**Genetic Nurse and Counsellor Professional Branch Board**

### Form O. Counselling Supervision

**Information**

**Counselling supervision is essential for safe practice**. The role of the genetic counsellor specifically involves exploration of the emotional impact and psychosocial aspects of the genetic condition in the family. This requires the counsellor to work empathically and to be genuine and congruent with patients.

**Counselling supervision is necessary to:**

* Obtain psychological support when working in challenging circumstances
* Enable us to recognise when our own personal issues are influencing our work with patients
* Explore our responses to patients, for example involving transference
* Manage the emotional load associated with empathic work
* In a safe environment, explore how we can improve our work
* Reduce the chance of experiencing burnout or compassion fatigue

**Who can be a supervisor for genetic counsellors?**

A counselling supervisor should be a person who is a trained and experienced counsellor. The supervisor should also have training in supervision skills. It is not essential that the supervisor has a background in genetics, because they are focussed on the counselling aspects of your role, not the genetic information. Many successful supervisors come from outside the field and your supervisor could have a background as a counsellor, a mental health professional, a psychologist or a social worker.

**How much supervision do you need?**

It is recommended that each genetic counsellor working full time should have the equivalent of at least one hour of counselling supervision per month.

More detailed information on Counselling Supervision cand be found here: <https://www.ebmg.eu/897.0.html>

**STRICTLY CONFIDENTIAL**

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| --- | --- |
| Name of Applicant: |  |
| Name of Counselling Supervisor: |  |
| Work address:  |  |
| Professional background of the Supervisor: |  |
| Email address of Supervisor and contact number (may be used to verify reference): |  |
| Mode of Counselling Supervision: | * One-to-one co-supervision
* Group Supervision
* ‘Family Systems’ Group Supervision

If group supervision is checked, please also state the number of persons in in the group. |
| Frequency of the Counselling Supervision (how many hours in a given timeframe? Example, hours per month): |  |
| If needed, other comments particular to the counselling supervision arrangements:  |  |
| Signed by Counselling Supervisor |  |
| Date (dd/mm/yyyy) |  |

**Please submit reference by email to:** **gc.register.ebmg@gmail.com** **(preferably in PDF format). If you cannot add an electronic signature, please sign the form and scan it and email the PDF.**