Clinical Supervision Handbook

Government of **Western Australia**
Drug and Alcohol Office

Contents

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Introduction

The Clinical Supervision Handbook is designed to provide you, the supervisor, with a resource for planning, conducting and reviewing supervision sessions. The handbook includes: information on different models and methods of supervision; key elements of a successful supervision relationship; and important skills such as reflection, feedback, questioning, and conflict resolution. Whether you are delivering supervision within the alcohol and other drug or mental health sector, the handbook highlights the necessary skills and knowledge needed to support clinical supervision of other health professionals.

Aim

This handbook aims to support supervisors by providing information on the necessary skills and knowledge needed to deliver a high standard of clinical supervision.

Definitions of Clinical Supervision

- 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.[1]
- An arrangement whereby a mental health or alcohol and other drug worker has access to another more experienced colleague, who is not a line manager, with whom they meet in confidence on a regular basis to reflect on their practice.[2]
- Supervision is a process by which one worker is given responsibility by the organisation to work with another worker(s) in order to meet certain organisational, professional and personal objectives which together promote the best outcomes for services users.[3] The objectives or functions of clinical supervision are:
  - competent, accountable performance/practice (managerial or normative function)
  - continuing professional development (developmental/formative function)
  - personal support (supportive/restorative function)
  - engaging the individual with the organisation (mediation function).
- Clinical Supervision is regular protected time for facilitated in depth reflection on clinical practice. It aims to enable the supervisee to achieve, sustain, and creatively develop a high quality of practice through a means of focused support and development. The supervisee reflects on the part s/he plays as an individual in the complexities of the events and quality of his/her practice. This reflection is facilitated by a more experienced colleague who has expertise in facilitation, and the frequent ongoing sessions are led by the supervisee's agenda. The process of clinical supervision should continue throughout the person's career, whether they remain in practice or move into management, research, or education.[4]

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[1] Department of Health. (2005). Clinical Supervision: Framework for WA Mental Health - Services and Clinicians, Perth, p.1, http://www.health.wa.gov.au/docreg/Education/Population/Health_Problems/Mental_Illness/HP3095_Clinical_supervision_framework_for_WA_mental_health.pdf [5 October 2011].

[2] Shanley, C. (1992). Clinical supervision – an untapped resource for the alcohol and other drug field, in J. White (Ed.), *Drug Problems in Our Society: Dimensions and Perspectives*, Drug and Alcohol Services Council, Parkside, South Australia, p.345.

[3] Morrison, T. (2005). *Staff Supervision in Social Care: Making a Real Difference for all Staff and Service Users*, Pavilion Publishing, Brighton, p.32.

[4] Bond, M., & Holland, S. (2006). *Skills of Clinical Supervision for Nurses*, Open University Press, Buckingham, 1993 in Steven Jefferies and the P&P CS Review Group, Avon and Wiltshire Mental Health Partnership NHS Trust, *Policy & Procedure for Clinical Supervision*, UK, p. 2, http://www.awp.nhs.uk/FOI%20Documents/cpc_05.pdf [8 December 2011].

Objectives of Clinical Supervision

The objectives of clinical supervision are:

- providing staff with a confidential, safe and supportive environment, to critically reflect on professional practice;
- improving clinical services by improving alcohol and other drug and mental health practice and encouraging reflection on attitudes towards people with alcohol and other drug and/or mental health problems, their family members and carers;
- improving clinicians' self-awareness and responsibility for their clinical practice by adhering to a framework for clinical supervision; and
- essential for quality management.[5]

Scope of Clinical Supervision

The scope of clinical supervision includes:

- all clinical staff working in alcohol and other drug and mental health services; and
- all professions in alcohol and other drug and/or mental health have some responsibility to seek clinical supervision as outlined by their Professional Code of Conduct, employer and professional groups.[6]

Comparison of Clinical Supervision to Other Systems

The table below shows a comparison between other supervisory systems:[7]

Clinical Supervision	Mentoring	Performance Management/Appraisal Development	Preceptoring
The process of two or more professionals formally meeting to reflect and review on clinical situations with the aim of supporting and enhancing the clinician in their professional environment.	The process in which an experienced colleague is assigned to an inexperienced individual and assists in a training or general support role.	Is a systematic review of a person's work and achievements over a recent period, usually leading to plans for the future.	An identified experienced practitioner who provides transitional role support and learning experiences within a collegial relationship for a specific time, while continuing to perform some or all of the other responsibilities of their position.

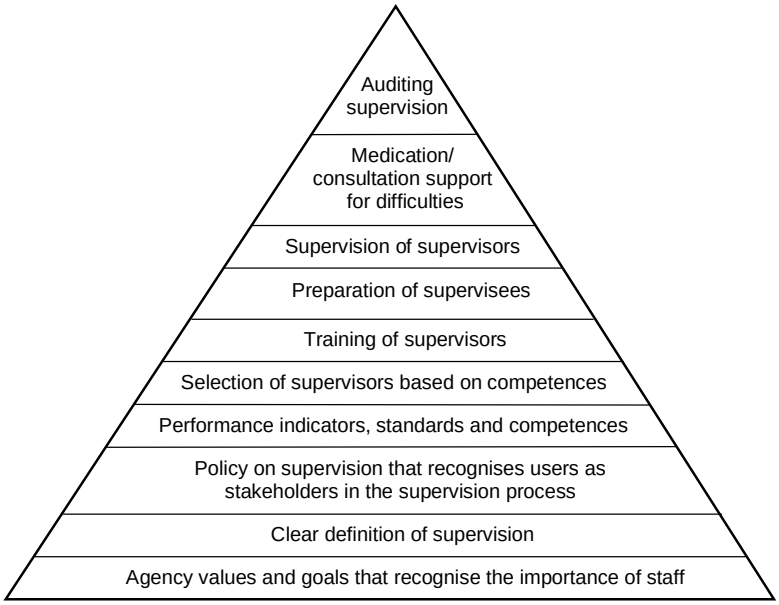
[5] Department of Health. (2005). Clinical Supervision: Framework for WA Mental Health - Services and Clinicians, Perth, p.1, http://www.health.wa.gov.au/docreg/Education/Population/Health_Problems/Mental_Illness/HP3095_Clinical_supervision_framework_for_WA_mental_health.pdf [5 October 2011].

[6] Department of Health. (2005). Clinical Supervision: Framework for WA Mental Health - Services and Clinicians, Perth, p.1, http://www.health.wa.gov.au/docreg/Education/Population/Health_Problems/Mental_Illness/HP3095_Clinical_supervision_framework_for_WA_mental_health.pdf [5 October 2011].

[7] Elliott, W. & Visbeen, L. (2009). North Metropolitan Area Health Service Staff Development (East Pod), Workbook 1 Clinical Supervision, Perth, p.3.

Ten Building Blocks for Effective Supervision Systems

Ideally, supervision should be located within an overall performance management framework.[8] The ten building blocks that underpin an effective supervision system are:



System Support
Does your agency have the system to support supervision? Can you identify what your agency's goals are concerning supervision (i.e. policy)?

Models of Clinical Supervision

The Department of Health in its *Clinical Supervision Framework for WA Mental Health Services and Clinicians* recommended two models of clinical supervision. These models were selected because they permit flexibility for all professions across the services. The recommended models for commencing clinical supervision are the developmental model and the supervision specific model. Upon entering into an agreement the supervisor and supervisee should agree on the supervision model.[9]

Developmental Model

The developmental model focuses on the development and educative functions and clarifies the different stages that practitioners go through in their professional development. This model has a focus on the development 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. The developmental model is used when there is respect for the supervisor's skill base and ability to impart information for the purposes of learning.[10]

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[8] Morrison, T. (2005). *Staff Supervision in Social Care: Making a Real Difference for all Staff and Service Users*, Pavilion Publishing, Brighton, p.47.

[9] Department of Health. (2005). *Clinical Supervision: Framework for WA Mental Health - Services and Clinicians*, Perth, p.2, http://www.health.wa.gov.au/docreg/Education/Population/Health_Problems/Mental_Illness/HP3095_Clinical_supervision_framework_for_WA_mental_health.pdf [5 October 2011].

[10] Department of Health. (2005). *Clinical Supervision: Framework for WA Mental Health - Services and Clinicians*, Perth, p.2, http://www.health.wa.gov.au/docreg/Education/Population/Health_Problems/Mental_Illness/HP3095_Clinical_supervision_framework_for_WA_mental_health.pdf [5 October 2011].

The developmental model comprises three levels of supervisees:[11]

1) ***Beginning (Dependency Stage)***: beginning supervisees would be relatively dependent on the supervisor to diagnose issues/problems and develop/establish plans for improvement.
2) ***Intermediate (Conditional Dependency Stage)***: intermediate supervisees would depend on supervisors for understanding of difficult situations only.
3) ***Advanced (Master Professional Stage)***: advanced supervisees function independently, seek consultation when appropriate, and feel responsible for their correct and incorrect decisions.

Each of the above three levels include processes of awareness, motivation, and autonomy.

Supervision Specific Model

The supervision specific model focuses on the whole concept of supervision, tasks and functions. The model uses three functions to review:

1) ***Normative or Managerial***: a normative or managerial function monitors the administrative aspects of the professional's role including day-to-day management matters that can be discussed and dealt with, with the supervisor. The normative or managerial function is used to monitor administrative aspects, professional and ethical issues and standards, and evaluation. It is not a statutory requirement for nurses, or the therapists, but the professional bodies consider this model to be best practice.
2) ***Formative or Educative***: the formative or educative function focuses on the task of teaching and setting up a learning relationship by enhancing known strengths and identifying weaknesses, and identifies professional development needs. This enables the supervisee to identify his/her strengths and weaknesses, and gain knowledge through the exploration of these strengths and weaknesses. It also enables the supervisee to link theory to practice and promotes self-awareness. The formative function focuses on skills development, encourages the supervisee to reflect on their strengths and scope for improving existing skills.
3) ***Restorative or Supportive***: the restorative or supportive function is where the supervisor provides counsel regarding clinical cases and explores responses in particular scenarios. The restorative or supportive function is the supportive element of supervision, and is concerned with providing emotional support for the member of staff.[12]

[11] Stoltenberg, C.D., & Delworth, U. (2009). *Supervising Counselors and Therapists*, Jossey-Bass, San Francisco, CA, 1987, in Wes Elliott and Lisa Visbeen, North Metropolitan Area Health Service Staff Development (East Pod), *Workbook 1 Clinical Supervision*, Perth, p.5.

[12] Department of Health. (2005). *Clinical supervision: Framework for WA mental health - Services and clinicians*, Perth, p.2, http://www.health.wa.gov.au/docreg/Education/Population/Health_Problems/Mental_Illness/HP3095_Clinical_supervision_framework_for_WA_mental_health.pdf [5 October 2011].

Methods of Clinical Supervision

Individual Supervision

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

Group Supervision

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 process used. Types of groups include:

- triad: one supervisor, two supervisees
- authoritative: two people undergoing supervision, group watching
- peer: people in the group take turns at facilitating
- co-supervision: practitioners of roughly equal experience and skill supervise each other in turn
- participation: one group leader
- cooperative: everyone involved, no specific leader, boundaries set by everyone.[13]

Cross Discipline Supervision

Cross Discipline supervision is a one-on-one or group clinical supervision situation with more than one professional discipline involved.[14]

Peer Group Supervision

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 clients. The participants learn better or alternative ways to manage professional problems and reduce stress, which results in the group members' increased professionalism within their work environments.[15]

Benefits of Clinical Supervision

The supervisor, supervisee, the workplace and the profession gain benefits from clinical supervision.[16]

Benefits of clinical supervision include: it facilitates positivity; provides support and reassurance for staff; encourages stress relief; creates a space for a personal agenda; empowers; safeguards standards; develops professional expertise; encourages appropriate awareness and therapeutic use of self; promotes self direction within the consumer/clinicians relationship; improves and develops staff knowledge and skills; assists in building team relationships; increases job satisfaction; encourages professional development; improves service delivery; reduces sickness due to stress and burnout; an effective method to ensure what is being learnt is implemented clinically; decreases occupational stress and burnout; and assists in alleviating professional isolation (Elliott and Visbeen, 2008, p.8).

[13] Department of Health. (2005). Clinical Supervision: Framework for WA Mental Health - Services and Clinicians, Perth, p.1, http://www.health.wa.gov.au/docreg/Education/Population/Health_Problems/Mental_Illness/HP3095_Clinical_supervision_framework_for_WA_mental_health.pdf [5 October 2011].

[14] Elliott, W., & Visbeen, L. (2009). North Metropolitan Area Health Service Staff Development (East Pod), *Workbook 1 Clinical Supervision*, Perth, p.7.

[15] Department of Health. (2005). *Clinical supervision: Framework for WA Mental Health - Services and Clinicians*, Perth, p.2, http://www.health.wa.gov.au/docreg/Education/Population/Health_Problems/Mental_Illness/HP3095_Clinical_supervision_framework_for_WA_mental_health.pdf [5 October 2011].

[16] Elliott, W., & Visbeen, L. (2009). North Metropolitan Area Health Service Staff Development (East Pod), *Workbook 1 Clinical Supervision*, Perth, p.8.

Characteristics of an Effective Clinical Supervisor

A supervisor is a skilled professional who assists practitioners in the development of their skills, knowledge and professional values. A supervisor is a skilled, experienced, qualified practitioner who has sufficient knowledge to deploy advice in a supervisory situation. Supervisors may or may not be line managers, or colleagues, but are in a position to counsel staff on practice guidelines and applied policy. [17] Ideally the supervisees should be able to choose their supervisor as this may have a direct influence of the effectiveness of clinical supervision.[18]

The supervisor has the responsibility of ensuring they keep up to date with supervisory issues/responsibilities and take advantage of any relevant training opportunities. They should recognise issues of accountability and where the boundaries of supervision sit as opposed to individual professional responsibilities and ethical practice.[19]

Supervisors will have responsibilities for reporting on the number of supervision sessions undertaken.

The Clinical Supervisor is:

- a person trained/experienced with clinical supervision and should have a minimum of two years experience in the alcohol and other drug, mental health or other health related field;
- preferably from the same professional group;
- from the same or another worksite;
- able to give feedback at the supervisees level of experience; and
- has at least the same or higher level of practice skills, in the areas being addressed but this is not absolutely necessary.[20]

Responsibilities of the Clinical Supervisee

Supervisees are practitioners who receive professional advice, support and guidance from a supervisor. Clinical supervision will enable the supervisee to develop greater knowledge and a deeper understanding of accountability. In addition, for those practitioners who are very experienced in their field of work, a supervisor may be used more as a source of support for reflection on practice. [21]

[17] Ronis, V., & Hubbert, V. (2008). Lincolnshire Community Health Services, *Clinical Supervision Framework*, Lincolnshire, p.8, https://www.lincolnshirecommunityhealthservices.nhs.uk/Public/sites/default/files/documents/Policies/Clinical%20Provider%20Services/GuCPS002%20Clinical%20Supervision%20Framework.pdf [8 December 2011].

[18] Edwards, D., Cooper, L., Burnard, P., Hanningan, B., Adams, J., Fothergill, A., & Coyle, D. (2005). Factors influencing the effectiveness of clinical supervision, *Journal of Psychiatric and Mental Health Nursing*, vol.12, p.412.

[19] Ronis, V., & Hubbert, V. (2008). Lincolnshire Community Health Services, *Clinical Supervision Framework*, Lincolnshire, p.8, https://www.lincolnshirecommunityhealthservices.nhs.uk/Public/sites/default/files/documents/Policies/Clinical%20Provider%20Services/GuCPS002%20Clinical%20Supervision%20Framework.pdf [8 December 2011].

[20] Department of Health. (2005). *Clinical supervision: Framework for WA Mental Health - Services and Clinicians*, Perth, p.1, http://www.health.wa.gov.au/docreg/Education/Population/Health_Problems/Mental_Illness/HP3095_Clinical_supervision_framework_for_WA_mental_health.pdf [5 October 2011].

[21] Ronis, V., & Hubbert, V. (2008). Lincolnshire Community Health Services, *Clinical Supervision Framework*, Lincolnshire, p.8, https://www.lincolnshirecommunityhealthservices.nhs.uk/Public/sites/default/files/documents/Policies/Clinical%20Provider%20Services/GuCPS002%20Clinical%20Supervision%20Framework.pdf [8 December 2011].

Responsibilities of the supervisee:

- to initiate and organise their own personal, professional and practice development and relevant supervision arrangements;
- be aware of their professional codes of conduct and competencies, where relevant;
- identify practice issues and explore with their supervisor actions to improve their practice;
- explore interventions that are deemed to be useful;
- be open to feedback and develop an ability to use this constructively;
- recognise their own accountability for their work and for informing the manager and supervisor of any difficulties that would put themselves or clients/patients at risk;
- ensure that they fulfill their supervision contract with their supervisor;
- inform their manager of clinical supervision arrangements;
- keep notes on the outcome of the session and record when it has taken place;
- complete the documentation to update the clinical supervision register (if applicable to organisation policy); and
- if the supervisee has any issues regarding their supervision, which are not being addressed they have a responsibility to take it to the appropriate person.[22]

The Successful Supervisor/Supervisee Relationship

Elements of a successful supervision relationship include:

- both parties are open to change, willing to explore possibilities and to learn from each other;
- both make a commitment to advancing the professional development of the supervisee;
- the relationship is a healthy one from which both gain personal and professional satisfaction;
- both are capable of confronting and constructively resolving conflicts;
- supervisees recognise the effect that supervisors have on their professional development;
- the relationship evolves and changes with time as the needs and goals of the supervisor and supervisee change; and
- the relationship ends at the convenience of each party.[23]

Key Points to Consider When Negotiating and Establishing a Supervisory Relationship:

- Raise and fully discuss issues relating to experience, current work and supervisory requirements and arrive at a mutually agreeable contract before commencing a supervisory relationship.
- Study and introduce supervisees to the relevant policies (i.e. Nurse's Code of Conduct and Professional Code of Ethics).
- Consult professional guidelines on the boundaries between supervision, training and personal therapy and monitor and act upon any compromising of these boundaries with due consideration.
- Acknowledge that supervisees may be at different developmental stages and adjust your style and interventions accordingly.

[22] Ronis, V., & Hubbert, V. (2008). Lincolnshire Community Health Services, *Clinical Supervision Framework*, Lincolnshire, p.8, https://www.lincolnshirecommunityhealthservices.nhs.uk/Public/sites/default/files/documents/Policies/Clinical%20Provider%20Services/GuCPS002%20Clinical%20Supervision%20Framework.pdf [8 December 2011].

[23] Elliott, W., & Visbeen, L. (2009). North Metropolitan Area Health Service Staff Development (East Pod), *Workbook 1 Clinical Supervision*, Perth, p.12.

- Consider the advantages, and in some cases, necessity of having an agreed, clear, shared theoretical approach with supervisees.
- Weigh up the pros and cons of case discussion and develop productive case discussion.
- Use a variety of ways of presenting casework for discussion (video/audio/written/role play).
- Focus closely on supervisees' and your own detailed intentions, actions and strategies within and across sessions.
- Initiate and maintain a process of ongoing feedback.
- Contract for periodic review sessions (i.e. agreed time/date/location).
- Allow supervisees to disclose their feelings and reactions to clients and their work – it may be helpful to deal with issues.
- Provide clear paths of communication between you and your supervisee.
- Allow time and consideration to be given to supervisees' developmental needs.
- Evaluate the supervisees' strengths and weaknesses to improve their work with clients.
- Help supervisees to explore their thoughts and feelings about all clients to reduce unhelpful counter transference.
- Assess what areas you need to continue to develop as a supervisor.[24]

Fact:

- you get out of it what you put in
- your job still takes precedence
- there is no standard way for both parties to work together
- both parties need to commit to confidentiality
- staff development personnel will be available for ongoing advice and support.[25]

Fiction:

- the supervisor/supervisee will get promoted
- it is up to the supervisor to sort out the supervisee's manager
- the program is for the supervisee's benefit alone
- the supervisor makes all the decisions
- the program gives the supervisor/supervisee unlimited time out.[26]

Reflection

Reflection is a process of looking back on what has been done, pondering on it and learning lessons from what did or did not work. Reflection is the act of deliberation, when the practitioner consciously stops and thinks what should I do now? [27]

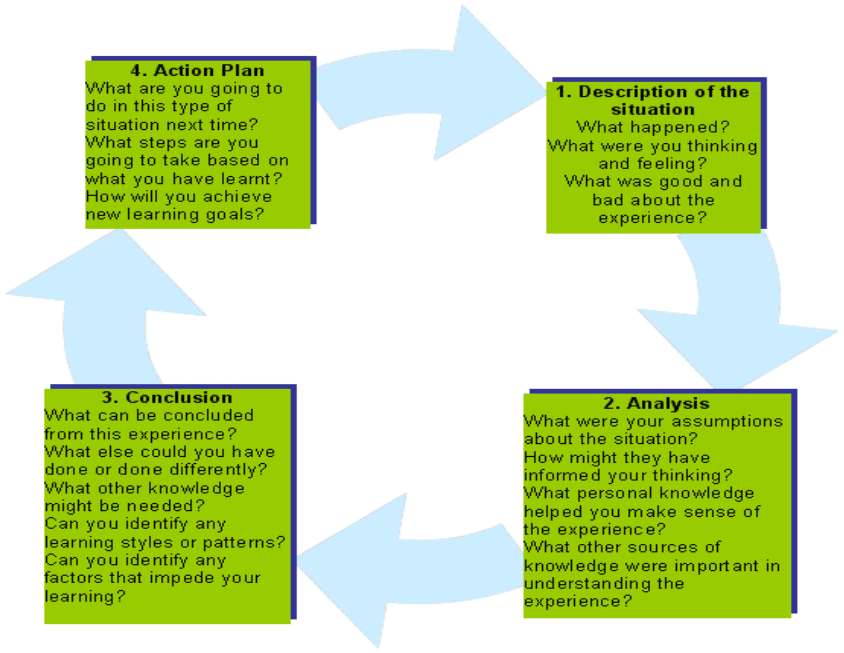
[24] Elizabeth Murrell, email to author, 9 December 2011.
[25] Elliott, W., & Visbeen, L. (2009). North Metropolitan Area Health Service Staff Development (East Pod), *Workbook 1 Clinical Supervision*, Perth, p.12.
[26] Elliott, W., & Visbeen, L. (2009). North Metropolitan Area Health Service Staff Development (East Pod), *Workbook 1 Clinical Supervision*, Perth, p.12.
[27] Conway, J. (1994). Reflection, the art and science of nursing and the theory practice gap, *British Journal of Nursing*, vol.3(1), p.115. [Accessed from EBSCO database, December 2011].

Two types of reflection have been identified:

- ***reflection on practice***: following a situation, such as a critical incident, as we either write up notes or talk things through with our colleagues we explore what we did and why
- ***reflection in practice*** - when we 'think on our feet' and how this influences our decisions.[28] Reflecting on practice stimulates questioning, reflection, critical analysis and restructuring.[29]

Reflective Practice Cycle

The following reflective cycle diagram can be useful when considering all the phases of an experience or activity.[30]



Reflective Practice Model

This diagram is adapted from Gibbs (1988) after Kolb (1984) and shows the 4 stages of the reflective practice model.

Description of the Situation:

- where, who, when (setting, personnel, time)?
- what (sequence of events: before, during and after)?
- focus on behaviour (what did I do, what did I say, how did I say it?)
- focus on subjective aspects (what was I thinking and feeling before, during and after the event?).[31]

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[28] Conway, J. (1994). Reflection, the art and science of nursing and the theory practice gap, *British Journal of Nursing*, vol.3(1), p.115. [Accessed from EBSCO database, December 2011].

[29] Schön, D. (1983).*The Reflective Practitioner. How Professionals Think in Action*, Temple Smith, London, p.68.

[30] Gibbs, G. (2009). *Learning by Doing: A Guide to Teaching and Learning Methods*, Further Education Unit, Oxford Polytechnic: Oxford, 1988, and D. A. Kolb, *Experiential Learning*, Englewood Cliffs, NJ.: Prentice Hallin, 1984, in Wes Elliott and Lisa Visbeen, North Metropolitan Area Health Service Staff Development (East Pod), *Workbook 1 Clinical Supervision*, Perth, p.2.

[31] Elliott, W., & Visbeen, L. (2009). North Metropolitan Area Health Service Staff Development (East Pod), *Workbook 2 Clinical Supervision*, Perth, pp.4-7.

Analysis:

- this involves thinking about the incident/issue from the perspective of the person involved. What was their likely interpretation of the incident/issue
- how would another worker/person with no prior knowledge, have interpreted the incident/issue
- how different was the other person's interpretation from mine?[32]

Evaluation:

- judgment about the experience and about your thoughts and action
- why did the incident happen/issue arise
- were you and each of the other participants happy about the way the situation was handled
- were you and each of the other participants happy about the consequences
- what alternatives were there to what you did?[33]

Action:

- outline of a plan to improve practice
- what have I learned from this experience
- how can I prepare myself or change circumstances that led to the incident in order to deal with it differently or avoid it occurring
- what will I do that is different?[34]

Feedback[35]

An important part of the supervision process is giving and receiving feedback. Feedback is communication to a person about how well or less well they are working with regard to a particular skill. Feedback relates to all aspects of the workplace, but it plays a vital part in learning skills.

Types of Feedback

Constructive feedback increases self awareness, offers options and encourages development. It is important to learn to give and receive constructive feedback. Constructive feedback does not mean only positive feedback. It also includes the 'less good aspects' and is very important and useful in helping people make changes to their practice.

Destructive feedback is an unskilled way of giving feedback. Destructive feedback leaves the recipient feeling bad and does not provide the recipient with any options for using the learning.

Supportive Feedback also known as positive feedback reinforces or supports the person who is doing well at a particular skill. Supportive feedback is a strong motivator and encourages people to build upon their strengths.

[32] Elliott, W., & Visbeen, L. (2009). North Metropolitan Area Health Service Staff Development (East Pod), *Workbook 2 Clinical Supervision*, Perth, pp.4-7.
[33] Elliott, W., & Visbeen, L. (2009). North Metropolitan Area Health Service Staff Development (East Pod), *Workbook 2 Clinical Supervision*, Perth, pp.4-7.
[34] Elliott, W., & Visbeen, L. (2009). North Metropolitan Area Health Service Staff Development (East Pod), *Workbook 2 Clinical Supervision*, Perth, pp.4-7.
[35] Workplace Mentoring, (n.d.), p.92. http://apprenticeship.nscc.ca/mentoring/Mentoring.Course.Step5.pdf in Elliott, Wes and Visbeen, Lisa, North Metropolitan Area Health Service Staff Development (East Pod), *Workbook 2 Clinical Supervision*, Perth, 2009, pp.4-7.

How to Give Feedback

Giving – start with the positive
Most people need encouragement and to be told when they are doing something well. Offering positive feedback can be very useful to the supervisee when s/he is told of their strengths and what the supervisee is doing well. If the positive is registered first, any negative feedback is more likely to be listened to and acted upon.

Be specific
Try to avoid general comments, which are not very useful when it comes to developing skills. Statements such as "You were brilliant" or "You'll be right" or "It was awful" may be pleasant or dreadful to hear but they do not give enough detail as useful sources of learning. Try to be specific about what the person did which led you to use the label "brilliant" or "awful."

Refer to behaviour which can be changed
It is not helpful to give a person feedback on aspects which the supervisee cannot change e.g. "I really don't like your face/your height." On the other hand suggesting to the supervisee "It would help me if you smiled more or looked at me when you speak," can offer opportunities for change.

Be descriptive rather than evaluative
Tell the person what you saw or heard and the effect it had on you, rather than merely saying something was good or bad e.g. "the tone of your voice as you said that made me feel that you were really concerned."

Own the feedback
Avoid using the term "you are…" which suggests that you are offering a universally agreed opinion about the supervisee. In fact, all we are entitled to give is our own experience of the supervisee at a particular time. It is also important that we take responsibility for the feedback we offer by using "I" or "in my opinion" statements.

Leave the recipient with a choice
Feedback which demands change may invite resistance. Skilled feedback offers people information about themselves in a way which leaves them with a choice about whether to act or not on the feedback provided. Feedback does not prescribe change but offers the supervisee other options and choices.

Think what it says about you
Feedback is likely to say as much about the giver as the receiver. Feedback indicates the values and focus of the person providing the feedback. We can learn about ourselves if we listen to the feedback we give others.

Use of questions

Asking Questions Effectively

During the supervision process, it is important to ask the right question for effective communication and information exchange.[36] Using the right questions in a particular situation has numerous benefits including: gathering information; learning more; building stronger relationships; managing people more effectively; and helping others to learn.[37]

[36] Workplace Mentoring, (n.d.), p.92. http://apprenticeship.nscc.ca/mentoring/Mentoring.Course.Step5.pdf in Elliott, Wes and Visbeen, Lisa, North Metropolitan Area Health Service Staff Development (East Pod), *Workbook 2 Clinical Supervision*, Perth, 2009, pp.4-7.
[37] Mind Tools. (2009). *Questioning*, (n.d.),http://www.mindtools.com/pages/article/newTMC_88.htm, in Wes Elliott and Lisa Visbeen, North Metropolitan Area Health Service Staff Development (East Pod), *Workbook 21 Clinical Supervision*, Perth, pp.8-12.

Open and Closed Questions
A closed question usually receives a single word or very short, factual answer i.e. “yes” or “no.” Closed questions are useful for testing your understanding, or the other person's, concluding a discussion or making a decision, and frame setting.

Open questions elicit longer answers. Open questions usually begin with what, why, or how. An open question asks the respondent for his or her knowledge, opinion or feelings. "Tell me" and "describe" can also be used in the same way as open questions.

Open questions are useful for developing an open conversation, finding our more detail, and finding out the other person's opinion or concerns. [38]

Funnel Questions
Funnel questions involve starting with general questions and then asking more and more detail.

Funnel questions are useful for finding out more detail about a specific point and gaining the interest or increasing the confidence of the person involved in the conversation.

When using funnel questioning, start with closed questions. As you progress through the tunnel, start using more open questions. [39]

Probing Questions
Asking probing questions is another strategy for finding out more detail such as asking for an example from the other person, or requesting additional information for clarification. An effective way of probing is to use the 5W’s method (who, what, when, where, and why). Probing questions are useful for gaining clarification to ensure you have the whole story and that you understand it thoroughly. Probing questions are also useful for drawing information out of people who are trying to avoid telling you something. [40]

Leading Questions
Leading questions try to lead the respondent to your way of thinking by using a number of techniques:

- an assumption i.e. "How late do you think that the project will deliver?"
- adding a personal appeal to agree i.e. "Option 2 is better, isn't it?"
- phrasing the question so that the "easiest" response is "yes" i.e. "Shall we all approve Option 2?" or "Would you like me to go ahead with Option 2?"
- giving people a choice between two options, both of which you would be happy with, rather than the choice of one option or not doing anything at all. Strictly speaking, the choice of "neither" is still available when you ask "Which would you prefer A or B", but most people will be caught up in deciding between your two preferences.

Note that leading questions tend to be closed. Leading questions are useful for securing the answer you want but leaving the other person feeling that they have made a choice. [41]

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[38] Mind Tools. (2009) *Questioning*, (n.d.),http://www.mindtools.com/pages/article/newTMC_88.htm, in Wes Elliott and Lisa Visbeen, North Metropolitan Area Health Service Staff Development (East Pod), *Workbook 21 Clinical Supervision*, Perth, pp.8-12.

[39] Mind Tools. (2009). *Questioning*, (n.d.),http://www.mindtools.com/pages/article/newTMC_88.htm, in Wes Elliott and Lisa Visbeen, North Metropolitan Area Health Service Staff Development (East Pod), *Workbook 21 Clinical Supervision*, Perth, pp.8-12. .

[40] Mind Tools. (2009). *Questioning*, (n.d.),http://www.mindtools.com/pages/article/newTMC_88.htm, in Wes Elliott and Lisa Visbeen, North Metropolitan Area Health Service Staff Development (East Pod), *Workbook 21 Clinical Supervision*, Perth, pp.8-12.

[41] Mind Tools. (2009). *Questioning*, (n.d.),http://www.mindtools.com/pages/article/newTMC_88.htm, in Wes Elliott and Lisa Visbeen, North Metropolitan Area Health Service Staff Development (East Pod), *Workbook 21 Clinical Supervision*, Perth, pp.8-12.

Rhetorical Questions
Rhetorical questions are not really questions, in that they do not expect an answer. Rhetorical questions are statements phrased in question form i.e. "Isn't John's idea so creative?"

People use rhetorical questions because they engage the listener and draw the listener into agreement ("Yes it is and I like working with such a creative colleague") - rather than feeling that they are being "told" something i.e. "John is a very creative person".

Rhetorical questions are even more powerful if you use a string of them. "Isn't that a great idea? Don't you think it will make such a change here? Doesn't it solve the problem really well?" [42]

Confidentiality

Discussions at a supervision meeting are confidential. 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 the supervisor/supervisee.[43] It is up to both parties to decide what can be discussed outside of supervision.[44]

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 a criminal case, Freedom of Information or under the *Coroner's Act*.[45]

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.[46]

Conflict

Conflict is defined as sharp disagreement or opposition in interests, ideas, values, etc. Traditionally, conflict has been viewed in a negative sense. However, current thought is that conflict is unavoidable in any organisation and if managed properly it can have positive effects. Conflict exists in every organisation and the source of conflict can be divided into three categories:

- poor communication: this is the primary source of conflict
- structure: conflict relating to the organisation itself
- personal behaviour: the human source of conflict.[47]

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[42] Mind Tools. (2009). *Questioning*, (n.d.),http://www.mindtools.com/pages/article/newTMC_88.htm, in Wes Elliott and Lisa Visbeen, North Metropolitan Area Health Service Staff Development (East Pod), *Workbook 21 Clinical Supervision*, Perth, pp.8-12.

[43] Department of Health. (2005). *Clinical supervision: Framework for WA mental health - Services and clinicians*, Perth, p.1, http://www.health.wa.gov.au/docreg/Education/Population/Health_Problems/Mental_Illness/HP3095_Clinical_supervision_framework_for_WA_mental_health.pdf [5 October 2011].

[44] Elliott, W., & Visbeen, L. (2009). North Metropolitan Area Health Service Staff Development (East Pod), *Workbook 21 Clinical Supervision*, Perth, pp.8-12.

[45] Department of Health. (2005). *Clinical supervision: Framework for WA mental health - Services and clinicians*, Perth, p.1, http://www.health.wa.gov.au/docreg/Education/Population/Health_Problems/Mental_Illness/HP3095_Clinical_supervision_framework_for_WA_mental_health.pdf [5 October 2011].

[46] Department of Health. (2005). *Clinical supervision: Framework for WA mental health - Services and clinicians*, Perth, p.1, http://www.health.wa.gov.au/docreg/Education/Population/Health_Problems/Mental_Illness/HP3095_Clinical_supervision_framework_for_WA_mental_health.pdf [5 October 2011].

[47] Elliott, W., & Visbeen, L. (2009). North Metropolitan Area Health Service Staff Development (East Pod), *Workbook 2 Clinical Supervision*, Perth, p22.

"*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.*"[48]

Conflict Resolution

Wherever practicable a complainant should seek to resolve a conflict by talking directly to the person with whom they have the conflict. If the matter remains unresolved the conflict should be raised with the employee's immediate supervisor/manager who should discuss the matter with both parties and attempt to informally negotiate a solution.

If informal attempts to resolve a conflict have not resolved the matter it can be progressed as a formal grievance. [49]

Disengagement from Clinical Supervision

Once decided, details of the disengagement should be recorded on the initial agreement. It should indicate the cessation date and the location of the completed paperwork. Confidentiality should be recognised after disengagement.

Reasons for disengagement include:

- changing workplace
- changing goals
- completing goals
- engaging a new Clinical Supervisor
- dispute/conflict. [50]

Training

The Drug and Alcohol Office provides a Training@DAO calendar in collaboration with the Mental Health Commission on an annual basis. The Training@DAO calendar provides a range of knowledge and skills-based training events over two semesters each year. The calendar includes events for:

- professionals employed in the alcohol and other drug and mental health sectors, including induction training for new workers
- other professional staff who work with clients that use alcohol and other drugs
- staff who work with Aboriginal people, as part of our Strong Spirit Strong Mind program.

All Training@DAO calendar events are free-of-charge. For more information on current calendar events please visit the DAO website at www.dao.health.wa.gov.au.

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[48] Department of Health. (2005). *Clinical Supervision: Framework for WA Mental Health - Services and Clinicians*, Perth, p.3, http://www.health.wa.gov.au/docreg/Education/Population/Health_Problems/Mental_Illness/HP3095_Clinical_supervision_framework_for_WA_mental_health.pdf [5 October 2011].

[49] Elliott, W., & Visbeen, L. (2009). North Metropolitan Area Health Service Staff Development (East Pod), *Workbook 21 Clinical Supervision*, Perth, p.22.

[50] Department of Health. (2005) *Clinical supervision: Framework for WA mental health - Services and clinicians*, Perth, p.3, http://www.health.wa.gov.au/docreg/Education/Population/Health_Problems/Mental_Illness/HP3095_Clinical_supervision_framework_for_WA_mental_health.pdf [5 October 2011].

Attachment 1: Preparation for a Supervision Session

Ideas for Preparation:

- set supervision sessions in advance so that they are a regular feature in the diary.
- try and avoid scheduling supervision sessions first thing on a Monday morning or last thing on a Friday afternoon.
- review the supervision record of the previous session, and note items and action plans that need following up. This should form the basis for an agreed agenda.[51]

Structure for Individual Supervision Sessions:

- Start the session on time. If you do not make supervision a priority, neither will the supervisee.
- Clarify the agenda. Make sure the supervisee has had an opportunity to contribute to the agenda. Do not however start discussing the items yet.
- Within the first 10 minutes, always 'take the temperature' by asking the supervisee how they are, in a general way before dealing with agenda items. Also check whether there are likely to be any unavoidable interruptions (these should really be the exception).
- Prioritise the agenda as far as possible around the supervisee's needs.
- Discuss and review selected 'main work' items. Agree to record key decisions and action plans.
- Review other work or projects.
- Look at developmental, training or personal issues related to work. This may include feedback that the supervisee needs.
- Share an information/briefing.
- Agree the agenda for the next session.
- Record the session. You may wish to share responsibility for the recording, and give a copy of the record to the supervisee.
- Note any areas of disagreement, ensuring that both points of view are recorded.[52]

[51] Morrison, T. (2005). *Staff Supervision in Social Care: Making a Real Difference for all Staff and Service Users*, Pavilion Publishing, Brighton, p.140.
[52] Morrison, T. (2005). *Staff Supervision in Social Care: Making a Real Difference for all Staff and Service Users*, Pavilion Publishing, Brighton, p.140.

Attachment 2: Supervision Contract (example)

Name of Supervisee: _____

Name of Supervisor: _____

It is agreed that supervision sessions be held: _____ (e.g. weekly, fortnightly, monthly)

on _____ at _____ (optional) for _____ hour/s.

It is agreed that the supervisee will prepare cases for discussion or other information relevant for supervision.

A review date is set for: _____

What other relevant details will you include in your contract?

Signed: _____ Supervisor

Date: ____/____/____

Signed: _____ Supervisee

Date: ____/____/____

Government of **Western Australia**
Drug and Alcohol Office