

9.2 Assessing Organisational Readiness

The Center for Substance Abuse Treatment recommends that following organisational issues be considered by agencies before a clinical supervision system is implemented:

Organizational context. How consistently does staff adhere to agency philosophy and culture? To what extent will clinical supervisors teach and support this philosophy?

Clinical competence. What specific knowledge, skills, and attitudes are expected of workers? What is each worker's baseline competence and learning style? What is the level of cultural competence of staff?

Motivation. How can the staff's motivation and morale be characterized?

Supervisory relationships. What is the nature of relationships between administrators and frontline workers? How healthy or unhealthy are those relationships?

Environmental variables. To what extent do administrators expect supervisors to proactively teach ethical and professional values? Do staff members share a common set of goals? How does the organization promote professional development? How is progress toward those goals monitored and supported? What is the cultural, racial, religious, gender, and sexual orientation mix of the clients served by the organization?

Methods and techniques. How familiar is the organization with individual, group, and peer supervision? How familiar is the organization with case progress note review, case consultation methods, direct observation, live supervision, audio- or videotaping, and role playing?

In addition to these considerations, managers will need to evaluate their available resources and deficits in order to build the best possible framework based upon their particular contexts. For instance, services operating in remote areas with few clinical supervisors may need to consider alternatives such as contracting with an external supervisor outside their service area. Services with many shift workers will need to come up with ideas for ensuring they are not left out of clinical supervision, such as alternative shifts or finding a supervisor who can accommodate their needs.

24-hour rosters get in the way of group, certainly. Also, if they miss supervision, it can be hard to get in time to make it up because the work is shift work; and so it means getting them in at non-rostered time, which may mean a supervisor coming in on their time off. (Manager, AOD Service)

Weir (2008), in a study of the implementation of Single Session Work in the Victorian Community Health sector, found that there were ten over-arching variables that affected the uptake of service innovation. This was informed by the work of Rogers (1995) and

Greenhalgh, Robert, MacFarlane, Bate and Kyriakidou (2004) - cited in Weir, 2008 - who identified common factors that influence whether a new practice will be taken up in service organisations.

These ten variables are as follows:

Relative advantage: the perception by all stakeholders that the new practice is better than the current one or that the practice can help to solve a current problem

Compatibility: the extent to which the new practice fits with the values, beliefs and needs of the service that is implementing it

Complexity: whether the new practice is perceived as simple to understand and adopt

Trialability: whether the new practice can be easily evaluated

Observability: the visible adopting of the new practice by respected colleagues, and a perceived disadvantage in not adopting the practice

Re-invention: whether the new practice can be modified to suit individual contexts

Organisation adaptability: whether an organisation can adopt their procedures to incorporate the new practice

Risk: whether the benefits of adopting the new practice outweigh the potential risks

Training and Support: whether there is effective training and ongoing support available

Incentive and Regulation: whether the new practice is specified by a governing authority or comes with inducements

It would be helpful for administrators and managers to consider these factors when planning the implementation of clinical supervision, as failure to take them into account could impact negatively upon adoption of the new framework by staff at all levels of the organisation.

*... we really need to train front line supervisors in supervision. Yeah I see that as a gaping need ... but my preference also is that the training provides them with a model they can readily implement. Because I think things can be too broad. I think you need a model that you can adhere to; to know that if you adhere to this model you are providing supervision.
(Manager, CMMH Service)*

Reference for this section: The Center for Substance Abuse Treatment (2009); The Bouverie Centre (Weir, 2008).