

# Clinical Supervision

Framework for WA Mental Health  
services and clinicians

Strategy for enhancing knowledge and skills in the  
mental health workforce through implementation  
of the *National Practice Standards 2004-2007*



# Clinical Supervision

## Framework for WA Mental Health Services and Clinicians



### Policy statement

The Office of Mental Health supports clinical supervision for all mental health professionals working in clinical areas. Clinical supervision will be available to all clinicians in mental health and all clinicians are expected to participate.

### Objectives of Clinical Supervision

To provide staff with a confidential, safe and supportive environment, to critically reflect on professional practice.

To improve quality patient services by improving mental health practice, by encouraging reflection on attitudes towards people with mental health problems and disorders, their family members and carers.

Clinicians will do this by improving their self-awareness and taking responsibility for their clinical practice by adhering to a framework for clinical supervision.

Clinical supervision is essential for quality management.

### Scope

All clinical staff working in public mental health services.

All professions in mental health have some responsibility to seek clinical supervision as outlined in the Professional Code of Conduct of their employer and by their professional group. All professional groups describe processes of how clinical supervision should occur.

*Please refer to your relevant college or board regarding these standards.*

### Definitions

*Clinical Supervision* is the process of two or more professionals formally meeting to reflect and review clinical situations with the aim of supporting the clinician in their professional environment.

### Clinical Supervisor

The clinical supervisor:

- is a person trained/experienced with clinical supervision and should have a **minimum** of two years experience in the mental health field
- is preferably from the same professional group,
- is from the same or another worksite
- can give feedback at the supervisee's level of experience
- has at least the same or higher level of practice skills, in the areas being addressed but this is not absolutely necessary.

### Qualities of clinical supervisor:

Motivated, open, honest, aware of own strengths and weaknesses, self-reflecting, able to give and receive constructive feedback, empathise, support, challenge and has internal review skills.

### Supervisee

The supervisee is:

- any professional working within mental health in a clinical area

### Qualities of clinical supervisee:

motivated, open, honest, aware of own strengths and weaknesses, self reflecting, able to generate ideas for action, able to accept responsibility for own practice and able to give and receive constructive feedback.

*Agreement* is the formal written arrangement to participate in clinical supervision with another person. A copy of the agreement should be forwarded to supervisees/supervisors line manager for inclusion in personnel file.

*Meeting* is the time spent between supervisor and supervisee in clinical supervision.

*Relationship* is the connection between supervisor and supervisee for the purposes of clinical supervision.

*Line manager* the person/manager directly responsible for your performance.

## Recommended Models

There are numerous models for clinical supervision. The Office of Mental Health, in consultation with staff in services, has recommended two models. These models were selected because they permit flexibility for all professions across the services. Upon entering into an agreement the supervisor/supervisee should agree on the model to be used.

A typical agenda may include agenda setting, linking the discussion to goals of the last meeting, talking over issues, and assigning new issues to address and summarising.

The recommended models for commencing clinical supervision are:

### *Developmental model*

Clinical supervision under this model is 'consultation with a more seasoned practitioner in the field in order to draw on their wisdom and expertise.

This model has a focus on the developmental and educative functions and clarifies the different stages that practitioners go through in their professional development- the novice worker, the advanced beginner, competent worker, very experienced worker to expert.

This model is used when there is respect for the supervisors' skill base and ability to impart information for the purposes of learning.

### *Supervision specific model*

The supervisory alliance model focuses on the functions and tasks of clinical supervision.

The model uses three functions to review:

#### *Normative or managerial*

- This monitors the administrative aspects of the professionals' role. This also evaluates and monitors professional ethical issues. For example: code of conduct, policies and procedures

#### *Formative or educative*

- Focuses on the task of teaching and setting up a learning relationship by enhancing known strengths and identifying weaknesses.
- Identifies professional development needs

#### *Restorative or supportive*

- This function is where the supervisor provides counsel regarding clinical cases and explores responses in particular scenarios

## Format

*Group supervision* is a situation of more than two or more clinicians in a clinical supervision process. Everyone in the group should agree to the model and processes used.

*Individual supervision* is the one-on-one clinical supervision meeting.

*Cross discipline supervision* is a one-on-one or group clinical supervision situation with more than one professional discipline involved.

*Peer group supervision* is a group without a chair. Participants confer with one another by discussing key topics of their professional everyday lives, in order to provide solutions for difficult situations with colleagues or customers. The participants learn better or alternative ways to manage professional problems and reduce stress. This results in the group members' increased professionalism within their work environments.

## Processes

### *Frequency and timing*

**Any professional in a clinical role should have one-hour minimum of clinical supervision per month.**

A supervisor should not be supervising more than three clinicians or two groups at any one given time for clinical supervision.

A clinician may be engaged with more than one supervisor at any given time to maximize access to specific expertise and/or competencies.

### *Engaging a supervisor*

It is highly recommended that the supervisee seek out their desired supervisor rather than being allocated. This allows for the supervisee to look for qualities in an individual that they feel they can relate to in clinical supervision. Trust is an integral component of clinical supervision and the supervisee must first identify a professional that they feel able to trust and can benefit from professionally.

Clinical supervision should be obtained from within the local mental health service. Where this is not possible or practical, clinical supervision can be sought from another mental health service using a service-to-service agreement.

On occasions clinical supervision may be sought from an external supervisor. It is imperative that this person is trained and experienced in clinical supervision and the line manager may seek confirmation of this.

The supervisee should approach their supervisor and request supervision, making sure that the desired supervisor has some experience/training in clinical supervision.

Once both parties agree to undertake clinical supervision a request to each of their line managers should be made.

### **Request to manager**

The supervisors and supervisees should make a verbal request to undertake clinical supervision activities to their respective line managers. If requested by the manager a follow-up email or letter outlining the supervisors'/supervisee's details could be sent. These details include profession, clinical level and supervision experience as well as details of frequency of contact and what supervisee/supervisor expects the service to make available for the meetings to occur. If the clinician is attending supervision or undertaking the role as supervisor on a day off, then time off in lieu will need to be agreed with the line manager.

*Supervision should not occur until the line manager has confirmed these details with the supervisor/ supervisee.*

### **Entering into a supervisory agreement**

An agreement should be formally documented outlining the supervisor and supervisee's details, agreement for confidentiality, the frequency of clinical supervision, arrangements for clinical supervision, review date of clinical supervision, venue, all of which should be signed and dated by supervisor and supervisee. A copy of the agreement should be forwarded to supervisee/ supervisors line manager for inclusion in personnel file.

### **Nature of the relationship**

The supervisee and supervisor shall maintain a professional relationship at all times. Familial and

intimate relationships could be a barrier to effective clinical supervision.

### **Setting goals**

At the commencement of the clinical supervision process, both the supervisee and supervisor should set goals. Each meeting should be spent identifying short, medium and long-term goals and timeframes for these to be achieved.

### **Arranging meetings**

Meetings should be scheduled in a manner that considers each involved party.

### **Modes**

Clinical supervision can occur in a variety of settings: face-to-face, telephone or videoconferencing.

### **Time frame and review**

Clinical supervision should be reviewed after three months. The review should involve assessing whether goals have been achieved, any issues to do with arrangements or venue and any changes to the process. The review may provide opportunity to discuss concerns, but it is advisable to discuss concerns as they arise.

### **Venue**

The venue for clinical supervision should be, using all possible measures, exempt from interruption and conducive to the meeting being effective.

### **Cost**

Any cost associated with clinical supervision is to be negotiated with the line manager.

### **Conflict**

Throughout the clinical supervision process, conflict may occur between the supervisor and supervisee. Prompt recognition and response to potential issues ensures a stronger supervisor/supervisee relationship. At the commencement of the clinical supervision process, both parties should agree to how conflict will be resolved. It is suggested that it is part of the initial agenda and either party can openly raise issues if they have a concern.

If the conflict cannot be resolved it may be appropriate to invite a third party to mediate the dispute. Both supervisee and supervisor should agree upon the third party.

## Confidentiality

What is discussed at a meeting is confidential between the supervisor and supervisee. As with all health professionals, there is a legal duty of care that may override confidentiality in exceptional circumstances. Such circumstances would be if the supervisee is describing unsafe, unethical or illegal practice and unwilling to go through appropriate procedures to address these after initial discussion between supervisor/supervisee.

## Release of confidential information pertaining to Clinical Supervision

Documentation that records or relates to confidential information shared by clinicians during clinical supervision may be accessed by third parties in some circumstances.

Third parties may access confidential information pursuant to a subpoena, a search warrant, in disclosure requirements of the a criminal case, Freedom of Information or under the Coroner's Act .

## Ethics

The supervisor and supervisee should at all times conduct themselves in a professional manner. Each party should give consideration to the other's ethnicity, gender, spiritual values, sexuality, disability, age, economic, social or health status or on any other grounds. Each party should alert the other person of their limitations in any given situation.

## Disengaging from agreement

For a variety of reasons - including moving of workplace, changing of goals and conflict - the involved parties may want to disengage from the supervision agreement. The initial agreement should provide details on the cessation date of supervision and where the completed paperwork will be held.

Confidentiality should be recognised after disengagement.

## Responsibility of the supervisor

- To ensure venue and mode availability
- Personal availability
- Record-keeping
- Confidentiality
- Awareness of limitations in knowledge
- Commitment to the process of clinical supervision
- Be accountable to the employing organization by promoting safe clinical practice.
- To accept responsibility for own professional development by seeking out additional resources for professional development and training as necessary

## Responsibility of the supervisee

- To ensure venue and mode availability
- Personal availability
- Preparing issues to discuss
- Record-keeping
- Confidentiality
- Commitment to the process of clinical supervision

## References:

1. Proctor B Group supervision. *A guide to creative practice*. Sage Publications , London
2. Stoltenberg, C. D., & Delworth, U. (1987) *Supervising counselors and therapists*.
3. Hawkins P & Shohet R (2001). *Supervision in the Helping Professions* San Francisco, CA: Jossey-Bass.
4. Gilbert MC, Evans K (2000) *Psychotherapy Supervision. An integrative relational approach to psychotherapy supervision*. Open University Press, Buckingham

# Supervision Agreement

<b>Supervisee</b> <i>(Name, designation, work base and contact details)</i>	
<b>Supervisor</b> <i>(Name, designation, work base and contact details)</i>	
<b>Commencement Date</b>	
<b>Review Date</b>	
<b>Frequency of Supervision</b>	
<b>Duration of Supervision</b>	
<b>Venue</b>	
<b>Other</b>	

*We agree to keep all discussion in clinical supervision confidential. There is a legal duty of care that may override confidentiality in exceptional circumstances. Such circumstances would be if the supervisee is describing unsafe, unethical or illegal practice and unwilling to go through appropriate procedures to address these after initial discussion between supervisor/supervisee.*

Supervisor’s signature: \_\_\_\_\_

Supervisee’s signature: \_\_\_\_\_

Date: \_\_\_\_\_

**COPY TO BE FORWARDED TO LINE MANAGER**

Disengagement date: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_

Supervisee signature: \_\_\_\_\_

# Supervision Record Notes

Supervisee's name: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

Date of commencement  
of supervision: \_\_\_\_\_

Issues	Action to be taken	By whom	Date of next session

Supervisee signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_

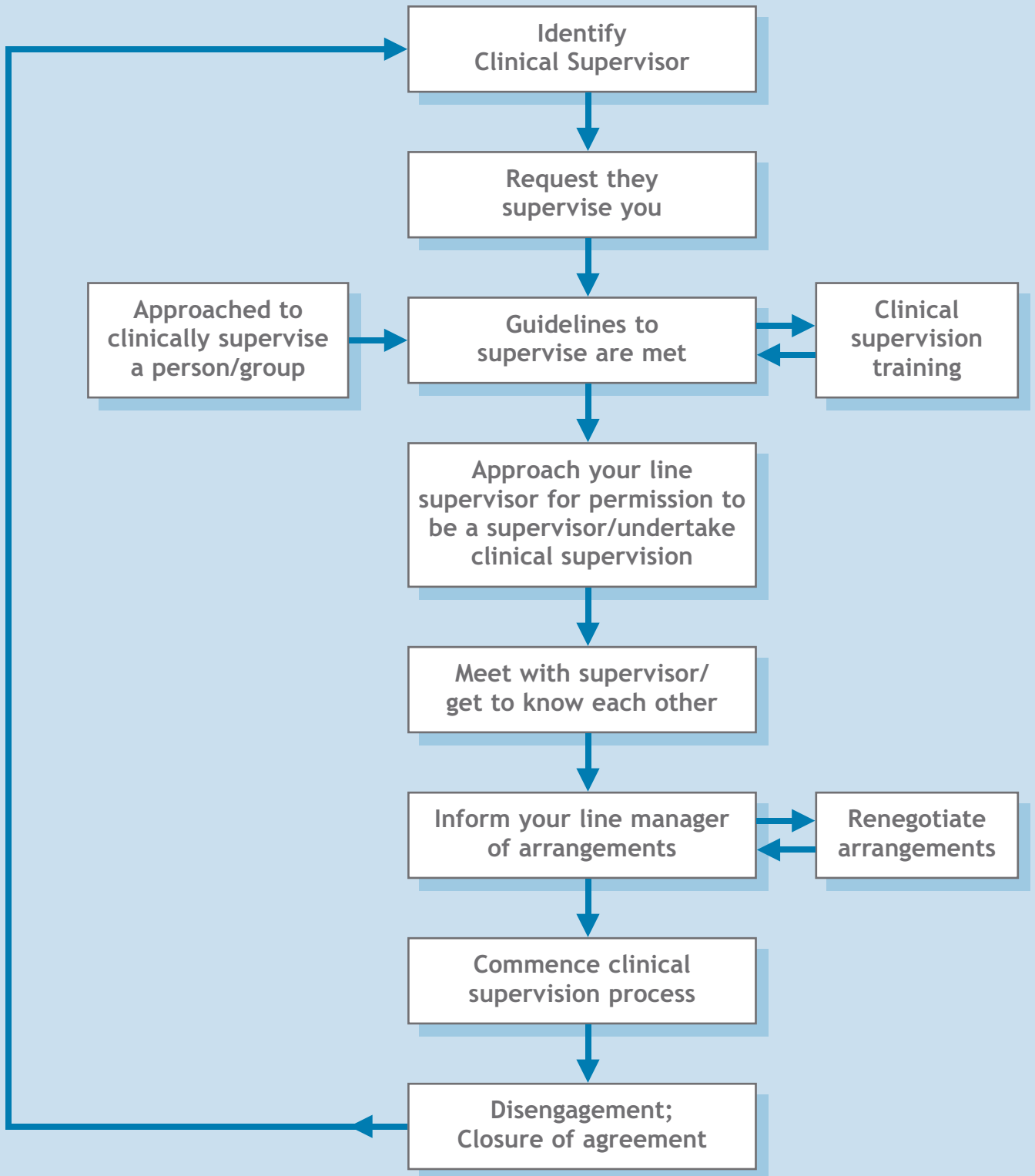
Date: \_\_\_\_\_







## Flowchart for Clinical Supervision





# Delivering a Healthy WA

Healthy Workforce • Healthy Hospitals • Healthy Partnerships • Healthy Communities • Healthy resources • Healthy Leadership



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