

***Supervision guide for mental health and addiction
kaiwhakahaere/ managers***

TEMPLATES

February 2015

CONTENTS

- CONTENTS2**
- Supervision process checklist..... 3**
- Supervision contract templates 4**
 - Supervision Contract example 1..... 4
 - Clinical supervision agreement example 2..... 8
 - Group supervision contract example 1 10
 - Group supervision contract example 2 **Error! Bookmark not defined.**
- Supervision record keeping template 14**
- Supervision attendance record template 15**
- Confidentiality and recording policy and consent (example) 16**
- Supervision report template 17**
- Evaluating supervision..... 19**
- Guidelines for developing a clinical supervision policy..... 20**
- Clinical supervision policy and procedure 23**

The templates referred to in *Supervision guide for mental health and addiction kaiwhakahaere/managers* are provided in word documents for easy use. They can be adapted, however please reference documents when they are used.

Supervision process checklist

Planning the structured supervision process

1. Have you identified, engaged with and understood stakeholder needs in regards to your supervision process?
2. Have you conducted a review or audit of your current supervision process?
3. Have you established a clear rationale, purpose, goals and objectives of your supervision processes?
4. Have you begun to develop a supervision culture within your team or organisation?
5. Have you identified the supervision requirements of all of the professions within your team or organisation?

Process design and implementation

1. Have you identified acceptable forms of supervision for your process (individual, group and or peer)?
2. Have you identified acceptable models of supervision for your process?
3. Have you considered boundary, ethics and regulatory guidelines within your supervision process?
4. Have you identified the expectations of your organisation, as well as the supervisors and supervisees, within your supervision process?
5. Have you specified protected time, frequency and duration of supervision (as a minimum) in your supervision process?
6. Have you provided guidelines for recording and documenting supervision?
7. Have you developed a Supervision Policy that has been signed off by your management team?
8. Have you identified potential challenges and solutions to implementation and management of your supervision process?
9. Have you evaluated the Māori responsiveness of your organisation/staff?
10. Have you evaluated the cultural responsiveness of your organisation/staff?

Evaluation

1. Have you designed an evaluation or review process?

Supervision contract templates

Supervision contract example 1¹

Details of parties to the contract	Contract between: Supervisor (name)
	Supervisee (name)
	Line manager (name)
Duration of contract	Commencement date
	Review date
Purpose of supervision	<ul style="list-style-type: none"> • To monitor and promote the welfare of those using the services of the supervisee. • To promote reflective practice and on-going professional development. • To monitor and promote professional competence and ethical practice. • To provide support for the supervisee in their role. • To support professional registration requirements.
Supervisee goals	
Organisation goals	

¹ Adapted from Nash R. <http://www.couragetogrow.co.nz/Supervision/ContractingforSupervision.aspx>

Frequency, duration, location	Frequency
	Duration
	Time/day (renegotiated if necessary)
	Location
	Any changes must be formally notified to all parties by the person initiating the change. Requests for additional sessions must be authorised through the organisation and negotiated with the supervisor.
Postponement and non-attendance	<p>All parties agree that supervision is a priority and every effort should be made to attend scheduled appointments. If the appointment cannot be kept by either the supervisee or supervisor each agrees to notify the other in a timely manner and to reschedule another appointment at the time of postponement.</p> <p>Non-attendance without notice by the supervisee will be reported to the organisation.</p>
Routine reporting	<p>Reports will be provided (state frequency, for example 3-monthly). Written reports will include:</p> <ul style="list-style-type: none"> • dates supervision attended • duration of each session • statement that the supervisee is/is not fulfilling the terms of the supervision contact. <p>Reports will be provided to the supervisee and the organisation.</p> <p>Face-to-face reporting can be requested by any party as needed.</p>
Supervisee responsibilities	<ul style="list-style-type: none"> • Identifying and monitoring learning goals. • Demonstrating commitment to an honest and open supervision relationship. • Preparing for the supervision sessions by reflecting on practice issues to be explored and discussed. • Reflecting on areas of strength and limitations in relation to competency. • Bringing ethical issues to supervision, including potential ethical breaches. • Applying learning to practice. • Requesting review of supervision if the relationship is not working.

<p>Supervisor responsibilities</p>	<ul style="list-style-type: none"> • Facilitating a structured learning experience suited to the supervisee. • Demonstrating commitment to an honest and open supervision relationship. • Maintaining confidentiality of supervisee, service user and employing organisation information except where there is identified risk. • Providing constructive feedback and challenge to support on-going competence, confidence and learning. • Monitoring practice in regard to ethics, standards and competencies. • Supporting the supervisee to maintain their own wellbeing at work. • Being familiar with philosophy, relevant policy of the employing organisation and requirements of the supervisee’s role. • Recording the supervision session as negotiated with the supervisee. • Providing supervision reports as specified in this contract. • Requesting review of supervision if the relationship is not effective.
<p>Organisation’s responsibilities</p>	<ul style="list-style-type: none"> • Supporting the supervisee to prioritise participation in supervision. • Respecting the confidentiality of supervision. • Considering training and other professional development requirements that are identified in supervision. • Notifying any changes to reporting requirements in a timely manner. • Acknowledging receipt of supervision reports. • Providing payment of the fee in a timely manner. • Supporting review of the supervision arrangement as necessary.
<p>Confidentiality</p>	<p>The content of supervision will be confidential to the supervisee and supervisor except in the following circumstances:</p> <p><i>Specify any circumstances that apply.</i></p>
<p>Unsafe and unethical practice</p>	<p>If the supervisor has concerns about any of the safety and risk to clients, the supervisee and/or the organisation and the concerns cannot be resolved within supervision in an appropriate timeframe, the supervisor will notify the employing organisation and notify the supervisee that they are taking this action.</p>

Dual relationships	<i>Specify if these apply and, if yes, how they will be managed.</i>
Personal issues	<ul style="list-style-type: none"> • The supervisees' personal issues may be explored in supervision in so far as these are impacting on professional practice. • The supervisee is responsible for raising issues that may be impacting on practice. • The supervisor is responsible for supporting the supervisee to reflect on the impact of personal issues on practice and for guiding the supervisee to seek assistance to manage personal issues appropriately.
Termination	Any party may terminate this contract with one month's notice.
Payment details	Contact person for billing
	Billing address
	Agreed fee per supervision session

	Signature	Date signed
Supervisee		
Supervisor		
Manager		

Contact details	Telephone	Email
Supervisee		
Supervisor		
Line Manager		

Clinical supervision agreement example 2²

Date of agreement	Clinician
Clinical supervisor	Team leader
Review date	
Clinical supervision will address the following areas	
Clinical supervision will take the following form and frequency (For example 1:1 meeting, team meeting)	
Record of clinical supervision <ul style="list-style-type: none"> • Who will record it? • Where will the records be kept? • Who has access to this information? • What will happen to the clinical supervision notes when the clinician leaves their position? • Notes will be maintained/archived in line with record management policies. 	
Additional information	

² Source: Port Augusta Hospital and Regional Health Service (2009), cited in Health Education and Training Institute, 2012.

Clinical supervision meetings (if applicable)

The clinician will prepare for each meeting by:

The clinical supervisor will prepare for each meeting by:

Should a meeting need to be rescheduled we agree to:

Other considerations

The details of this document can be modified at any time when agreed by both parties.

A copy of this agreement will be given to the team leader/line manager for their records.

Name	Signed	Date
Name	Signed	Date
Name	Signed	Date

Group supervision contract example 1³

Between	and
Supervisor:	
Supervisees	

- We agree that supervision will be for the period from _____
to _____
on a basis, with a review date of _____
- We will record the dates and summary points of supervision sessions.
- We will work to agreed purposes in supervision sessions.
- We understand that where supervision identifies personal issues affecting work performance personal counselling will be agreed to.
- We agree that issues presented in supervision remain confidential to all except that:
 - a) I (the Supervisor) may discuss issues with my own individual supervisor
 - b) if I (the Supervisor) have concern about the safety of your work with clients I will (in this order):
 1. let you know at the time that I notice the concern and together with you, record actions and time frame required to rectify the situation
 2. re-check that the situation has resolved
 3. communicate unresolved concerns or safety issues to your line manager.
- **I (the Supervisor) am responsible for providing you with:**
 - a) a safe non-threatening environment in which to openly reflect upon and develop your professional practice
 - b) feedback in order for us to discuss your strengths and any areas that may need further development
 - c) references to appropriate resources – books, articles, etc.

³ Provided by Abacus Counselling, Supervision and Training.

- **We (the Supervisees) are responsible for:**
 - a) being on time and committed to the times set for supervision
 - b) informing our supervisor of:
 1. any other supervision I may be having
 2. any serious concerns about client safety straight away
 3. any personal issue big enough to impact on my work
 4. anything that may impact upon our supervision relationship
 5. any training needs I am aware of.
- Evaluation of our process will occur as part of each session, and formally in the completion of a supervision review annually.

Signed (Supervisor)
Signed (Supervisees)
Date

Group supervision contract example 2

This contract is between:

Supervisor	
Supervisees	
Organisation	
Start date	Review date
Purpose of supervision	
Supervision arrangements Time, date, location, duration, postponement and non-attendance	
Confidentiality agreement	
Record keeping Who keeps records, where kept, who has access, how to access	

Reporting

Who prepares, who receives, how often, content of reports, access for group members

Agreed expectations of group members

Attendance and punctuality, sharing time, honesty and openness, safety, session structure, facilitation role, model of feedback, conflict resolution, what to bring, personal issues etc.

Signed by all**Date**

Supervision record keeping template

Notes on supervision session

Present		Apologies
Date		
Topic	Discussion (NB: Note any specific guidance given by supervisor)	Agreed action

Agenda items for next session (If appropriate, e.g. follow up of actions)	Preparation required

Signed	Date
Signed	Date

Confidentiality and recording policy and consent (example)⁴

Audio and/or film recording of clinical processes will be conducted with the client's written, informed consent for each taping. Clients understand that no recording will occur without their consent. A process already in place will ensure the security and destruction of recordings. The purpose of recording is to improve the counsellors' clinical skills through supervision and teaching. Counsellor benefits of recording sessions include:

- improving therapeutic skills
- improving treatment team cohesion
- improving assessment, treatment planning, and delivery of services
- improving clinical supervision.

Procedure

The client's counsellor will explain and fully disclose the reason, policy, and procedure for recording the client. Both will sign a specific recording release form. The counsellor should also explain that refusal to be recorded will not affect the client's treatment at the agency.

1. The client must be 18 years old to sign the consent. Those under 18 must have a parent's signature in addition to their own.
2. Respecting the client's concerns is always the priority. Should any client or family member show or verbalise concerns about recording sessions, those concerns need to be addressed.
3. All recording devices will be fully visible to clients and staff while in use.
4. A recording device will be set up, consistent with safety standards and in full view of each client. Clients will be notified when the device is on or off.
5. The recording will be labelled when the session is completed, and no copies will be made.
6. Clinical review for supervision or training: the treatment team will review the recording and assess clinical skills for the purpose of improving clinical techniques.
7. The recording will be turned over to the Medical Records Department (if available) for sign out.
8. Recordings will be stored in a locked drawer in the Medical Records Department. The recording will be deleted within two weeks, in the presence of two clinical staff members who attest to this deletion on a form to be kept for three years.
9. Recordings may not be taken off premises.

Recording consent

I, _____, consent to be recorded for supervision purposes. I also agree to allow the clinical staff to review the recording as a resource to facilitate staff development for the enhancement of clinical procedures. I understand that any recording in which I am a participant will be erased within two weeks of the date of filming. I understand that no copies will be made of such film.

Signature	Date
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⁴ Adapted from Center for Substance Abuse Treatment (2009) *Clinical Supervision and Professional Development of the Substance Abuse Counselor*. Treatment Improvement Protocol (TIP) Series 52. DHHS Publication No. (SMA) 09-4435. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Supervision report template

Routine supervision report example⁵

Report on supervision of (Supervisee name)
Reporting period
Prepared by (Supervisor name)
Prepared for (Recipient/'s name/s)
Date prepared
Attendance (List dates and times of sessions attended; any sessions cancelled; any non-attendance that has not been notified)
Adherence to the supervision contract (Confirm the supervisee has adhered to the supervision contract; note any areas of breach of contract)

⁵ Adapted from The Supervision Directory Steering Group (2005).

Professional development

(Briefly comment on areas of strength, for example, in relation to *Addiction Intervention Competency Framework*; note areas/recommendations for on-going development)

Practice issues

(If necessary outline concerns and recommended actions)

Supervisor	Signed	Date
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Evaluating supervision

Supervision feedback form example⁶

This form is designed to help you, your team and the service as a whole to get the most from your supervision.

Frequency of supervision sessions		
Do you have an agreed documented supervision contract with your supervisor?	YES	NO
Are your supervision goals and objectives being met?	YES	NO
In what way are/aren't these goals and objectives being met?		
What are the most useful aspects of your supervision?		
What expectations are not met from your supervision?		
Do you have any additional comments about your supervision?		

⁶ Adapted from: Area Nursing and Midwifery Services Policies and Procedures, Clinical Supervision Policy 2007/01 cited in HETI, 2012.

Guidelines for developing a clinical supervision policy⁷

A clear clinical supervision policy is a key strategy to ensure the successful implementation of a supervision programme. The following guidelines outline the factors to consider when developing a clinical supervision policy within your workplace or organisation. Not all points included in these guidelines will be relevant to all situations. However, three fundamental criteria for effective clinical supervision policies applicable to all programmes are:

- consistency with the organisation's mission/goals/philosophy
- a specific purpose or direction
- a clear structure for the development of the supervision programme.

It is recommended that a clinical supervision policy addresses the following points.

1. Express importance of clinical supervision

Anticipated benefits and value of supervision to the organisation, workers and clients is clearly stated.

Example

- Improves clinical practice.
- Offers support to AOD workers, reducing job dissatisfaction and job stress.
- Improves client quality of life.

2. Develop policy statements

Information related to the organisation's commitment and contributions must be communicated. In addition, the conditions of supervision must be articulated.

Example

1. Organisational commitment
 - All staff with direct client contact will have regular access to supervision on an individual or a group basis.
 - Supervisees will be allocated two hours of supervision time per month, in addition to half an hour travel time for each visit.
2. Conditions of supervision
 - All supervision plans will be responsive to workers' needs.

3. Communicate the aims of the policy

⁷ Todd, C., & O'Connor, J. (2005, pp.1-2).

The goals and intended direction of the policy are communicated. These must be consistent with the organisation's philosophy.

Example

Clinical supervision will develop the skills of alcohol and drug workers, address areas of need and encourage high standards of clinical practice.

4. Obtain outcomes

State the standards the organisation hopes to achieve as a result of the programme.

Example

- Supervision will develop the quality of health care services provided by identifying problems within the service and monitoring and improving service provision.
- Supervision will promote high standards of clinical practice by identifying the needs of individual staff members and monitoring and improving these areas.

5. Establish an evaluation protocol

The process for determining the efficacy of the programme is described.

Example

- The number of staff receiving supervision and the frequency of sessions is monitored.
- All arrangements for supervision will be incorporated into work plans.
- An annual survey will be administered to supervisees and supervisors.
- The date the programme evaluation will take place is specified.

6. Identify all key stakeholders in the policy

All parties affected should be included in a policy which is relevant to all professions and areas within the organisation. The roles and responsibilities of these different parties should also be clearly outlined.

Example

- Managers are responsible for ensuring all staff are aware of the policy and that they all have access to supervision.
- Supervisors are responsible for negotiating arrangements, utilising ethical practices and working within laws of confidentiality.
- Supervisees are responsible for organising and making appointments with supervisors.

7. Clinical arrangements

Articulate the specific agreement for supervision (for example location, frequency, area of focus).

Example

- Supervision will be granted on an individual or a group basis.
- Clinical supervision will target clinical improvements in harm reduction interventions.
- Supervision will occur at a place agreed upon by supervisor and supervisee.
- Supervision sessions will be one hour sessions occurring once per month.

Clinical supervision policy and procedure⁸

Underlying principles

Clinical supervision is a powerful tool for managing and ensuring continuous improvement in service delivery. Clinical supervision is comprised of balancing four distinct functions: administrative, evaluative, supportive, and clinical. Fundamental structures include a positive working relationship, client-centred approach, commitment to professional development, and accountability. The following principles ensure high-quality clinical supervision:

- a safe, trusting working relationship that promotes a learning alliance
- a counsellor-centred programme with a culturally and contextually responsive focus
- active promotion of professional growth and development
- shared clinical responsibility ensuring that the client's treatment goals are addressed
- a rigorous process that ensures ethical and legal responsibility
- an individualised approach based on the learning needs and style of the supervisee
- congruence with the values and philosophy of the agency.

Terms

A healthy **working relationship** is built on shared vision and goals, clear expectations, and the belief in the good intentions of staff members. It demonstrates reciprocal communication where all parties provide comprehensive, timely information that is respectful. Each person is responsible for providing relevant information critical to his or her job function and the mission of the agency. The working relationship recognises the importance of the chain of command throughout all agency levels. The agency expects that this chain of command supports structure, appropriate boundaries, and decision making at all levels. The chain of command is followed to ensure effective and efficient communication.

Trust is central to the working relationship. This is manifested in several ways:

1. people are accountable to their work and job responsibilities
2. confidentiality is maintained
3. decisions are respected
4. misunderstandings are pursued to clarify miscommunication, seek to understand the other person, air emotions, and reach resolution.

The **learning alliance** is based on the belief that the supervisee has specific learning needs and styles that must be attended to in supervision. The relationship between supervisor and supervisee is best formulated and maintained when this frame of reference is predominant. Supervisees participate in a mutual assessment based on a combination of direct and indirect observations.

⁸ Source: Center for Substance Abuse Treatment (2009) *Clinical Supervision and Professional Development of the Substance Abuse Counselor*. Treatment Improvement Protocol (TIP) Series 52. USA: Substance Abuse and Mental Health Services Administration, pp 110-111.

Guidelines for clinical supervision

The principles of clinical supervision are made explicit by a clear contract of expectations, ongoing review and feedback, and a commitment to professional development.

Clear contract of expectations

It is critical that supervisor and supervisee share their expectations about the process, method, and content of clinical supervision. This can advance the development and maintenance of a trusting, safe relationship. The following information should be discussed early in the working relationship:

- models of supervision and treatment
- supervision methods and content
- frequency and length of supervisory meetings
- ethical, legal, and regulatory guidelines
- access to supervision in emergencies
- alternative sources of supervision when the primary supervisor is unavailable.

The supervisee will be provided with a job description that outlines essential duties and performance indicators. Additionally, each supervisee will receive an assessment of core counselling skills based on the TAP 21 competencies and other appropriate standards.

Documentation

Supervisory sessions are recorded as notes that indicate the focus of the session, issues discussed, solutions suggested and agreed upon actions. Supervisors will maintain a folder for each of their supervisees. The folder will contain the IDP, clinical supervision summaries, and personnel actions (for example, memos, commendations, other issues). Supervisees are allowed full access to the folders.

Clinical supervision frequency

Each supervisee will receive four hours of supervision monthly. A combination of individual and group supervision may be used. Supervisors are to ensure that a minimum of 50 per cent of this time is devoted to clinical, as opposed to administrative, supervision.

Ongoing review and feedback

The supervisee will be given an annual performance evaluation that reviews both job expectations and the clinical skills learning plan. Written records of the supervisee will be reviewed on a regular basis. Supervisees will be given specific written feedback regarding their strengths and areas for improvement. The supervision system operates through direct observation of clinical work. This ensures that direct, focused feedback will be provided, increases the degree of trust and safety, and provides an accurate evaluation of skills development progress. Observations will be pre-arranged and take the form of sitting in on a session, co-facilitating, or recording. The supervisee will present a case at a minimum of once per month.

Commitment to ongoing professional development

The supervisee's learning plan should document goals, objectives, and methods to promote professional development. The plan should be completed within the first six months of employment and updated annually. Ongoing supervision should focus on achieving the identified goals. The agency supports supervisees' participation in training to achieve their professional development goals.