in HIV setting.

REFERENCES

British Association of Counseling & Psychotherapy. (1996). *Code of ethics and practice for supervisors of counselors*. Rugby: British Association of Counseling.

British Association of Counseling & Psychotherapy. (2007). Ethical framework for good practice in counseling and psychotherapy. Rugby: BACP.

Carroll, M. (1996). *Counselling supervision, theory, skills and practice*. London: Cassell.

Connor, M. (1999). Training and supervision make a difference. In C. Feltham (Ed.), *Controversies in psychotherapy and counseling*. London: Sage.

Crocket, K. (2007). Counseling supervision and the production of professional selves. *Counseling and psychotherapy Research: Linking research with practice, 7*(1), 19–25, Doi: 10.1080/14733140601140402

Dupre, M., Echterling, L. G., Meixner, C., Anderson, R., & Kielty, M. (2014). Supervision experiences of professional counselors providing crisis counseling. *Counselor Education & Supervision, 53*.

Figley, C. R. (1995). *Compassion fatigue: Secondary traumatic stress disorders in those who treat the traumatized*. Oxon: Rutledge.

Hess, A. (1980). Training models and the nature of psychotherapy supervision, in: A. Hess (Ed.) *Psychology supervision: Theory, research and practice*, New York: John Wiley.

Inskipp, F., & Proctor, B. (1998). *Becoming a supervisor*. London: Cascade.

Kaushik, A. (2010). Socio-cultural Context of HIV/AIDS. In G. Thomas (Ed.) *MSWE-001 HIV/AIDS: Stigma, Discrimination & Prevention*. New Delhi: Indira Gandhi National Open University.

Kiesler, D. J. (1996). Some myths of psychotherapy research and the search for a paradigm. *Psychological Bulletin, 65*, 110–136.

Lambert, M. (1980). Research and the supervisory process, in: *Psychotherapy Supervision: Theory, research and practice*, New York: John Wiley.

Lansen, J., & Haans, T. (2004). Clinical supervision for trauma therapists. In J.P. Wilson & B. Drozdek (Eds.), *Broken spirits: The treatment of traumatized asylum seekers, refugees, war and torture victims* (pp. 317–354). New York: Brunner-Rutledge.

Lawton, B., & Feltham, C. (2000). Counselling supervision baselines, problems and possibilities. In B. Lawton & C. Feltham (Eds.), *Taking supervision forward* (pp.5–24). London: Sage.

Maxwell, M. J., & Sturm, C. (1994). Counter-transference in the treatment of war veterans. In: J. P. Wilson., & J.D. Lindey, *Counter transference in the treatment of PTSD* (pp. 288–307). New York: Guildford Press.

McMahon, M., & Patton, W. (2000). Conversations on clinical supervision: Benefits perceived by school counselors. *British Journal of Guidance and Counselling*, *28*, 339–351.

Motley, V., Reese, M. K., & Campos, P. (2014). Evaluating corrective feedback on self-efficiency changes among counselor educators and site supervisors. *Counselor, Education and Supervision*, *53*(1), 34–46.

National AIDS Control Organization. (2013). Annual Report. Retrieved on 10th January from http://www.naco.gov.in/upload/2014%20mslns/NACO_English%202013–14.pdf

Page, S., & Wosket, V. (2001). *Supervising the counselor: A cyclical model* (2nd ed). Hove: Brunner-Routledge.

Rogers, C. R. (1956). Training individuals to engage in the therapeutic process, in C.R. Strother (Ed.) *Psychology and mental health*, Washington D.C.: American Psychological Association.

Rowan, J. (1987). *Counseling: Journal of the British Association for Counseling*, No.59, p.34.

Scott, M. J., & Stradling, S.G. (2000). *Counseling for post-traumatic stress disorder (2nd ed.)*. London: Sage Publications.

Stoltenberg, C., McNeill, B., & Delworth, U. (1998). *IDM supervision: An integrated developmental model for supervising counselors and therapists*. San Francisco: Jossey-Bass.

Vallance, K. (2005). Exploring counselor perceptions of the impact of counseling supervision on clients. *Counseling and Psychotherapy Research: Linking Research with Practice, 5*(2), 107–110. Doi: 10.1080/17441690500211106.

Van der Veer, G., de Jong, K., & Lansen, J. (2004). Clinical supervision for counsellors in areas of armed conflict. *Intervention*, *2*(2), 118–128.

West, A. (2010). Supervising counselors and psychotherapists who work with trauma: A Delphi study. *British Journal of Guidance and Counselling*, *38*(4), 409–430.

Wheeler, S., & Richards, K. (2007). The impact of clinical supervision on counsellors and therapists, their practice and their clients. A systematic review of the literature. *Counselling and Psychotherapy Research*, *7*(1), 54–65.

Wilson, J. P., & Lindy, J. D. (1994). Empathic strain and counter transference. In J.P. Wilson & J.D. Lindy, *Counter transference in the treatment of PTSD* (pp. 5–30). New York: Guildford Press.

World Health Organization. (2014). Global Health Observatory Data. Retrieved on 10th January 2015 from http://www.who.int/gho/hiv/en/